



Prince George's County Government Active Employee Benefits Guide 2020

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Welcome

The following sections contain information on a range of employee benefits and related topics, including:

- Enrollment
- Benefits at a Glance
- Premium Rates
- Benefits Overview
- Voluntary Benefits
- OHRM & Provider Contacts



About this Guide

The Prince George’s County Office of Human Resources Management (OHRM) manages benefits programs that enable the County to attract, support, and retain a well qualified and diverse workforce. OHRM is committed to providing the highest level of customer care in administering employee benefits.

This guide provides comprehensive information about your benefits as a Prince George’s County employee. Use this guide as your go-to resource for:

- Enrolling in benefits for the first time;
- Making changes or updating your benefits during Open Enrollment or a qualifying life event; and
- Learning more about your benefits throughout the year.

Disclaimer: This Guide is not a contract. Its purpose is to provide summary information about employee benefits. It does not fully describe each benefit. Please refer to the Summary Plan Descriptions and benefits provider materials for details of each benefit. Every effort has been made to ensure that the information contained in this Guide is accurate. The provisions of the actual contract will govern in the event of a discrepancy.



Enrollment

- **How to Enroll**
- **Resources and Assistance**
- **Coverage Effective Dates**
- **Qualifying Life Events**



Enrollment

How to Enroll

Enrollment as a new hire and during the annual open enrollment period can be made through Employee Self Service (ESS). You can access ESS on any computer with an internet connection at <https://portal.sap.mypgc.us>.

Qualifying changes to benefits outside of open enrollment or a new hire event must be completed by submitting an “Enrollment/Change Form” to the Benefits Administration Division.

The following program(s) are **not available** for enrollment through ESS and may have different effective dates:

- Whole Life Insurance
- Critical Illness Insurance
- Group Accident
- Legal Resources
- Legal Shield
- Aflac Supplemental Dental

Plan Year: January 1 through December 31.

Resources & Assistance

Employees who need assistance or computer access can visit OHRM Benefits and Pensions Division at 1400 McCormick Drive, Suite 245, Largo, Maryland 20774.

In addition, visit <https://www.princegeorgescountymd.gov/461/Benefits-Administration> for enrollment resources, including checklists, instructions, and more.

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Coverage Effective Dates

Outside of Open Enrollment:

- **New Hires:** Elections must be made within 30 days of your date of hire (DOH) and will be effective the first of the month following your DOH for Core Benefits. **Voluntary Benefits are not available through ESS and effective dates will vary by vendor. Please check with the individual vendors regarding the applicable effective dates.**
- **Qualifying Life Events (QLE):** Changes must be made within thirty (30) days of the QLE. Coverage will begin on the first of the month following the qualified life event, unless the change is due to a birth, legal guardian dependents, adoption, or placement for adoption of a child, in which case coverage is effective on the date of birth, adoption, or placement for adoption. QLEs include:
 - Marriage, divorce, or legal separation
 - Death of the employee’s spouse or dependent
 - Birth, adoption or legal guardianship of a child
 - Change in eligibility status of a dependent of the employee, including attainment of age limit of eligibility
 - Change in dependent’s job that results in addition or loss of coverage
 - Status change of an employee (*i.e.*, part-time to full-time, full-time to part-time, beginning leave of absence or returning from such leave)
 - Relocation into or out of network area for employee, spouse and dependent;
 - An employee, spouse, or dependent becomes enrolled under Medicare or Medicaid.

Enrollment

Qualifying Life Events and Required Documentation

If you have a qualifying life event, you must report it to the Office Human Resources Management (OHRM) within 30 days of the event and provide the required documentation to make a change to your benefits. If you do not report the event within 30 days, your next opportunity to make changes will be during the annual open enrollment period.

All documents must be submitted to the **OHRM Benefits and Pensions Division** as follows:

- Email a picture of your documents or scan and email them to Benefits@co.pg.md.us; **OR**
- Fax your documents to (301) 883-6192.

Qualifying Life Event	Eligibility	Required Documents
Birth	Natural born child	<ul style="list-style-type: none"> • Birth certificate; AND • Social Security number
Marriage	Spouse as recognized by law	<ul style="list-style-type: none"> • Marriage certificate; AND • Social Security card
Divorce	–	<ul style="list-style-type: none"> • Divorce decree
Legal Separation or Limited Divorce	–	<ul style="list-style-type: none"> • Proof signed by judge or attorney
Guardianship	Child is under the protection or in the custody of the participant	<ul style="list-style-type: none"> • Temporary or final guardianship order; AND • Social Security number
Adoption	Child is eligible at the time of placement	<ul style="list-style-type: none"> • Adoption decree or judgement
Adoption (in a foreign country)	Child is eligible at the time of placement	<ul style="list-style-type: none"> • Birth certificate (certified and translated into English); AND • Adoption order (certified and translated into English)
Death (of spouse or dependent)	–	<ul style="list-style-type: none"> • Death certificate
Loss of Coverage	Participant, eligible spouse, and/or dependent(s)	<ul style="list-style-type: none"> • Proof of coverage, including the type of coverage, date obtained, and date terminated
Gaining Coverage	Participant, eligible spouse, and/or dependent(s)	<ul style="list-style-type: none"> • Proof of coverage, including the type of coverage and the effective date
Change of Employment Status from Temporary (i.e., 1,000 hour, LTGF) to Full Time/Full-Time to Part-Time	Participant, eligible spouse, and/or dependent(s)	<ul style="list-style-type: none"> • Documents listed above related to the election.



Benefits at a Glance

- Eligibility
- Dependents
- Medical, Dental, Prescription Drug Plan & Vision Benefits
- Plan Rates



Benefits at a Glance

Eligibility

Prince George's County Government employees eligible to receive benefits include:

- Full-time permanent employees;
- Part-time permanent employees who generally work at least 15 hours per week;
- Employees whose grant-funded contract positions include funding for medical benefits are eligible to participate in the Cigna PPO and HMO health care plan only; and
- Active Accessors and Judges (Circuit and District Court).

Eligible employees may enroll in plans within thirty (30) days of your date of hire, open enrollment periods, and throughout the benefits calendar year within thirty (30) days of a qualifying life event.

Health, vision, dental, flexible spending accounts, and life insurance coverage begin the first day of the month after date of hire and qualifying life event; other benefits programs may have additional requirements.



Benefits at a Glance

Dependents

You are required to provide documentation within thirty (30) days of your date of hire, qualifying life event, or open enrollment to verify coverage eligibility for the dependent you have enrolled in coverage. . Dependents eligible for coverage include:

1. Your lawful spouse, as defined by the Federal Government;
2. Children and stepchildren under the age of 26;

The term child includes any of the following, until the child reaches the limiting age:

- A natural child;
- A step child;
- A legally adopted child or a child legally placed for adoption;
- A child under your legal guardianship

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

Benefits at a Glance

Medical Benefits

Prince George's County Government Health Benefits Program (PGCHBP)

- The cost is shared by the employee and the County
- All employees must pay employee contribution premiums

Health Care Providers

- Cigna HMO, PPO
- Kaiser Permanente HMO

Dependent Coverage

Make sure your dependents are eligible for insurance and that you have the appropriate documentation to show eligibility before you enroll them in any coverage. You are required to provide the documentation within thirty (30) days of enrollment to the Benefits and Pensions Division to enroll a new dependent. For newborn children, age three months or younger, a hospital-issued birth certificate will be accepted in place of a government-issued birth certificate. If documents to prove dependent eligibility are not received within the first thirty (30) days of their enrollment, your dependent's coverage will be terminated prospectively.

Benefits at a Glance

2020 Plan Rates: MEDICAL – Employees

The follow chart lists the biweekly rates you will pay for your benefits through December 31, 2020.

Biweekly Employee Rates: Medical Plans

	Cigna PPO	Cigna HMO	Kaiser Permanente HMO
Self Only	94.60	60.38	55.06
Self + 1	190.75	120.76	109.86
Family	267.88	168.85	159.18



Benefits at a Glance

2020 Plan Rates: MEDICAL- Crossing Guards

The follow chart list the biweekly rates you will pay as a **Crossing Guard** for your benefits over 21 pay periods through December 31, 2020.

Biweekly Employee Rates: Medical Plans

	Cigna PPO	Cigna HMO	Kaiser Permanente HMO
Self Only	121.62	77.63	70.80
Self + 1	245.25	155.26	141.25
Family	344.41	217.10	204.66



Benefits at a Glance

2020 Plan Rates: PRESCRIPTION

- Provider: Express Scripts
- Coverage is available at participating retail pharmacies
- The plan has a mandatory generic requirement for brand medications that have a generic alternative
- Mandatory mail order requirement for all maintenance medications



Biweekly Employee Rates: Prescription (RXP)

	RXP
Self Only	11.80
Self + 1	23.75
Family	30.33

Biweekly Employee Rates: Prescription *Crossing Guards – paid over 21 pay periods*

	RXP
Self Only	15.17
Self + 1	30.53
Family	38.99

Opt-Out Incentive

If you do not want health insurance or prescription plan coverage through the Prince George's County Health Benefits program, you may be eligible to receive a stipend of up to \$400 annually for medical and \$200 annually for prescription by opting out of the County Health Benefits program. Health insurance coverage through a parent or spouse employed by the County does not disqualify an employee for the Health Insurance Opt-Out Incentive. Employees are **not eligible** for the Opt-Out Incentive if they are in limited term grant-funded positions.

The Opt-Out Incentive is prorated and, if elected, is paid for months the employee is eligible for the employer contribution toward a health insurance premium. Employees will receive an equal portion of the payment in each payroll period (for employees paid on a biweekly basis, payment will be distributed through 24 payrolls a year).

How to Opt Out

- You must opt out through Employee Self-Service within thirty (30) days of your date hire or during the annual open enrollment period.
- You must forward proof of coverage within thirty (30) days of opting out to the Benefits and Pensions Division.
- Employees must re-enroll in the Health Opt-Out Incentive each year during the Annual Benefits Enrollment period by resubmitting your proof of coverage.

Benefits at a Glance

2020 Plan Rates: DENTAL

- Provider: Aetna Dental
- Dental DMO: If you enroll in the Aetna DMO plan **you must select a Primary Care Dentist (PCD) to use your coverage.** The PCD has primary responsibility for managing your dental care. Each DMO member must select a PCD. You can switch your selection as frequently as once per month. To designate your PCD, visit www.aetna.com and click “login”, call Member Services at 1-877-238-6200, or complete a PCD Election Form. If you choose a new PCD on or before the 15th of the month, the change will go into effect on the first day of the following month. For example, if you change your PCD on April 15, the change will take effect May 1, and if you change your PCD on April 16, the change will take effect on June 1.
- Dental PPO: Choose any dentist, find a network dentist by using the Aetna online directory at www.aetna.com.



Biweekly Employee Rates: Dental Plans

	Aetna DMO	Aetna PPO
Self Only	11.52	17.82
Self + 1	18.07	32.55
Family	23.08	48.15

Biweekly Employee Rates: Dental Plans Crossing Guards – paid over 21 pay periods

	Aetna DMO	Aetna PPO
Self Only	14.82	22.91
Self + 1	23.23	41.85
Family	29.68	61.91

Benefits at a Glance

2020 Plan Rates: VISION

- Provider: Vision Service Plan (VSP)
- The County offers two (2) vision plan options:
 - Base Plan; and
 - Buy-up Plan.

Both plans provide coverage for eye glasses, contact lenses, and a comprehensive annual eye exam benefit whereby participants will pay a \$10 co-payment for routine eye examinations.

Biweekly Employee Rates: Vision Plans



	VSP Base Plan	VSP Buy-Up
Self Only	0.52	0.86
Family	1.10	2.24

Biweekly Employee Rates: Vision Plans (*Crossing Guards – paid over 21 pay periods*)

	VSP Base Plan	VSP Buy-Up
Self Only	0.67	1.10
Family	1.41	2.88



Benefits You Can Enroll In

- New Hires, Qualifying Life Events, and Open Enrollment
- Core Benefits
- Voluntary Coverage



Benefits You Can Enroll In

New Hires, Qualifying Life Events, and Open Enrollment

Benefit	Options	Who Pays	How to Enroll
Medical	<ul style="list-style-type: none"> Cigna HMO, PPO Kaiser HMO 	You pay a portion of the cost of coverage. Premiums are deducted from your paycheck on a pre-tax basis.	Employee Self-Service
Prescription	<ul style="list-style-type: none"> Express Scripts 	You pay a portion of the cost of coverage. Premiums are deducted from your paycheck on a pre-tax basis.	Employee Self-Service
Dental	<ul style="list-style-type: none"> Aetna DMO Aetna PPO 	You pay a portion of the cost of coverage. Premiums are deducted from your paycheck on a pre-tax basis.	Employee Self-Service
Vision	<ul style="list-style-type: none"> Vision Service Plan <ul style="list-style-type: none"> Base Plan Buy-up Plan 	You pay a portion of the cost of coverage. Premiums are deducted from your paycheck on a pre-tax basis.	Employee Self-Service
Life	<ul style="list-style-type: none"> Aetna Extra Life Insurance (XLI) 	Basic Life Insurance is 100% employer paid. Optional upgrades available at a cost to the employee. You pay the full cost of coverage for Extra Life Insurance on an after-tax basis.	Employee Self-Service
Disability	<ul style="list-style-type: none"> Aetna <ul style="list-style-type: none"> Long Term 	You pay the full cost of coverage. Premiums are deducted from your paycheck on an after-tax basis.	Employee Self-Service
Flexible Spending Accounts (FSAs)	<ul style="list-style-type: none"> ConnectYourCare <ul style="list-style-type: none"> Health Care FSA Dependent Care FSA 	Contributions are deducted from your paycheck on a pre-tax basis.	Employee Self-Service



Benefits You Can Enroll In

New Hires, Qualifying Life Events, and Open Enrollment

Benefit	Options	Who Pays	How to Enroll
Employee Assistance Program (EAP)	<ul style="list-style-type: none"> • KEPRO 	100% employer paid for the first eight (8) counseling sessions, per issue.	Automatically enrolled, must call 1.877.334.0530 for services.
Disability	<ul style="list-style-type: none"> • Unum <ul style="list-style-type: none"> ○ Short Term 	You pay the full cost of coverage. Premiums are deducted from your paycheck on an after-tax basis.	Contact iBenefits directly 1.844.816.0224
Supplemental Insurance	<ul style="list-style-type: none"> • Unum <ul style="list-style-type: none"> ○ Whole Life Insurance 	You pay the full cost of coverage. Premiums are deducted from your paycheck on an after-tax basis.	Contact iBenefits directly 1.844.816.0224
	<ul style="list-style-type: none"> • Unum <ul style="list-style-type: none"> ○ Critical Illness ○ Group Accident 	You pay the full cost of coverage. Premiums are deducted from your paycheck on an after-tax basis.	Contact iBenefits directly 1.844.816.0224
	<ul style="list-style-type: none"> • Aflac <ul style="list-style-type: none"> ○ Supplemental Dental 	You pay the full cost of coverage. Premiums are deducted from your paycheck on an after-tax basis.	Contact AFLAC directly 1.800.992.3522
Legal Services	<ul style="list-style-type: none"> • Legal Resources • Legal Shield 	You pay the full cost of coverage. Premiums are deducted from your paycheck on an after-tax basis.	Contact iBenefits directly 1.844.816.0224



Core Benefits Overview

Your benefits are an important part of your overall compensation. Prince George's County Government offers a comprehensive array of benefits to protect your health, wellbeing, family, finances and lifestyle, including:

- Medical Benefits
- Prescription
- Dental Benefits
- Vision Benefits
- Life and Disability Insurance

Medical Benefits

Prince George's County Government Health Benefits Program (PGCHBP)

Eligible employees have the following health plan choices:

- Cigna HMO, PPO
- Kaiser Permanente HMO

Your health insurance premium cost is shared with the County, which contributes up to 75% toward the total cost (HMO – 75% and PPO – 70%). All health insurance premium deductions are made on a pre-tax basis.

Dependent Coverage

Make sure your dependents are eligible for insurance and that you have the appropriate documentation to show eligibility before you enroll them in any coverage. You are required to provide the documentation within thirty (30) days of enrollment to the Benefits and Pensions Division to enroll a new dependent. For newborn children, age three months or younger, a hospital-issued birth certificate will be accepted in place of a government-issued birth certificate. If documents to prove dependent eligibility are not received within the first thirty (30) days of their enrollment, your dependent's coverage will be terminated prospectively.

Medical Benefits

Plan Comparison at a Glance

Benefit	Cigna PPO – Out of Network	Cigna HMO	Kaiser Permanente HMO
CALENDAR YEAR DEDUCTIBLE			
Employee Only	\$300	\$50	NONE
Family	\$550	NONE	NONE
OUT-OF-POCKET MAXIMUM (per calendar year) *Please Note: Some benefits do not apply toward the out-of-pocket maximum			
Employee Only	\$2,000	\$2,000	\$3,500
Family	\$4,000	\$4,000	\$9,400
EMERGENCY SERVICES			
Emergency Room Care [waived if admitted]	\$150 copay/visit	\$150 copay/visit	\$50 per visit
Emergency Medical Transportation	No charge	No charge	No charge
Urgent Care	\$50 copay/visit	\$50 copay/visit	\$15 per visit
MENTAL HEALTH			
Outpatient Care	Covered 80% after deductible	\$35 copay/visit	Individual: \$10 per visit; Group: \$5 per visit
Inpatient Care	Covered 80% after deductible	\$250 copay/visit	\$100 per admission

Medical Benefits

PLAN COMPARISONS AT A GLANCE (cont.)

Benefit	Cigna PPO – Out of Network	Cigna HMO	Kaiser Permanente HMO
MATERNITY CARE			
Office Visits (for mother)	Covered 80% after deductible	No charge	No charge
Childbirth/delivery professional services	Covered 80% after deductible	No charge	Included in facility fee
Childbirth/delivery facility services	Covered 80% after deductible	\$250 copay/admission	\$100 per admission
INPATIENT SERVICES			
Hospital Stay	Covered 80% after deductible	\$250 copay/admission	\$100 per admission
Hospice Care	Covered 80% after deductible	No charge	No charge
Skilled Nursing Care	Covered 80% after deductible	No charge	\$100 per admission
OUTPATIENT SERVICES			
Primary Care Visit	Covered 80% after deductible	\$30 per visit, deductible does not apply	\$15 per visit
Specialist Visit	Covered 80% after deductible	\$35 per visit, deductible does not apply	\$15 per visit
Preventative Care	Covered 80% after deductible	PCP : \$30 per visit, deductible does not apply Specialist: \$35 per visit, deductible does not apply	No Charge
Diagnostic Test (x-ray, bloodwork)	Covered 80% after deductible	No charge, deductible does not apply	No Charge

Prescription Drug Program

The health and well-being of employees is a priority in Prince George's County Government. All of the benefits available to you reflect the County's commitment to providing high-quality, affordable medical plans and represent a significant component of your total rewards. Access to prescription drugs is a vital part of our medical coverage. The County's prescription drug benefit through **Express Scripts** has a mandatory home delivery program for all maintenance medications.

Maintenance medications are prescription drugs that you need to take regularly. Drugs that treat ongoing conditions or needs like asthma, diabetes, birth control, high cholesterol, high blood pressure and arthritis are usually considered maintenance medications. A maintenance medication can also be a drug that you take for three to six months and then discontinue. For example, an allergy medication that you take throughout the spring and summer could be considered a maintenance medication.

For greater details about the Prescription Drug Program, visit:
<https://www.princegeorgescountymd.gov/461/Benefits-Administration>.

Prescription Drug Plan

	Pharmacy	Home Delivery
Annual Deductible	\$50 per person	
Supply Limitations	30-day Supply	90-day supply
Generic Drug	\$10 copay	\$20 copay
Formulary Brand Name Drug	20% coinsurance (\$20 min/\$50 max)	20% coinsurance (\$40 min/\$100 max)
Non-Formulary Brand Name Drug	30% coinsurance (\$40 min/\$50 max)	30% coinsurance (\$80 min/\$100 max)

Dental

The Dental Plan provides coverage for many dental services that you and your eligible dependents may need. The plan offers both network (DMO) or out-of-network (PPO) coverage. Aetna Dental provides national network coverage for Prince George's County Government through two networks: [Aetna Dental DMO](#) and [Aetna Dental PPO](#). You receive greater benefit coverage when you use a provider who participates in the Aetna Dental participating network.

Aetna Dental DMO features:

- 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 a specialist when necessary.
- No deductibles.
- No annual dollar maximums.

Aetna Dental PPO features:

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



Dental Plan Summary

This Dental Plan Summary Chart should be used as a general guide only. Refer to the Dental Plan Specific Plan Details (SPD) for further information at <https://www.princegeorgescountymd.gov/461/Benefits-Administration>. If the information in the summary chart differs from the Specific Plan Details Document, the Specific Plan Details Document will govern.



Plan Features	Aetna Dental DMO	Aetna Dental PPO (non-participating)
Annual Deductible	NONE	NONE *Only for non participating
Annual Benefit Maximum	NONE	Plan pays \$1500 per person each calendar year
Preventative & Diagnostic Services	Applicable copays – based upon Fee Schedule	Covered at 100%
Basic Services	Applicable copays – based upon Fee Schedule	Covered at 100%
Major Services	Applicable copays – based upon Fee Schedule	Covered at 60%
Orthodontia	Applicable copays – based upon Fee Schedule	Up to 50%, with a Lifetime maximum of \$1,500

*Aetna PPO (non-participating) - \$25 Annual Individual Deductible
 - Major Services – 50% (Reasonable and Customary)

Vision

The Vision Plan administered by **Vision Service Plan (VSP)** provides you and your covered dependents with vision care services, such as eye exams, eyeglasses and contact lenses. You can choose between Base and Buy-up Plan options. A comprehensive plan summary can be found on the County's website.



Base Plan Option			Buy-up Plan Option		
Benefit	Description	Copay	Benefit	Description	Copay
Your Coverage with a VSP Provider			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
Prescription Glasses		\$10	Prescription Glasses		\$10
Frames	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frames 20% savings on the amount over your allowance \$80 Costco frame allowance Every other calendar year 	Included in Prescription Glasses	Frames	<ul style="list-style-type: none"> \$250 allowance for a wide selection of frames \$270 allowance for featured frames 20% savings on the amount over your allowance \$135 Costco frame allowance Every calendar year 	Included in Prescription Glasses
Contacts	<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	<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



Life & Disability Insurance

Basic Life Insurance

Basic life insurance coverage is administered through Aetna at no cost to you for basic life insurance up to 2x your base salary—up to \$200,000 based on your salary schedule—for all benefits eligible employees:

- Coverage is effective on the date of hire.
- The coverage amount automatically increases or decreases when you have a change in base salary.

Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) Insurance is administered through Aetna at no cost to you. You are automatically enrolled in AD&D coverage on your date of hire, to a maximum benefit of:

- \$10,000 for all other Employee groups
- \$15,000 for Deputy Sheriff Civilians
- \$50,000 for Police Officers, Deputy Sheriffs, Correctional Officers, Firefighters, Paramedics, and Emergency Response Technicians

This benefit is payable for death or personal loss caused by an accident on or off the job.

Life & Disability Insurance

Optional Coverage Rates – Extra Life Insurance (XLI)

Administered through Aetna, employees have the option of electing extra life insurance. You pay 100% of the cost of optional life insurance. You may purchase between one and four times your base pay in XLI, up to \$600,000.

However, elections of more than 3x your base salary and/or election resulting in \$300,000 or more requires the completion of an Evidence of Insurability (EOI) form. The XLI premiums are based on your salary and age. This premium is deducted from the first paycheck of each month and is an after-tax deduction.

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

Instructions for Calculating Monthly Premium: Multiply your annual base salary by your XLI election (your choice being 1, 2, 3 or 4 times your base salary) ; round to the nearest \$1,000. Divide by 1,000. Use this number to multiply the month factor for your age category. This will provide the monthly cost of your XLI.

Life & Disability Insurance

Supplemental Life Insurance (SLI)

This benefit applies only to police officers, firefighters, paramedics, emergency response technicians, and deputy sheriffs.

SLI is administered by Aetna and is equal to fifty (50) times the monthly salary with a maximum benefit of \$300,000, which includes both basic and supplemental life insurance. SLI is 100% employer paid.



Life & Disability Insurance

Long-Term Disability (LTD)

All benefits-eligible employees may enroll in the Long-Term Disability (LTD) Insurance Program administered by Aetna. Long-term disability insurance provides income replacement that may be used in conjunction with your annual or sick leave. This program has a 180-day elimination period. Income is replaced at 50% or 60% percent of your base pay, reduced by deductible income. You pay the full cost of coverage the first paycheck of each month and deductions are done on an after-tax basis. This assures that any payments you receive from the program are not taxed.

Rates for 2020

	Public Safety Employees	Non-Public Safety Employees
50% of Base Pay	.00046	.00383
60% of Base Pay	.00673	.00596

Instructions for Calculating Monthly Premium: Multiply the rate times your base salary rounded to the nearest hundred. Divide the annual amount by 12 to find the monthly cost for this benefit.



Work & Life Benefits

Flexible Spending Accounts

The County offers benefits-eligible employees two pre-tax flexible spending accounts (FSAs) — a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. These accounts allow you to pay for eligible, out-of-pocket health and/or dependent care expenses. Every plan year you must designate the amount to be set aside in your FSAs. Funds do not roll over; you must use all your funds by March 15th of each calendar year. ConnectYourCare administers these accounts.

Health Care Flexible Spending Accounts

A Health Care Flexible Spending Account (HCFSAs) allows you to set aside pre-tax money to pay for eligible health care expenses for you and your qualified dependents. Examples of eligible expenses may include health plan deductibles, copayments, and coinsurance; eye exams, contact lenses, and glasses; prescription drugs; dental care, including orthodontia; and over-the-counter (OTC) products with a physician's prescription. You do not have to enroll in a County medical plan to participate in an FSA through Prince George's County Government.

You can contribute up to \$2,750 annually to a Health Care FSA, and your entire annual election is eligible to be reimbursed prior to you having the full amount deducted from your pay. Deductions for the HCFSAs reduce the gross income on your Form W-2 for federal and social security tax purposes. All receipts for expenses must be submitted by April 30th of each calendar year.

Dependent Care Flexible Spending Accounts (DCFSA)

A Dependent Care Flexible Spending Account (DCFSA) allows you to set aside pre-tax money to pay for eligible dependent care expenses for your qualified dependents. Examples of eligible expenses may include child care facility fees, before-school and after-school care or local day camp. You can contribute anywhere from \$250 up to \$5,000 annually, per family, to a Dependent Care FSA. Review a comprehensive list of eligible expenses at <https://www.connectyourcare.com/tools/eligible-expenses/dependent-care-fsa-eligible-expenses/>. All receipts for expenses must be submitted by April 30th of each calendar year.

Work & Life Benefits

Employee Assistance Program (EAP)

KEPRO's Employee Assistance Program is a free confidential program that offers face-to-face consultation with a local licensed provider and/or telephonic counseling with one of our Masters level clinicians. Access to services is available 24/7, 365 days a year. The plan provides up to eight (8) counseling sessions per issue.

All calls are answered live by professional counselors and service is available when you need it. There are no call backs, messages taken, voice mail or hold times. Counseling services are available for issues affecting employees, dependents and their household members.



KEPRO EAP resources include:

- Confidential counseling
- Legal services
- Financial Services
- Webinar training
- Work - life referral services for child and elder care, home repairs, pet care, etc.
- Wellness coaching
- Lactation support
- 24- Hour Crisis Counseling



Voluntary benefits are insurance products that employees may choose to purchase through the County :

- Supplemental Insurance
- Legal Services

Voluntary Benefits Overview

Supplemental Insurance

Short-Term Disability Insurance

Unum's Individual Short-Term Disability Insurance protects a portion of your income if you are unable to work due to a covered injury or illness. Common reasons people use this coverage include injuries, a covered pregnancy and digestive problems, such as gall bladder surgery.

Key Features:

- Income coverage of up to 60% of your salary
- You can choose a monthly benefit between \$400 and \$5,000 for covered disabilities due to injuries.
- Deductions for the programs are done on an after-tax basis.



Supplemental Insurance

Supplemental Coverage

Unum provides supplemental insurance plans as a voluntary benefit to County employees. You pay the full cost of coverage. Premiums are deducted from your paycheck on an after-tax basis. Each plan includes a \$50 Wellness Benefit. The following plans are available through Unum:

- **Group Critical Illness Insurance Plan:**

Group Critical Illness coverage from Unum can provide financial assistance when a serious illness strikes. Benefits paid by Group Critical Illness Insurance policies can help you with deductibles, co-pays and other out-of-pocket costs when you are diagnosed with a covered critical illness, such as a heart attack, stroke or cancer. Family coverage options are available for your spouse and children (under age 26).

- **Group Accident Insurance Plan:**

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events. Family coverage options are available for your spouse and children (under age 26).



Supplemental Insurance

Whole Life Insurance

Unum is the Prince George's County Whole Life Insurance administrator providing life insurance for your spouse, children and yourself. Unum's Whole Life Insurance is designed to pay a benefit to your beneficiaries, but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level premium that will not increase due to age. Unum provides the following coverage options:

- Whole Life Insurance
- Individual spouse coverage
- Individual child coverage
- Child Term Life benefit

Key Features:

- This plan can be used in addition to your County provided Basic, Supplemental, and/or Extra Life Insurance.
- You pay 100% of the premium cost.
- Deductions are taken biweekly on an after-tax basis. Payments you receive from the program are not taxed.

Supplemental Insurance

SUPPLEMENTAL DENTAL INSURANCE



*Supplemental Dental Insurance is administered by **Aflac**.* Supplemental dental insurance is a separate plan that enhances your current dental coverage. An individual or family that needs coverage for a particular procedure not covered by their dental plan may choose to purchase supplemental dental insurance to help manage costs.

Key Features:

- *Choose your own dentist*
- *No precertification requirements*
- *Pays an annual wellness benefit*
- *Premiums start as low as \$5.73 per week*



Legal Resources

The County offer two (2) providers **Legal Resources** and **Legal Shield** for a Legal Plan voluntary benefit.

The **Legal Resources** Legal Plan covers the attorney fees for a broad range of the most often needed legal services. The plan covers you, your spouse, and qualifying dependent children. There are no annual usage limitations, co-pays, or deductibles for the fully covered services.

Plan Features:

- Legal services are covered in full for your monthly fee
- \$17 per month deducted on an after-tax basis the first pay period of the month
- Mandatory enrollment of twelve (12) months

The **LegalShield Legal Plan** gets you access to advice and counsel on an unlimited amount of personal legal issues which include credit problems, family law, traffic violations, defense and preparation of wills.

Plan Features:

- Deductions are taken on an after-tax basis
- Attorney fees not covered in full are provided at a 25% discount



- OHRM Benefits Administration Division
- Plan Provider Contacts
 - Medical
 - Prescription
 - Dental
 - Vision
 - Life and Disability Insurance
 - Flexible Spending Accounts
 - Employee Assistance Program



Contacts



Contacts

OHRM Benefits and Pensions Division

1400 McCormick Drive, Suite 245
Largo, Maryland 20774
Monday – Friday; 8:30 a.m. to 5 p.m. ET
(301) 883-6380
Benefits@co.pg.md.us
<https://www.princegeorgescountymd.gov/461/Benefits-Administration>

Office of Finance – Payroll

14741 Governor-Oden Bowie Drive #3126
Upper Marlboro, MD 20772
(301) 952-5362

Plan Providers: Insurance Medical

Cigna Member Services

1 (800) 244-6224
<https://my.cigna.com>

Kaiser Permanente Member Services

(301) 468-6000 or 1 (888) 225-7202
<https://my.kp.org/princegeorgescountygovernment/>

Prescription

Express Scripts, Inc.

1 (800) 711-0917
<https://www.express-scripts.com/>

Vision

Vision Service Plan

1 (800) 877-7195
www.vsp.com

Dental

Aetna

1 (877) 238-6200
www.aetna.com
DMO: www.aetnadmodental.com
PPO: www.aetnappodental.com

Contacts

Life Insurance & Disability

Aetna Long-Term Disability

1 (866) 326-1380

www.aetna.com

Aetna Life Insurance

1 (800) 523-5065

www.aetna.com

Plan Providers: Work & Life Benefits

Flexible Spending Accounts

ConnectYourCare

1 (800) 292-4040

www.connectyourcare.com

Employee Assistance Program

KEPRO

1 (877) 334-0530

www.eaphelpink.com

Plan Providers: Voluntary Benefits

Supplemental Insurance

Unum

1 (800) 635 - 5597

www.unum.com

Aflac

(410) 394 -9617

www.princegeorges.Aflac@gmail.com

Legal Services

Legal Resources

1 (800) 728 -5768

www.legalresources.net

Legal Shield

1 (800) 654 -7757

www.legalshield.com



Required Notices

Grandfather Notice

The Prince George's County Government Health Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (ACA). As permitted by the ACA, a grandfathered health plan can preserve certain basis health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the ACA that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the ACA, 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 OHRM Benefits Administration at (301) 883-6380 or 1 (800) 634-5231 (press option 2 for Benefits). You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

Privacy Notice

The County is required under the Health Insurance Portability and Accountability Act (HIPAA) to provide employees with a Privacy Notice concerning the disclosure and use of protected health information.

Market Place Coverage

The Patient Protection Affordability Care Act (PPACA) requires employers to provide employees with a Marketplace Coverage Notice (Notice). Effective January 1, 2014, PPACA required each State to offer individuals within their State insurance options. The Notice will provide you with basic information about the new marketplace and your health coverage offered through Prince George's County Government (County). If you are considering options available in the marketplace, you will need OHRM's assistance with completing page three (3) of the Notice because the required data is specific to an individual. You can contact the Benefits Administration Division at (301) 883-6380 for assistance.



Required Notices

Termination of Coverage

Health benefits coverage for employees and their dependents will terminate on the last day of the month in which an employee elects to cancel their coverage, drop a dependent(s), terminate employment or becomes ineligible for coverage. Coverage for employees and their dependent(s) in the health benefits plan(s) may be voluntarily cancelled by completing the Health Benefits Enrollment/Change Form within thirty (30) days of a family status change or during open enrollment. Once coverage is cancelled, you may only enroll again at the next open enrollment or if a family status change occurs, provided you are still eligible for coverage. If an employee cancels their coverage during open enrollment, the coverage will terminate at the end of the current plan year.

Termination of Coverage for Children

Coverage for your children will terminate on the last day of the month in which they:

- Reach age 26, unless they have been certified 30 days prior to age 26 to be totally unable to support themselves because of a mental or physical disease or disability;
- Reach age 18 (or specified age in court order) if they were covered as a result of legal guardianship; or
- Upon the date specified in the Temporary Custody Order.

Termination of Coverage for a Spouse

Coverage for your spouse will terminate on the last day of the month in which your divorce, legal separation or annulment becomes final.

NOTE: It is mandatory for the employee to notify the Benefits Administration Division in writing within thirty (30) days of the date in which a spouse or dependent is no longer eligible (i.e. divorce, annulment, age attainment, etc.). Documentation must be provided. Any claims incurred after the last day of the month of the event will be the employee's responsibility. If notification is after the event, no refunds for health benefit premiums will be made even if the event results in a reduction in coverage.

Required Notices

Continuation of Coverage

The **Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)** requires an employer to offer continuation of coverage under a group health plan to employees and their spouses and dependent children who lose coverage because of certain events. Spouse and dependent children of retirees also are entitled to continuation of coverage if they lose coverage because of one of these events. See Administrative Procedure 239 “Life and Health Benefits Upon Separation of County Service and Other Qualifying Occurrences” for more detailed information.

Eligible Individuals

Employees who are enrolled in any County sponsored health coverage have the right to continue that coverage upon the occurrence of a "qualifying event" for 18 months. Employees who are disabled at the time of the original qualifying event have the right to continue existing coverage for up to 11 additional months for a total of 29 consecutive months of coverage. Dependents (eligible spouses and children) who are enrolled in any County sponsored health coverage have the right to continue that coverage upon the occurrence of a "qualifying event" for 36 months. These rates may differ from your rates as an active employee.

Qualifying Events

1. Employee termination (voluntary or involuntary as long as the employee was not discharged due to gross misconduct).
2. Reduction in hours of work for the County to less than 15 hours a week.
3. Legal separation or divorce of a covered spouse from a covered employee or retiree.
4. A covered child ceases to be eligible for coverage as a dependent as described under “*Termination of Coverage.*”

You must contact the Benefits Administration Division in writing **within thirty (30) days of the qualifying event**. Detailed information on the continuation of their benefits will be sent to the eligible individual. Under “*Qualifying Events*” 3 or 4 above, either the employee, covered spouse, or dependent must notify the County within **thirty (30) days of the qualifying event**. **If notification is made after the event, no refunds for health benefit premiums will be made. This will apply even if the event results in a reduction in coverage.**

Payment of Premiums

COBRA payments are due by the 1st of the month for the same month’s coverage. Coverage will be terminated if payment is not received within 30 days of the due date. Payments may only be paid by cash, certified check, cashier’s check or money order. All payments should be payable to “Prince George’s County Government” and sent to the Benefits Administration Division.



Required Notices

Description of Benefits and Payment of Premiums

Coordination of Medical Benefits

Eligible employees may choose to enroll in one of the medical plans offered by the County. However, employees must live in the service area of an HMO in order to enroll in the selected HMO. Benefits will be coordinated with any other medical benefit in which a covered person is enrolled. Employees are required to submit information on other medical benefit plans as requested, for purposes of coordination of benefits. Primary insurance coverage for dependent children is determined by which parent's birth date occurs first in the year (commonly referred to as "The Birthday Rule"). Eligible employees may waive participation in the County's medical plans and still enroll in the County's prescription, vision and/or dental plans.

Double Coverage

Eligible employees may choose any, all, or none of the health benefit plans offered. County employees who are married to each other may not be enrolled in double coverage. Eligible children may not be enrolled in double coverage (coverage for one individual through two separate employees) by parents and/or step-parents who are both County employees.

Retirees reemployed by the County may not be enrolled in double coverage and must elect all benefits either as a retiree or as an active employee.

Payment of Premiums

Employee premiums are deducted from employees' paychecks in the month of coverage.



Required Notices

Family and Medical Leave Act (FMLA)

The Family and Medical Leave Act (FMLA) requires group health benefits to be maintained during the period of leave which has been granted as if the employee continued to work instead of taking leave unless the employee elects to drop the coverage. If an employee is on approved leave without pay for **family and medical leave purposes**, the County will continue to pay the employer share of health benefits.

The employee's share of the premiums will be placed in arrears until the employee returns to work. At that time, the employee's deductions for health benefits will be doubled until the arrears have been satisfied. If the employee fails to return to work after the period of leave has expired, the County may recover the premiums that it paid for maintaining health and life insurance coverage during the period of unpaid leave.

An employee who elects to drop health care coverage during the approved FMLA period may reinstate that coverage at the end of the leave period. The **employee** must notify the Benefits and Pensions Division within thirty (30) days of return to work in order to re-enroll. Otherwise, the employee must wait until the next open enrollment and enroll for the following plan year.

Leave Without Pay (LWOP)

Leave Without Pay (LWOP), which has been granted for purposes other than those that fall under the FMLA guidelines, requires the employee to pay both the employee and employer share of health and life insurance premiums. If premiums are not paid, the employee's benefits are cancelled. During the LWOP period, the employee will be contacted by the Benefits and Pensions Division and advised of the premiums owed and payment date. If the premiums have not been paid and coverage continues after the employee has returned to work, deductions will be taken from the employee's paycheck for the total amount owed. An employee may drop health coverage during LWOP, and will be able to resume coverage immediately following their return to work. The **employee** must notify the Benefits and Pensions Division within thirty (30) days of return to active status in order to re-enroll. The effective date will be the first of the month following enrollment. Otherwise, the employee must wait until the next open enrollment to enroll for the following plan year.

For employees who have exhausted disability leave and have been placed in an LWOP status, the County will continue to pay the employer share of health and life insurance premiums. In accordance with the negotiated contracts with the AFSCME union, the County will also pay the employee's share of premiums for employees represented by AFSCME Locals 2462, 2735, 1170, and 3389 who have been placed on LWOP after exhausting disability leave.



Required Notices

Change of Beneficiary or Name

You may change your beneficiary(ies) at any time. Complete the form titled "Comprehensive Beneficiary Form" and return it to the Benefits and Pensions Division. Use the same form to make changes to your name upon your marriage, divorce, etc. The beneficiary form must be signed by you and your signature must be witnessed by someone other than the designated primary or contingent beneficiary(ies). The dates of your signature and the witness signature must be the same. Beneficiaries are not legally changed until the new, properly completed form is received by the Benefits and Pensions Division.

