



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



Rushern L. Baker, III
County Executive

**“Enroll or Make a Change, You Know What This Means!
It’s Open Enrollment 2019.”**

**HEALTH BENEFITS
OPEN ENROLLMENT GUIDE
RETIRED EMPLOYEES
CALENDAR YEAR 2019**

October 3, 2018 - October 26, 2018



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

RETIRED EMPLOYEES



for

CALENDAR YEAR 2019

OPEN ENROLLMENT

October 3, 2018 - October 26, 2018

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NOTICE OF NONDISCRIMINATION STATEMENT

Prince George's County Government complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Prince George's County Government does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Prince George's County Government:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters; and
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters; and
 - Information written in other languages.

If you need these services, contact Bridgette A. Greer, Esq., Deputy Director, in the Office of Human Resources Management.

If you believe that **Prince George's County Government** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Bridgette A. Greer, Esq., Deputy Director, 1400 McCormick Drive, Suite 245, Largo, MD 20774, 301-883-6344, or fax to 301-883-6325, BAGreer@co.pg.md.us.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Bridgette A. Greer, Esq., Deputy Director, is available to assist you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or telephone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019 or 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NOTICE OF NONDISCRIMINATION STATEMENT (*Continued*)

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 368-1019 or 1 (800) 537-7697 (TDD).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電。1 (800) 368-1019 or 1 (800) 537-7697 (TDD)。

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 368-1019 or 1 (800) 537-7697 (TDD). 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 368-1019 or 1 (800) 537-7697 (TDD).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (800) 368-1019 or 1 (800) 537-7697 (TDD).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (800) 368-1019 or 1 (800) 537-7697 (TDD).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 (800) 368-1019 or 1 (800) 537-7697 (TDD).

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1 (800) 368-1019 or 1 (800) 537-7697 (TDD)።

èdè Yorùbá (Yoruba)

AKIYESI: Bi o ba nsọ èdè Yorùbú ofé ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi 1 (800) 368-1019 or 1 (800) 537-7697 (TDD).

NOTICE OF NONDISCRIMINATION STATEMENT (*Continued*)

اُردُو (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (800) 368-1019 or 1 (800) 537-7697 (TDD)۔

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1 (800) 368-1019 or 1 (800) 537-7697 (TDD).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1 (800) 368-1019 or 1 (800) 537-7697 (TDD).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 xxx-xxx-xxxx (800) 368-1019 or 1 (800) 537-7697 (TDD).- هاتف الصم والبكم

ગુજરાતી (Gujarati)

□ યુના: જો તમે □ જરાતી બોલતા હો, તો િન: □ લુ ભાષા સહાય સેવાઓ તમારા માટ □ ઉપલબ્ધ છ. ફોન કરો 1 (800) 368-1019 or 1 (800) 537-7697 (TDD).

Persian-Farsi

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به تماس حاصل نمایید. (800) 368-1019 or 1 (800) 537-7697 (TDD). طور رایگان دریافت نمایید

GRANDFATHER NOTICE

The Prince George's County Government Health 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 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 may possibly cause a plan to change from a 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 healthcare plans with this Privacy Notice (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 laws. 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 healthcare 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; and
- 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; and
- 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; and
- 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; and
- obtain a paper copy of this notice upon request.

How 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 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 & Human Services in Washington D.C.

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

October 3, 2018



Dear Plan Participant:

“Enroll or Make a Change, You Know What This Means! It’s Open Enrollment 2019.”

The annual open enrollment period will begin October 3 through October 26, 2018, 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 2019.

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 benefit coverage, claims experience, and utilization data under the health benefit plans. It is important to note that Prince George’s County Government (County) is not making any changes to the current co-payments, co-insurance or deductibles under the health benefit plans for calendar year 2019.

While the County is not making any changes to the health benefit plans, I would like to take this opportunity to encourage you to review the Reminders that begin on page fifty-four (54) through page fifty-seven (57) for the plans. Also, for those plan participants enrolled in the County’s Medicare Part D prescription plan, I strongly encourage you to read the Annual Notice of Changes (ANOC) for 2019 that you will receive from the administrator of the plan, Express Scripts, Inc. The ANOC outlines any differences for the Medicare Part D plan from the previous year.

If you are currently enrolled in the Kaiser Permanente Medicare Plus Plan, you will be receiving communications from Kaiser Permanente regarding the change in the type of Medicare plan offered to you as of January 1, 2019. The current Medicare Plus plan is changing to a Medicare Advantage plan and this change will not impact the current level of benefits you are receiving. I encourage you to review the information that Kaiser Permanente will send to you in the very near future.

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 2019.

The premium rate increases for calendar year 2019 are as follows:

- The Cigna Healthcare HMO medical plan will increase by 5.6%.
- The Cigna Healthcare PPO medical plan will increase by 5.6%.
- The Kaiser Permanente HMO (non-Medicare) medical plan will increase by 7.5%.
- The Kaiser Permanente HMO (Medicare) one senior plus individual premium rate includes a 7.5% increase for the person not enrolled in Medicare.
- The Base and Buy-up plan options under the Vision Service Plan will increase by 2.5%.

The premium rates for calendar year 2019 **did not** increase for the following plans: Express Scripts, Inc., prescription, Kaiser Permanente HMO Medicare (one and two senior only), Aetna Dental Preferred Provider Organization (DPPO) and Aetna Dental Maintenance Organization (DMO) Plans.

Please see page sixty-two (62) through page sixty-seven (67) that will outline the premium rate costs.

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). This year, for your convenience, we have included an Enrollment/Change Form on page sixty (60), if you need to terminate or make changes to your health benefit plans. **Please note, if you are not making any changes to the health benefit plans you are currently enrolled or adding/dropping a dependent, then you do not need to complete an Enrollment/Change Form.**

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 26, 2018. Please feel free to mail (envelope must be postmarked by October 26th), 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 and last names and last four digits of your social security number to 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 2019.**

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 2019. The Division will make **no exceptions** to the enrollment process.

It is strongly recommended that you review the pension check you receive in January 2019. This will ensure you have the benefit plan(s) and level of coverage that you want for calendar year 2019. If the deductions on your pension check are incorrect, you will have until the close of business, **Thursday, February 14, 2019**, to contact the Division to correct the error(s).

We hope that you will use this Open Enrollment Guide (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 2019. This Guide also includes a list of the dates, times and locations of each of the provider (page twelve [12] and fifty-nine [59]) 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 2019. **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 (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 the telephone numbers listed below 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 1-(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. **"Enroll or Make a Change, You Know What This Means! It's Open Enrollment 2019."**

Sincerely,

Stephanye R. Maxwell

Stephanye R. Maxwell, Esq., CPM
Director

What's Changing for the Health Benefit Plans in 2019?



Premium Rate Increases

The premium rate increases for calendar year 2019 are as follows:

- The Cigna Healthcare HMO medical plan will increase by 5.6%.
- The Cigna Healthcare PPO medical plan will increase by 5.6%.
- The Kaiser Permanente HMO (non-Medicare) medical plan will increase by 7.5%.
- The Kaiser Permanente HMO (Medicare) one senior plus individual premium rate includes a 7.5% increase for the person not enrolled in Medicare.
- The Base and Buy-up plan options under the Vision Service Plan will increase by 2.5%.

The premium rates for calendar year 2019 **did not** increase for the following plans: Express Scripts, Inc., prescription, Kaiser Permanente HMO Medicare (one and two senior only), Aetna Dental Preferred Provider Organization (DPPO) and Aetna Dental Maintenance Organization (DMO) Plans.


Please see page sixty-two (62) through page sixty-seven (67) that will outline the premium rate costs.

Kaiser Permanente Medicare Plus Plan

If you are currently enrolled in the Kaiser Permanente Medicare Plus Plan, you will be receiving communications from Kaiser Permanente regarding the change in the type of Medicare plan offered to you as of January 1, 2019. The current Medicare Plus plan is changing to a Medicare Advantage plan and this change will not impact the current level of benefits you are receiving. I encourage you to review the information that Kaiser Permanente will send to you in the very near future.

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 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:

2019 Open Enrollment Sessions – ALL PROVIDERS	
<p><u>Wednesday, October 10, 2018</u> 10:00 a.m. – 2:00 p.m. RMS Building – First Floor Lobby 1400 McCormick Drive Largo, MD</p>	<p><u>Friday, October 26, 2018</u> 10:00 a.m. – 2:00 p.m. RMS Building – First Floor Lobby 1400 McCormick Drive Largo, MD</p>
<p><u>Wednesday, October 17, 2018</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>Wednesday, October 24, 2018</u> 12:30 p.m. – 4:00 p.m. Maintenance Operations Center (MOC) 8400 D’Arcy Road Forestville, MD</p>	

**“Enroll or Make a Change, You Know What This Means!
It’s Open Enrollment 2019.”**

**The Last Day of Open Enrollment is
the Close of Business (5:00 p.m.) on October 26, 2018.**

If I am Not Making Any Changes to My Health Benefit Plan(s) and I Want to Continue the Same Plans and Coverage of My Spouse/and or Dependents (if applicable) that are Currently on File, Do I Need to Complete an Enrollment/Change Form during Open Enrollment?

No. You do not need to complete an Enrollment/Change Form to continue the same health benefit plan(s) and coverage of your spouse and/or dependents (if applicable) that are currently on file.

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 seventeen (17), eighteen (18), and fifty-four (54) 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 or birth certificate(s) 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 26, 2018. Please feel free to mail (USPS), fax (301) 883-6358, bring to a provider session, email benefits@co.pg.md.us or deliver document(s) to the Division (RMS Building, Suite 245). Your first and last name along with the last four digits of your **social security number** must be provided 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 2019.**
- Cancel enrollment in any health benefit plan(s) for you or your dependent(s).

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

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 on the County's Enrollment/Change form.



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

No. You can obtain the **Enrollment/Change Form** (Form) on page (60), or you can pick up a 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 26, 2018, or mailed to us in an envelope **postmarked** October 26, 2018. 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 2019 after the above-stated time.**

May I Make a Change(s) to a Health Benefit Plan(s) During the 2019 Calendar Year?

Retirees or surviving spouses may drop a plan or a dependent at any time. It is important to note a health benefit plan(s) that is dropped by a surviving spouse, a retiree under the MD State Retirement System, or Deputy Sheriff's Comprehensive Pension Plan, or Correctional Officer's Comprehensive Pension Plan, are not eligible to pick up the plan in the future.

However, you may 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**. A qualified family status change is an event such as, a marriage, birth of a child or divorce. Please see pages (17) and (18) for the detailed list of what qualifies as a family status change. You may **add** a dependent (spouse/child) **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 benefit plans:

Unum

- Group Critical Illness Insurance
- Group Accident Insurance
- Whole Life Insurance
- Individual Short-term Disability

Aflac

- Supplemental Dental

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 benefit 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; and
- 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 nineteen (19) for the termination date of coverage for dependents covered as a result of legal guardianship.

(Continued from Page 17)

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. Plan Participants must submit a copy of the Petition for Adoption and the Temporary Custody Order;
- ◇ Legally adopted children. Plan Participants 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. Plan Participants 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. Plan Participants must provide a copy of the Court Order granting legal custody or guardianship; and
- ◇ 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(s), or other supporting documentation and social security number to the Benefits Administration Division. A court order and birth certificate is 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, 2019.**

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 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) Preferred Provider Organization (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 Plus In-Network (OAPN) (HMO) medical plan. However, the Open Access Plus (OAP) Preferred Provider (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 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 Medical Plan?

(Continued from Page 20)

To obtain a list of the Cigna network providers, you can access Cigna's website at www.myCigna.com, pick up a Cigna Directory during open enrollment, call the Member Services Department at 1-800-244-6224, 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 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. 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 Open Access Plus In-Network HMO or Open Access Plus PPO medical plan. You can also call Cigna at 1-800-244-6224 to speak with a representative or access www.myCigna.com to locate a participating provider under the medical plans.

How do I get a copy of a document that explains what is covered under the health benefit plans?

The Benefit Division has a Benefit Summary for each of the health benefit plans (e.g., medical, dental) that outline the services under the plan, applicable deductible, co-payment and co-insurance. Please contact the Benefits Division at (301) 883-6380 or 1-800-634-5231 (press number two [2], then option nine [9]) to request a Benefit Summary (ies).

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 (PCD Election Form) on page sixty-one (61) and select a PCD for you and your covered family members. A copy of the PCD Election Form must be submitted to the Division in an envelope post-marked by October 26, 2018. The PCD Election Form can be sent either by mail (USPS) or fax (301-883-6358) or e-mail (benefits@co.pg.md.us) or brought to a provider session or the Benefits Division (RMS Building, Suite 245). To obtain a list of participating PCDs, you can visit Aetna's *DocFind* on-line 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, 2019.**

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

**“Enroll or Make a Change, You Know What This Means!
It’s Open Enrollment 2019.”**



Can My Spouse and/or Children Continue the Health Benefit Plan(s) Coverage in the Event of My Death?

Yes. However, your spouse and eligible children must be enrolled in the health benefits plan coverage (coverage) at the time of your death. Coverage for your eligible children will end the last day of the month in which they turn age twenty-six (26).

Do I Have to Pay Taxes on the Basic Life Insurance (BLI) the County Provides to Me as a Retiree?

Yes, for the amount of BLI that is greater than \$50,000. The Internal Revenue Service (IRS) regulations limit to \$50,000 the amount of group term life insurance paid by your employer that you can have as an individual on a tax-free basis. If the amount of BLI that the County provides for you is greater than \$50,000, the value of the actual premium cost of insurance over \$50,000 will be treated as taxable income. The IRS calls this imputed income. The imputed income is calculated using a table issued by the IRS, which is based on your age and the cost of the excess coverage above \$50,000. The actual premium cost of the insurance would be reported on the annual W-2 Form. Remember, this provision only applies to you if the BLI the County provides to you is greater than \$50,000.



Cigna

Cigna One Guide®

The **Cigna One Guide®** service can help you make smarter, more informed choices and get the most from your plan. It's our highest level of support that combines the ease of a powerful app with the personal touch of live customer service. Your One Guide personal support, tools and reminders can help you stay healthy and save money. Get in touch with the new Cigna One Guide team by telephone, click to chat or via the enhanced myCigna app. To get started quickly, follow these five easy steps:

1. **Log in to myCigna.**SM Just visit **myCigna.com** to start or finish customizing your very own health journey. Watch a quick video at Cigna.com/myCigna-tour to get a sneak peek at all the great tools that are available to you.
2. **Set your preferences.** Once your account is set up, manage your profile to let us know the best way to contact you with important health information, like your Explanation of Benefits or claim updates.
3. **Find care.** You can search through all of the doctors in your network to find one you like. Keep these tips in mind to help avoid surprise expenses and get the most out of your plan:
 - › Make sure doctors and facilities are covered by your plan; and
 - › Know before you go. Search for lower-cost options, like urgent care centers, instead of the ER, if you can't see your doctor immediately.
4. **Connect with us, 24/7/365.** We are here whether you need to change doctors, transfer a prescription or you already have care like a surgery planned. We are here to make things easier, **24/7/365** and help you every step of the way.
 - › Call the number on your Cigna ID card. If you don't have one, don't worry, you can download a copy from the app.
5. **Get the most from your plan.** The new **Cigna One Guide®** team is ready to help you every step of the way. Our personal support begins with making sure you select in-network providers and facilities and make the most of your current coverage. Call or click to chat with a Personal Guide any time.

Did You Know That...

Cigna (Continued)

At Cigna, we understand that navigating your health care isn't always easy. And we're here to help with Cigna One Guide®, a highly personalized support system designed to make it easy to get the most out of your health care benefits.

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

- **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 my Cigna.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: Taking a health assessment is a quick and easy way to learn more about your health today, and to figure out how you can improve your health in the future. After completing the health assessment, you'll get a report that includes your wellness score, as well as recommended programs. This report is a great tool to share with your doctor and use as a guide to help you set and achieve healthy goals.

- **Health coaches:** Get one-to-one support to help you reach your health goals.
- **Health and Wellness Discounts:** Get discounts on the health products and programs you use every day such as:
 - › Weight management and nutrition
 - › Vision and hearing care
 - › Alternative medicine
 - › Healthy lifestyle and fitness

Just use your ID card when you pay and let the savings begin.

Cigna *(Continued)*

- **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:** If weight, tobacco or stress are affecting your health or your ability to live an active life, it may be time to make some changes. A health coach can provide you with personalized support to help you:
 - › Learn to manage your weight using a non-diet approach that helps you build confidence, change habits, eat healthier and become more active; and
 - › Develop a personal quit plan to become and remain tobacco free; and
 - › Understand the sources of your stress, and learn to use coping techniques to better manage stress both on and off the job.

You can use an on-line or telephone coaching program or both for the support you need.

- **Free Diabetic Supplies**
 - The Cigna medical plan you are enrolled in 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.

Did You Know That...

Cigna (Continued)

- **24-Hour Telephone Support:** Whenever you need us, just call the toll-free number printed on the back of your Cigna ID card 24 hours a day, seven days a week, 365 days a year. The 24-hour telephone support can provide the following:
 - › Answers to health, claims and plan questions; or
 - › Order an ID card, update information and check claim status; or
 - › Find a health advocate for help with improving specific health issues; or
 - › Speak with a Spanish speaking service representative or someone who can translate one of 200 languages.

- **Telehealth Services – Cigna members will be able to access telehealth services to treat minor medical conditions (colds, flu, allergies, headaches, etc.). Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit their website or call to register, AmwellforCigna.com 855-667-9722 or MDLIVE forCigna.com 888-726-3171.**

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.
- Thirty (30) multi-specialty medical centers.

New and expanded:

- Gaithersburg, MD
- Largo, MD
- Glen Burnie, MD
- South Baltimore County, MD
- Tysons Corner, VA
- Downtown Baltimore City, MD
- Towson, MD
- Harford County, MD
- Alexandria, VA (coming in 2019)
- Bowie, MD (coming in 2020)
- Heymarket (coming in 2019)
- Stafford (coming in 2019)

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.

Kaiser Permanente *(Continued)*

You Can Use Your Mobile Device To:

- Video Visit with your Primary Care Provider at **NO additional charge**; or
- 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.

You Have A Healthcare 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; and
- 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; and
- Expanded Urgent Care hours at Woodbridge, VA medical center.

Did You Know That...

Kaiser Permanente (Continued)

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.

Video Visits

Why book a video visit with Kaiser Permanente?

If you're short on time but have a health matter that needs attention, you can see a doctor face to face, without visiting the office. Video visits are easy, secure, and part of your coordinated care, so you can always get the care you need.

Get care for just about anything:

- Follow -up visits
- Minor burns/sunburn
- Cuts and wounds
- Skin rash/infection
- Flu
- Sore throat
- Backaches

And much more. Video visits are available at no co-pay or co-insurance. Book on-line at kp.org or call our appointment line.

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 telephone.

Healthy Lifestyles

Get the advice, encouragement, and tools you need to make healthy changes, such as:

- Eating Healthy
- Losing Weight
- Quitting Smoking
- Reducing Stress

Did You Know That...

Kaiser Permanente (Continued)

- Sleep Management
- Pain Management
- Mental Health and Depression
- Diabetes Management

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;
- Breastfeeding;
- Nutrition;
- Fall Prevention;
- Insulin Information sessions;
- 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; and
- 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 telephone 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, 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, 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 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; and
- 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 Dental (Continued)

Aetna Mobile — find what you need, wherever, whenever

The Aetna Mobile app will allow you to access your ID card or dental benefits information when you're on the go. In order to install the Aetna Mobile app, go to the Play Store, search for "Aetna Mobile," it will be the app, with the blue icon and download.

Aetna Life Insurance

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 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 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 Prescription

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 the website, you'll need to register, so have your member identification 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.

Express Scripts Prescription *(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, please visit www.express-scripts.com or call Member Services toll-free at the number on the back of your prescription drug ID card.



Express Scripts Prescription *(Continued)*

Worry Free Fills[™] Program

Refill your mail-order prescriptions automatically.

Ordering prescriptions and taking your medications are among the most important things you can do. But ordering isn't always easy to remember. You might even find it inconvenient. And that is why 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, Express Scripts 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 Prescription *(Continued)*

When a prescription expires and you or your doctor sends in a new prescription 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 in the Worry-Free Fills program.

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 Prescription *(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 Prescription *(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 the 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 are not included on the card. VSP is committed to protecting the privacy and security of their members and their data.
- Visit vsp.com from your computer or smart phone to access features such as, your benefits and claims, find a doctor, special offers and articles on eye health. On page forty-seven (47), is the Create an Account on VSP.com flier that provides you with more details.
- 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. On page forty-eight (48), is the Diabetic Eyecare Plus flier that provides you with more details.
- 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. On page forty-nine (49), is the TruHearing flier that provides you with more details.
- Contact Lens Rebates. VSP and Bausch+ Lomb Rebate, as a VSP member, you'll be eligible to receive savings via mail-in rebates when you purchase your annual supply of participating Bausch + Lomb contact lenses from your VSP doctor. 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 on-line optical store that offers members easy access to quality eyewear brands. To see the latest, check out eyeconic.com today.
- Big Value. More Savings with VSP Vision Care.

Vision Service Plan (VSP) (Continued)

- 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.
- With Exclusive Member Extras, savings never looked so good. VSP puts members first by providing exclusive special offers from VSP and leading industry brands, totaling more than \$2,500 in savings. On page fifty (50), is the VSP Exclusive Member Extras flier that provides you with more details.





Get access to the best in eye care and eyewear with Prince George's County, Maryland and VSP® Vision Care.



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

Enroll in VSP today.
You'll be glad you did.
Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 01/01/2019

Prince George's County, Maryland and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Base Plan			VSP Provider Network: VSP Signature			Buy-up Plan			VSP Provider Network: VSP Signature		
Benefit	Description	Copay	Benefit	Description	Copay	Benefit	Description	Copay	Benefit	Description	Copay
Your Coverage with a VSP Provider											
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
Prescription Glasses			\$10			Prescription Glasses			\$10		
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance Every other calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$250 allowance for a wide selection of frames \$270 allowance for featured frame brands 20% savings on the amount over your allowance \$135 Costco® frame allowance Every calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$250 allowance for a wide selection of frames \$270 allowance for featured frame brands 20% savings on the amount over your allowance \$135 Costco® frame allowance Every calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$250 allowance for a wide selection of frames \$270 allowance for featured frame brands 20% savings on the amount over your allowance \$135 Costco® frame allowance Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year 	\$50 \$80 - \$90 \$120 - \$160	Lens Enhancements	<ul style="list-style-type: none"> Progressive lenses Anti-reflective coating Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$10	Lens Enhancements	<ul style="list-style-type: none"> Progressive lenses Anti-reflective coating Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$10	Lens Enhancements	<ul style="list-style-type: none"> Progressive lenses Anti-reflective coating Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$10
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20
Extra Savings											
Glasses and Sunglasses											
<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 											
Retinal Screening											
<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 											
Laser Vision Correction											
<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 											
Your Coverage with Out-of-Network Providers											
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.											

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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Create an
account on
vsp.com.

Discover the information you need:



Once your benefit is effective, check your coverage.



Find a provider who's right for you and your family.



Exclusive Member Extras that maximize your savings.



View your personalized Vision Savings Statement after your appointment.



Print a member vision card if you'd like one.

Create your account on vsp.com today!

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VSP Diabetic Eyecare Plus Program™

As the only national not-for-profit vision care company, VSP® Vision Care is committed to providing members with the best care. If you have diabetic eye disease, glaucoma, or age-related macular degeneration (AMD), you can receive your routine eye care and follow-up medical eye care services from your VSP doctor. You can also receive preventive retinal screenings if you have diabetes, but don't show signs of diabetic eye disease.



Protect your eyes with a WellVision Exam®.

A WellVision Exam is the most thorough eye exam available and allows your VSP doctor to identify the early onset of medical conditions. If needed, your doctor can begin to provide monitoring and treatment that can help prevent vision problems and coordinate with your primary care physician to ensure you're getting the best care.

It's easy to use.

Visit your VSP doctor whenever you need to—services are covered with just a copay. No referral is needed.¹

- Find the VSP doctor who's right for you. To find a VSP doctor, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

29 MILLION
AMERICANS HAVE
DIABETES²

Questions? vsp.com | 800.877.7195

1. Some health plans require a referral from a primary care physician. 2. National Diabetes Statistics Report, 2014

VSP Diabetic Eyecare Plus Program coverage is only available through a VSP doctor and pays secondary to other medical insurance coverage. This coverage is for diabetes-related eyecare services and doesn't cover routine eye exams. Contact your VSP doctor for an appointment to use your routine eyecare benefits.

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VSP, VSP Vision care for life, and WellVision Exam are registered trademarks and VSP Diabetic Eyecare Plus Program is a service mark of Vision Service Plan.



Save Up to 60% on Brand-name Hearing Aids

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000, and few people have hearing aid insurance coverage.

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides you with:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

Plus, with TruHearing you'll get:

- Access to a national network of more than 3,800 hearing healthcare providers
- Straightforward, nationally-fixed pricing on a wide selection of the latest brand-name hearing aids
- Deep discounts on batteries shipped directly to your door

Best of all, if you already have a hearing aid benefit from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or, call 877.396.7194 with questions.

TruHearing™

Here's how it works:

Contact TruHearing.

Call **877.396.7194**. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is solely responsible for the products or services offered by them. Savings based on a survey of national average retail hearing aid prices compared to average TruHearing pricing. Actual customer savings will vary. Three follow-up visits must be used within one year after the date of initial purchase. Forty-five-day trial and hearing aid returns, repairs, and replacements subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service. Not available in the state of Washington.

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JOB#5007-16-VCSA 8/18



SET YOUR SIGHTS ON SAVINGS.

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

- o Extra \$20 to spend on featured frame brands^{1,3}
- o Instant savings and satisfaction guarantees on popular lenses^{2,3}
- o Savings on LASIK at NVision and TLC eye centers
- o Mail-in rebate savings and free trials on popular contact lens brands
- o Savings on digital hearing aids and replacement batteries for you and your extended family through TruHearing⁴
- o Savings on EyePromise vitamins for improved visual performance, night driving, and dry eye
- o Financing for vision care expenses with the CareCredit credit card
- o Discounts and savings for you and your family on medical care, prescription drugs, lab work, and more with VSP® Simple Values⁵



Visit vsp.com to find Premier Program locations that offer a wide selection of featured frame brands, Bonus Offers, and so much more.



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

1. Brands/promotions 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. Offer not available in WA. 5. Some members may not be eligible for this program; visit vsp.com/simplevalues for terms and conditions.

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BAUSCH+LOMB



EXTRA \$20 TO SPEND



JOB#46-25-VC-01 5/15



Living healthy and well is for a lifetime and not just for today! The Office of Human Resources Management (OHRM) remains committed to providing covered participants with health and wellness information designed to assist in making informed choices as it pertains to one's overall health. OHRM understands the importance of getting an annual physical, eating a healthy diet and incorporating physical activity as a part of one's daily routine; all important factors for maintaining good physical and emotional health.

In calendar year 2019, OHRM will work to enhance its efforts in mailing to your address on file, various wellness mailers and newsletters filled with helpful tips, articles and recipes that will lead you to **living healthy and well**. Additionally, OHRM continues to encourage you to connect with the wellness offerings and programs available, at **no cost to you**, under the health benefit plans, if enrolled.

A member enrolled in a Cigna medical plan is eligible to participate in programs to fit one's personal needs, connect with a Health Coach, access telephone seminars and webinars, obtain health and wellness articles from Cigna Library, engage with a dashboard that features active programs, daily to-do lists and much more!! Please access mycigna.com (click on Programs and Resources) or call the Customer Service Center at the toll-free number on the back of your Cigna medical plan identification card to learn more about the wellness offerings.

The Kaiser Permanente medical plan offers its members podcasts, healthy lifestyle programs, information library to learn more about specific conditions and diseases, wellness coaching, center based classes and workshops and so much more!! You can learn more about the health and wellness offerings under the Kaiser Permanente medical plan by accessing www.kp.org or calling the Customer Service Department at the number listed on the back of your medical plan identification card.

The Aetna dental plans (DMO and PPO) offer its members deals and discounts on products and services such as, blood pressure monitors, fitness activity trackers and equipment, yoga DVD's, gym membership, acupuncture/massage services, weight management and so much more. If you are a member, learn more about these products and services by accessing aetna.com

A participant enrolled in the Vision Service Plan (VSP) can access vsp.com/simplevalues and obtain valuable discounts on health wellness, lifestyle products and services. An array of discounts can be found on this site in the areas of Health and Wellness, Family Fun and Retail/Rewards. VSP also offers members savings on hearing aids through TruHearing. See the flyer on page (49) for more details.

Did you complete a health assessment this calendar year (2018)?

OHRM encourages you to complete an annual on-line Health Assessment. The health assessment provides you with important information that allows you to make lifestyle choices that will improve your health. The following will provide you with information on completing an on-line health assessment:

Enrolled in the County's Medical Plans with Cigna:

- Go to www.mycigna.com.
- Click on the "My Health" tab to begin.

Enrolled in the County's Medical Plans with Kaiser Permanente:

- Go to www.kp.org.
- If you are new to the website, click on "Register now".
- At the "Health & Wellness tab," click on "Programs & Classes."
- Click on the "Total Health Assessment" in the left navigation.
- Click on "Start a Total Health Assessment now."

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



How Can I Reduce My Health Benefits 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-eight (38) 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.

Note: This requirement only applies to retirees that will be enrolled in the non-Medicare Part D plan as of January 1, 2019.

- **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 2019, 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 one (1)] or 1-800-634-5231 [press number two (2) for Benefits, then option one (1)] by the close of business, **Thursday, February 14, 2019**.

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 17, 18 and 20 (required documentation) 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 have recently changed your address, please contact either the Pensions and Investments Division (Pensions) or the Benefits Administration Division (Benefits) to provide them with your new address. The Pensions Division can be reached at (301) 883-6390 or 1-800-634-5231 (press number one [1] for Pensions) and the Benefits Division at (301) 883-6380 (press number nine [9]) or 1-800-634-5231, (press number two [2], then select option nine [9]). You may also submit your change of address to Pensions or Benefits by facsimile. The fax number for Pensions is (301) 883-6031 and Benefits is (301) 883-6358.

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 forty-three (43) 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 thirty-three (33) through thirty-five (35) for more information.

Express Scripts Prescription

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.

Note: The above requirement only applies to retirees that will be enrolled in the non-Medicare Part D plan as of January 1, 2019.

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, 2019.**

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.

Requirement for Enrolling in Medicare Part A and B for the Medical and Prescription Plans

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 HMO Plan, 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 copy of your Medicare card showing enrollment in Part A and Part B to the Benefits Administration Division. **If you do not enroll in Medicare Part A and B (if eligible), we will discontinue your coverage in the County's medical plans.**

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 plans.

Kaiser participants must complete a Kaiser Application for Group Enrollment Form to enroll in the Kaiser Medicare HMO Plan. It is important to note that the Kaiser Medicare HMO Plan offers prescription benefits. If you elect to enroll in the Kaiser Medicare HMO 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. The enrollment in the Kaiser Medicare HMO Plan will not occur until approval is received from the Federal Government Agency, Centers for Medicare and Medicaid Services (CMS).

Medicare Part D Prescription Plan

Effective January 1, 2017, Prince George's County Government (County) implemented the Employer Group Waiver Plan (EGWP) under the prescription plan. It is administered by Express Scripts, Inc., (ESI). The EGWP plan offered through an employer is referred to as a "Medicare Part D" plan. The Medicare Part D is an extension of Medicare Part A and Part B. Since the County requires enrollment in Medicare Part A and B, as noted on page fifty-six (56), we will automatically enroll you in the Medicare Part D plan. Please contact the Benefits Division, if you have questions on the Medicare enrollment requirement.

Automatic enrollment means that you do not have to complete any paperwork and submit it to the County for enrollment in the Medicare Part D plan. The Benefits Division will work with ESI to complete the enrollment process required by the Federal Government for the Medicare Part D plan. This enrollment process takes time to complete and the Medicare Part D plan may not take effect on the same date as the switchover to the Cigna Medical plan that coordinates with Medicare, if you are enrolled in a plan.

You will remain in the non-Medicare Prescription Plan until we enroll you in the Medicare Part D Plan. The Benefits Division will send you a letter advising when the Medicare Part D enrollment process is in progress. Also, it is important to advise enrollment in the Medicare Part D plan is not an option. If you elect not to enroll in the Medicare Part D plan, then your prescription plan coverage with the County will **terminate**.

The following are some of the highlights the Medicare Part D plan will offer you:

- You will be able to purchase up to a ninety (90) day supply of maintenance medications (medications that you take every day) either at the retail or mail-order pharmacy;
- The mandatory generic requirement will not apply. Therefore, if a brand name medication has a generic alternative, you can get the brand name medication without penalty; and
- You may qualify for "Extra Help" from the Federal Government to assist with your prescription plan premium and co-payments.

ESI will provide you with important additional information regarding your enrollment in the Medicare Part D plan. We highly recommend that you retain and review the information you receive from ESI. It is important to note that Medicare does impose an additional Part D premium for high wage earners which is paid directly to Social Security. This requirement is known as the Part D Income Related Monthly Adjustment Amount (IRMAA). Social Security will notify you if the previously stated requirement applies to you. Please contact the Division at (301) 883-6380 or 1-800-634-5321, (press option nine [9]) or 1-800-634-5231 (press number two [2] for Benefits, then select option nine [9]), if you have any questions about the Medicare Part D prescription plan.

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

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.

1-800-711-0917

1-866-544-6963 (*For Medicare Part D participants only*)

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!!

**“Enroll or Make a Change, You Know What This Means!
It’s Open Enrollment 2019.”**

Provider Session #1

Wednesday, October 10, 2018 – 10:00 a.m. to 2:00 p.m.

RMS Building – First Floor Lobby

1400 McCormick Drive

Largo, MD

Provider Session #2

Wednesday, October 17, 2018 – 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

Wednesday, October 24, 2018 – 12:30 p.m. to 4:00 p.m.

Maintenance Operations Center (MOC)

8400 D’Arcy Road

Forestville, MD

Provider Session #4

Friday, October 26, 2018 – 10:00 a.m. to 2:00 p.m.

RMS Building – First Floor Lobby

1400 McCormick Drive

Largo, MD





**PRINCE GEORGE'S COUNTY GOVERNMENT
BENEFITS ADMINISTRATION DIVISION
1400 MCCORMICK DRIVE, SUITE 245
LARGO, MARYLAND 20774**

FOR OFFICE USE ONLY
Transmitted: _____
Entered: _____

ENROLLMENT/CHANGE FORM – RETIREE/COBRA/SURVIVING SPOUSE

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

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

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

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

State Name of Medical Plan: _____ <input type="checkbox"/> HMO <input type="checkbox"/> PPO Primary Care Physician (PCP): _____ Center: _____	<input type="checkbox"/> Dental DMO (Must complete Aetna PCD Election Form for dentist selection) <input type="checkbox"/> Dental PPO	Other Health Coverage: Must be completed if you or your dependents have other coverage. Name of Carrier: _____ Policy Number: _____
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DEPENDENTS	SS#	RELATION	CIRCLE COVERAGE	BIRTH DATE	PRIMARY CARE PHYSICIAN	CIRCLE ONE
1. _____	_____	<u>Spouse</u>	MED RX VIS DEN	_____	_____	ADD DROP
2. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP
3. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP
4. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP

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

By signing this form, I understand that I cannot make changes during the plan year unless there is a family status change and I complete a benefits form within 45 days of the event. Rules for the plan changes will vary depending on my status. This form authorizes any licensed physician, hospital or health care provider to furnish my health plan with such medical information about myself and any eligible dependent as needed. I understand that my coverage and benefits may be adversely affected by my failure to provide complete and accurate information.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY
 Transmitted: _____
 Entered: _____



PRINCE GEORGE'S COUNTY GOVERNMENT
 BENEFITS ADMINISTRATION DIVISION, 1400 MCCORMICK DRIVE, LARGO, MARYLAND 20774

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

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

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

This form only needs to be completed, if enrolling in the Aetna DMO Dental plan.

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

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

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

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

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

By signing this form, I understand that my Aetna DMO dental plan premiums will be deducted on a pre-tax basis. No changes can be made to my dental plan enrollment during the plan year unless there is a family status change and I complete the benefits enrollment process within 45 days of the event. This form authorizes any licensed physician, hospital, or health/dental care provider to furnish my health plan with such medical information about myself and any eligible dependent, as needed. I understand that my coverage and benefits may be adversely affected by my failure to provide complete and accurate information.

 Signature Date

Schedule of Health Benefits Costs for 2019

FIRE CIVILIAN RETIREES AFTER 7/1/98 AND POLICE CIVILIAN RETIREES AFTER 7/1/96

		Participant Monthly	County Monthly	Total Monthly	
M E D I C A L	Kaiser Permanente				
	Individual	114.69	344.08	458.77	
	Two-Person	228.86	686.57	915.43	
	Family	331.60	994.82	1,326.42	
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	75.81	227.42	303.23	
	Two Seniors	151.09	453.27	604.36	
	Senior + Individual	204.59	613.76	818.35	
	CIGNA HMO*				
	Individual	119.88	359.66	479.54	
	Two-Person	239.76	719.28	959.04	
	Family	335.24	1,005.72	1,340.96	
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	67.05	201.15	268.20	
	Two Seniors	135.24	405.72	540.96	
	Senior + Individual	187.54	562.62	750.16	
	CIGNA PPO*				
	Individual	187.81	438.23	626.04	
	Two-Person	378.71	883.67	1,262.38	
Family	531.84	1,240.95	1,772.79		
(Must Enroll in Senior if Enrolled in Medicare)					
One Senior	72.50	169.16	241.66		
Two Seniors	146.16	341.05	487.21		
Senior + Individual	261.46	610.09	871.55		
R X P	Prescription Drug Plan				
	Individual	26.50	150.20	176.70	
	Two-Person	53.39	302.52	355.91	
	Family	68.20	386.46	454.66	
V S P	Base Plan				
	Individual	1.12	6.37	7.49	
	Family	2.43	13.77	16.20	
	Buy-Up Plan				
	Individual	1.77	10.04	11.81	
Family	4.65	26.33	30.98		
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		

*Medical HMO - County pay 75% and Participant pays 25%
 Medical PPO – County pay 70% and Participant pays 30%
 Prescription/Vision – County pays 85% and Participant pays 15%

Schedule of Health Benefits Costs for 2019

ALL POLICE RETIREES, FIRE RETIREES & CORRECTIONS RETIREES

		Participant Monthly	County Monthly	Total Monthly	
M E D I C A L	Kaiser Permanente				
	Individual	100.93	357.84	458.77	
	Two-Person	201.39	714.04	915.43	
	Family	291.81	1,034.61	1,326.42	
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	66.71	236.52	303.23	
	Two Seniors	132.96	471.40	604.36	
	Senior + Individual	180.04	638.31	818.35	
	CIGNA HMO*				
	Individual	105.50	374.04	479.54	
	Two-Person	210.99	748.05	959.04	
	Family	295.01	1,045.95	1,340.96	
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	59.00	209.20	268.20	
	Two Seniors	119.01	421.95	540.96	
	Senior + Individual	165.04	585.12	750.16	
	CIGNA PPO*				
	Individual	169.03	457.01	626.04	
Two-Person	340.84	921.54	1,262.38		
Family	478.65	1,294.14	1,772.79		
(Must Enroll in Senior if Enrolled in Medicare)					
One Senior	65.25	176.41	241.66		
Two Seniors	131.55	355.66	487.21		
Senior + Individual	235.32	636.23	871.55		
R X P	Prescription Drug Plan				
	Individual	21.20	155.50	176.70	
	Two-Person	42.71	313.20	355.91	
	Family	54.56	400.10	454.66	
V S P	Base Plan				
	Individual	0.90	6.59	7.49	
	Family	1.94	14.26	16.20	
	Buy-Up Plan				
	Individual	1.42	10.39	11.81	
	Family	3.72	27.26	30.98	
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	

*Medical HMO - County pay 78% and Participant pays 22%

Medical PPO – County pay 73% and Participant pays 27%

Prescription/Vision – County pays 88% and Participant pays 12%

Schedule of Health Benefits Costs for 2019

ALL SHERIFF RETIREES

		Participant Monthly	County Monthly	Total Monthly	
M E D I C A L	Kaiser Permanente*				
	Individual	100.93	357.84	458.77	
	Two-Person	201.39	714.04	915.43	
	Family	291.81	1,034.61	1,326.42	
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	66.71	236.52	303.23	
	Two Seniors	132.96	471.40	604.36	
	Senior + Individual	180.04	638.31	818.35	
	CIGNA HMO*				
	Individual	105.50	374.04	479.54	
	Two-Person	210.99	748.05	959.04	
	Family	295.01	1,045.95	1,340.96	
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	59.00	209.20	268.20	
	Two Seniors	119.01	421.95	540.96	
	Senior + Individual	165.04	585.12	750.16	
	CIGNA PPO*				
Individual	169.03	457.01	626.04		
Two-Person	340.84	921.54	1,262.38		
Family	478.65	1,294.14	1,772.79		
(Must Enroll in Senior if Enrolled in Medicare)					
One Senior	65.25	176.41	241.66		
Two Seniors	131.55	355.66	487.21		
Senior + Individual	235.32	636.23	871.55		
R X P	Prescription Drug Plan*				
	Individual	21.20	155.50	176.70	
	Two-Person	42.71	313.20	355.91	
	Family	54.56	400.10	454.66	
V S P	Base Plan				
	Individual	7.49	N/A	7.49	
	Family	16.20	N/A	16.20	
	Buy-Up Plan				
	Individual	11.81	N/A	11.81	
	Family	30.98	N/A	30.98	
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	

*Medical HMO - County pay 78% and Participant pays 22%

Medical PPO – County pay 73% and Participant pays 27%

Prescription – County pays 88% and Participant pays 12%

Schedule of Health Benefits Costs for 2019

ALL OTHER RETIREES, ALL SURVIVING SPOUSES, AND COBRA

		Participant Monthly	County Monthly	Total Monthly	COBRA MONTHLY
M E D I C A L	Kaiser Permanente				
	Individual	114.69	344.08	458.77	467.95
	Two-Person	228.86	686.57	915.43	933.74
	Family	331.60	994.82	1,326.42	1,352.95
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	75.81	227.42	303.23	309.29
	Two Seniors	151.09	453.27	604.36	616.45
	Senior + Individual	204.59	613.76	818.35	834.72
	CIGNA HMO*				
	Individual	119.88	359.66	479.54	489.13
	Two-Person	239.76	719.28	959.04	978.22
	Family	335.24	1,005.72	1,340.96	1,367.78
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	67.05	201.15	268.20	273.56
	Two Seniors	135.24	405.72	540.96	551.78
	Senior + Individual	187.54	562.62	750.16	765.16
	CIGNA PPO*				
	Individual	187.81	438.23	626.04	638.56
	Two-Person	378.71	883.67	1,262.38	1,287.63
Family	531.84	1,240.95	1,772.79	1,808.25	
(Must Enroll in Senior if Enrolled in Medicare)					
One Senior	72.50	169.16	241.66	246.49	
Two Seniors	146.16	341.05	487.21	496.95	
Senior + Individual	261.46	610.09	871.55	888.98	
R X P	Prescription Drug Plan				
	Individual	132.52	44.18	176.70	180.23
	Two-Person	266.93	88.98	355.91	363.03
	Family	340.99	113.67	454.66	463.75
V S P	Base Plan				
	Individual	7.49	N/A	7.49	7.64
	Family	16.20	N/A	16.20	16.52
	Buy-Up Plan				
	Individual	11.81	N/A	11.81	12.05
Family	30.98	N/A	30.98	31.60	
D E N T A L	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	

*Medical HMO - County pay 75% and Participant pays 25%
 Medical PPO – County pay 70% and Participant pays 30%
 Prescription – County pays 25% and Participant pays 75%

Schedule of Health Benefits Costs for 2019

**ALL POLICE RETIREES, FIRE RETIREES & CORRECTIONS RETIREES
(RETIRING ON OR AFTER FEBRUARY 1, 2018)**

		Participant Monthly	County Monthly	Total Monthly	
M E D I C A L	Kaiser Permanente				
	Individual	114.69	344.08	458.77	
	Two-Person	228.86	686.57	915.43	
	Family	331.60	994.82	1,326.42	
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	75.81	227.42	303.23	
	Two Seniors	151.09	453.27	604.36	
	Senior + Individual	204.59	613.76	818.35	
	CIGNA HMO*				
	Individual	119.88	359.66	479.54	
	Two-Person	239.76	719.28	959.04	
	Family	335.24	1,005.72	1,340.96	
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	67.05	201.15	268.20	
	Two Seniors	135.24	405.72	540.96	
	Senior + Individual	187.54	562.62	750.16	
	CIGNA PPO*				
	Individual	187.81	438.23	626.04	
	Two-Person	378.71	883.67	1,262.38	
Family	531.84	1,240.95	1,772.79		
(Must Enroll in Senior if Enrolled in Medicare)					
One Senior	72.50	169.16	241.66		
Two Seniors	146.16	341.05	487.21		
Senior + Individual	261.46	610.09	871.55		
R X P	Prescription Drug Plan				
	Individual	26.50	150.20	176.70	
	Two-Person	53.39	302.52	355.91	
	Family	68.20	386.46	454.66	
V S P	Base Plan				
	Individual	1.12	6.37	7.49	
	Family	2.43	13.77	16.20	
	Buy-Up Plan				
	Individual	1.77	10.04	11.81	
Family	4.65	26.33	30.98		
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		

*Medical HMO - County pay 75% and Participant pays 25%

Medical PPO – County pay 70% and Participant pays 30%

Prescription/Vision – County pays 85% and Participant pays 15%

Schedule of Health Benefits Costs for 2019

ALL SHERIFF RETIREES (Retiring on or After February 1, 2018)

		Participant Monthly	County Monthly	Total Monthly	
M E D I C A L	Kaiser Permanente				
	Individual	114.69	344.08	458.77	
	Two-Person	228.86	686.57	915.43	
	Family	331.60	994.82	1,326.42	
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	75.81	227.42	303.23	
	Two Seniors	151.09	453.27	604.36	
	Senior + Individual	204.59	613.76	818.35	
	CIGNA HMO*				
	Individual	119.88	359.66	479.54	
	Two-Person	239.76	719.28	959.04	
	Family	335.24	1,005.72	1,340.96	
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	67.05	201.15	268.20	
	Two Seniors	135.24	405.72	540.96	
	Senior + Individual	187.54	562.62	750.16	
	CIGNA PPO*				
	Individual	187.81	438.23	626.04	
Two-Person	378.71	883.67	1,262.38		
Family	531.84	1,240.95	1,772.79		
(Must Enroll in Senior if Enrolled in Medicare)					
One Senior	72.50	169.16	241.66		
Two Seniors	146.16	341.05	487.21		
Senior + Individual	261.46	610.09	871.55		
R X P	Prescription Drug Plan*				
	Individual	26.50	150.20	176.70	
	Two-Person	53.39	302.52	355.91	
	Family	68.20	386.46	454.66	
V S P	Base Plan				
	Individual	7.49	N/A	7.49	
	Family	16.20	N/A	16.20	
	Buy-Up Plan				
	Individual	11.81	N/A	11.81	
	Family	30.98	N/A	30.98	
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		

*Medical HMO - County pay 75% and Participant pays 25%

Medical PPO – County pay 70% and Participant pays 30%

Prescription – County pays 85% and Participant pays 15%

Notes



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