

PRINCE GEORGE'S COUNTY GOVERNMENT

# 2020 RETIREE BENEFITS

LIGHTS! CAMERA! ENROLL!



Angela D. Alsobrooks  
County Executive



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# WELCOME

## ***Lights! Camera! Enroll!***

It's time for Open Enrollment 2020—this is your annual opportunity to make changes to your benefit elections. Open Enrollment will begin on Friday, November 1 and will end on Friday, November 15, 2019. We encourage you to review your current benefit elections and decide if you need to make any changes for calendar year 2020.

## ***You are the star of the show!***

Open Enrollment is the time of year to review your coverage and carefully consider the healthcare needs of you and your family. We strongly encourage you to review all plan materials to make an informed decision about your healthcare. Being a well-informed consumer can potentially save you money—and help you maximize your benefits.

## ***Here's your script—learn your lines!***

This Benefits Guide is a valuable source of information about the County's health benefit plans. Review this guide to learn more about the changes and requirements of the health benefit plans for calendar year 2020. This guide also includes a list of the dates, times, and locations of each of the provider sessions. These sessions will provide you with opportunities to meet with the health benefit plan providers and ask any questions that you may have about the plans. Additionally, each provider session will have plenty of giveaways and raffle drawings.

Make yourself a VIP—take advantage of this opportunity to review, elect, and reward yourself by enrolling in your employee benefits.

# OPEN ENROLLMENT 2020

**LIGHTS, CAMERA, ENROLL!**  
**FRIDAY, NOVEMBER 1 – FRIDAY, NOVEMBER 15, 2019**

## **What You Need To Know...**

Open Enrollment 2020 begins Friday, November 1, 2019, and ends at 11:59 p.m. on Friday, November 15, 2019. Open Enrollment is the annual opportunity for you to make changes to your current benefit elections, outside of the initial eligibility period and qualifying life events. The benefits you select during Open Enrollment will be effective January 1 – December 31, 2020. Once the deadline to enroll passes, you will not be able to make changes to your elections unless you experience a qualified status change, for example, marriage, divorce, birth or adoption of a child or loss of coverage.

Open Enrollment is your once-a-year opportunity to review your options and select or change to the benefits that work best for you and your family. Make the most of our investment in you with the choices you make during Open Enrollment.

## **Premium Rate Increases**

As healthcare costs across the nation continue to rise, so do the costs in the Prince George's County Government. Therefore, your costs for coverage will increase in 2020. The County will pay much of this increase, but some of this cost will be shared with retirees.

To keep future cost increases at a minimum, we must work together to properly use the benefits—visiting in-network doctors, using wellness resources, visiting urgent care facilities instead of going to the emergency room when appropriate, and obtaining generic instead of brand-name prescription drugs.

# OPEN ENROLLMENT 2020

## What You Need To Do...

### Preparing for Open Enrollment 2020

All retirees are strongly encouraged to do the following prior to the start of Open Enrollment:

1. Review your current elections and consider potential changes, if applicable.
2. Review the Open Enrollment 2020 event schedule and select a convenient info session to meet with our healthcare providers.

**Join us for the Open Enrollment 2020 Kickoff Event on Monday, November 4, 2019, at the Sports and Learning Complex. Our healthcare providers will be onsite—and we'll have some fun wellness activities and prizes!**

## Open Enrollment 2020 – Event Schedule

***Come to the Open Enrollment Kickoff Event on Monday, November 4<sup>th</sup>!***

OHRM encourages you to attend the Open Enrollment Kickoff Event on Monday, November 4, 2019, at the Prince George's County Sports and Learning Complex. The Open Enrollment Kickoff Event will feature:

- Benefit providers
- Deferred compensation representatives
- Information sessions to learn more about your benefits
- Wellness activities
- Prizes and giveaways
- And more!

Those who cannot attend the kickoff should consider attending one of the scheduled events to learn more about the county's benefits.

Event	Date	Time	Location
<b>Kickoff Event!</b>	<b>Mon. 11/4</b>	<b>10a-4p</b>	<b>Prince George's Sports and Learning Complex, 8001 Sheriff Road, Landover, MD 20785</b>
Info Session	Wed. 11/6	10a-2p	RMS Building, 1400 McCormick Drive, <b>Lobby</b> , Largo, MD 20774
Info Session	Thu. 11/7	10a-2p	CAB Building, 14741 Governor Oden Bowie Drive, <b>Lobby</b> , Upper Marlboro, MD 20772
Info Session	Fri. 11/8	12:30-4p	MOC Building, 8400 D'Arcy Road, Forestville, MD 20747
Info Session	Thu. 11/14	4-7p	RMS Building, 1400 McCormick Drive, <b>Lobby</b> , Largo, MD 20774

# ELIGIBILITY

## Who Is Eligible

You are required to provide documentation to add dependents to your health plans.

The following must be submitted to verify coverage eligibility:

Eligible Dependent:	Required Documents:
Lawful Spouse	<ul style="list-style-type: none"><li>• Marriage certificate; AND</li><li>• Social Security card</li></ul>
Natural born child (under age 26)	<ul style="list-style-type: none"><li>• Birth certificate; AND</li><li>• Social Security card</li></ul>
Guardianship (up to age 18)	<ul style="list-style-type: none"><li>• Temporary or final guardianship order; AND</li><li>• Social Security card</li></ul>
Adoption (child is eligible at the time of placement)	<ul style="list-style-type: none"><li>• Adoption decree or judgement</li></ul>
Adoption in a foreign country (child is eligible at the time of placement)	<ul style="list-style-type: none"><li>• Birth certificate (certified and translated into English); AND</li><li>• Adoption order (certified and translated into English)</li></ul>

## Dependent Verification

- If you enroll dependents, you must verify their eligibility.
- Ineligible dependents include dependent children over the age of 26 (unless disabled), dependent children for whom you do not have guardianship or legal custody, common law spouses or ex-spouses that have not been removed from the plan.
- Unverified dependents will be dropped from coverage within 30 days of enrollment.
- Dependents who are removed from the group health plans due to a lack of documentation or insufficient documentation will not be eligible for COBRA continuation coverage.

## Disabled Dependents

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. 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.

## Where To Send Documentation

***Please include the Retiree's Name, Employee ID Number and Date of Birth.***

Submit documents to the **OHRM Benefits and Pensions Division** via:

- Email a picture of your documents or scan to [Benefits@co.pg.md.us](mailto:Benefits@co.pg.md.us);
- Fax your documents to (301) 883-6192 or (301) 883-6358; or
- Mail or Hand-Delivery: 1400 McCormick Drive, Ste 245, Largo, MD 20774

# WHEN TO ENROLL

## When To Enroll

The annual Open Enrollment period for 2020 benefits is November 1 – November 15, 2019. Eligible retirees can enroll in or make changes to the medical, dental, vision, and prescription drug plans. The benefits you select will be effective January 1, 2020.

## What Happens If You Do Not Enroll?

If you do not make any changes during Open Enrollment, your current elections will roll over at 2020 rates.

## Core Benefit Plans Enrollment

You can obtain the Enrollment Change Form (Form):

- At the back of this guide.
- Pick up a Form from the Provider Session.
- Pick up a Form from the Benefits and Pension Division (Division)  
**1400 McCormick Drive, Suite 245, Largo, Maryland, 20774.**

Your Form must be submitted to the Division by the close of business, **Friday, November 15, 2019**, or mailed to us in an envelope **postmarked** by November 15, 2019. You can also fax your completed Form to 301-883-6192 or 301-883-6358. **The Division will not accept your Form with Open Enrollment changes after this date.**

## Changing Your Coverage

During the annual Open Enrollment period, you can make changes to your benefits coverage for the upcoming year. After the annual Open Enrollment period, you may only make changes to your coverage if you have a qualifying life event, which includes:

- Marriage or divorce
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other coverage by you or a covered dependent
- Eligibility for Medicare by you or a covered dependent
- Covered dependent turns age 26

If you have a qualifying life event, contact the Benefits and Pensions Division within 30 days of the event to make changes to your coverage. If you fail to notify the Benefits and Pensions Division within 30 days, you may not enroll, cancel or change coverage until the next annual Open Enrollment, unless you have another qualifying life event.

## Questions?

Retirees who need enrollment assistance can contact the Benefits and Pensions Division:

Call: 301-883-6380/Email: [Benefits@co.pg.md.us](mailto:Benefits@co.pg.md.us)

Visit: 1400 McCormick Drive, Ste 245, Largo, MD 20774

Hours: 8:30 a.m. - 5:00 p.m., Monday through Friday



# CORE BENEFITS OVERVIEW

Prince George's County Government offers a comprehensive array of benefits to protect your health, wellbeing, family, finances, and lifestyle, including:

- Medical Benefits
- Prescription Drug Program
- Dental Benefits
- Vision Benefits





# MEDICAL BENEFITS

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

Eligible retirees have the following health plan choices:

- Cigna HMO, PPO
- Kaiser Permanente HMO



# MEDICAL BENEFITS

Benefit	Cigna PPO: Out of Network	Cigna HMO	Kaiser Permanente HMO
<b>Calendar Year Deductible</b>			
<b>Retiree Only</b>	\$300	\$50	NONE
<b>Family</b>	\$550	NONE	NONE
<b>Out-of-Pocket Maximum</b> (per calendar year) * Please Note: some benefits do not apply toward the out-of-pocket maximum			
<b>Retiree Only</b>	\$2,000	\$2,000	\$3,500
<b>Family</b>	\$4,000	\$4,000	\$9,400
<b>Emergency Services</b> (emergency room/care copays waived if admitted)			
<b>Emergency Room/Care</b>	\$150 copay/visit	\$150 copay/visit	\$50 copay/visit
<b>Emergency Medical Transport</b>	No charge	No charge	No charge
<b>Urgent Care</b>	\$50 copay/visit	\$50 copay/visit	\$15/visit
<b>Mental Health</b>			
<b>Outpatient Care</b>	Covered 80% after deductible	\$35 copay/visit	Individual: \$10/visit; Group: \$5/visit
<b>Inpatient Care</b>	Covered 80% after deductible	\$250 copay/visit	\$100/admission
<b>Maternity Care</b>			
<b>Office Visits (for mother)</b>	Covered 80% after deductible	No charge	No charge
<b>Childbirth/delivery: Professional services</b>	Covered 80% after deductible	No charge	Included in facility fee
<b>Childbirth/delivery: Facility services</b>	Covered 80% after deductible	\$250 copay/admission	\$100/admission
<b>Inpatient Services</b>			
<b>Hospital Stay</b>	Covered 80% after deductible	\$250 copay/admission	\$100/admission
<b>Hospice Care</b>	Covered 80% after deductible	No charge	No charge
<b>Skilled Nursing Care</b>	Covered 80% after deductible	No charge	\$100/admission
<b>Outpatient Services</b>			
<b>Primary Care Visit</b>	Covered 80% after deductible	\$30/visit, deductible does not apply	\$15/visit
<b>Specialist Visit</b>	Covered 80% after deductible	\$35/visit, deductible does not apply	\$15/visit
<b>Preventive Care</b>	Covered 80% after deductible	PCP: \$30/visit, deductible does not apply Specialist: \$35/visit, deductible does not apply	No charge
<b>Diagnostic Test (X-ray, bloodwork)</b>	Covered 80% after deductible	No charge, deductible does not apply	No charge

**Note:** Summaries for Medicare-eligible retirees can be found at: [www.princegeorgescountymd.gov/461/Benefits-Administration](http://www.princegeorgescountymd.gov/461/Benefits-Administration). You can also contact the Benefits and Pension Division for additional information.

# MEDICARE PART A & B REQUIREMENT

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 and Pension 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. 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).

# PRESCRIPTION DRUG PROGRAM

The County's prescription drug benefit through Express Scripts has a mandatory home delivery program for all maintenance medications.

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, 2020.

For greater details about the Prescription Drug Program, visit:  
[www.princegeorgescountymd.gov/461/Benefits-Administration](http://www.princegeorgescountymd.gov/461/Benefits-Administration).

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

## What are 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.



# 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 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.

The Benefits and Pension Division will automatically enroll you in the Medicare Part D plan. The 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 Division will send you a letter advising when the Medicare Part D enrollment process is in progress. Express Scripts will also provide retirees with additional information regarding your enrollment in the Medicare Part D plan. 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 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.
- You may qualify for "Extra Help" from the Federal Government to assist with your prescription plan premium and co-payments.

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.

# DENTAL PLAN

The Dental Plan provides coverage for many dental services that you and your eligible dependents may need. The plan offers 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.

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:

**[www.princegeorgescountymd.gov/461/Benefits-Administration](http://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	\$25/individual \$0 Family
Annual Benefit Maximum	NONE	Plan pays \$1,500/person each calendar year
Preventative & Diagnostic Services	Refer to the Fee Schedule	Covered at 100%
Basic Services	Refer to the Fee Schedule	Covered at 100% after deductible
Major Services	Refer to the Fee Schedule	Covered at 50% after deductible
Orthodontia	Refer to the Fee Schedule	Covered at 50%



# VISION PLAN

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.

Feature	Base Plan Option Your coverage with a VSP Provider	Buy-Up Plan Option Your coverage with a VSP Provider
<b>Well Vision Exam</b>	\$10 copay Once every calendar year	\$10 copay Once every calendar year
<b>Prescription Glasses</b>	\$10 copay	\$10 copay
<b>Frames</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for a wide selection of frames</li> <li>• \$170 allowance for featured frames</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$80 Costco frame allowance</li> <li>• Every other calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 allowance for a wide selection of frames</li> <li>• \$270 allowance for featured frames</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$135 Costco frame allowance</li> <li>• Every calendar year</li> </ul>
<b>Contacts</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> <li>• Every calendar year</li> <li>• Copay up to \$60</li> </ul>	<ul style="list-style-type: none"> <li>• \$200 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> <li>• Every calendar year</li> <li>• Copay up to \$60</li> </ul>





# CONTACTS

## Benefits and Pension Division

Benefits Division – Suite 245  
 1400 McCormick Drive, Suite 245  
 Largo, MD 20774  
 Monday – Friday; 8:30 am to 5:00 pm ET  
 301-883-6380  
[benefits@co.pg.md.us](mailto:benefits@co.pg.md.us)  
[www.princegeorgescountymd.gov/461/Benefits-Administration](http://www.princegeorgescountymd.gov/461/Benefits-Administration)

Pension Division – Suite 110  
 1400 McCormick Drive  
 Largo, MD 20774  
 Monday – Friday; 8:30 am to 5:00 pm ET  
 301-883-6390  
[pensions@co.pg.md.us](mailto:pensions@co.pg.md.us)

## Office of Finance - Payroll

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

Plan Provider	Phone Number	Website
<b>Medical</b>		
<b>Cigna Member Services</b>	1-800-244-6224	<a href="http://my.cigna.com">my.cigna.com</a>
<b>Kaiser Permanente Member Services</b>	301-468-6000 1-888-225-7202	<a href="http://my.kp.org/princegeorgescountygovernment">my.kp.org/princegeorgescountygovernment</a>
<b>Prescription Drug</b>		
<b>Express Scripts</b>	1-800-711-0917	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>Express Scripts Medicare Part D</b>	1-855-778-1432	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>Vision</b>		
<b>Vision Service Plan</b>	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Dental</b>		
<b>Aetna</b>	1-877-238-6200	<a href="http://www.aetna.com">www.aetna.com</a> DMO: <a href="http://www.aetnadmodental.com">www.aetnadmodental.com</a> PPO: <a href="http://www.aetnappodental.com">www.aetnappodental.com</a>

# 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 and Pensions Division 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](http://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 and Pensions Division at 301-883-6380 for assistance.

## 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 and Pensions 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**

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

You must contact the Benefits and Pensions Division in writing within 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 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 and Pensions Division.

## **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 and dated.

# COST OF COVERAGE

## FIRE CIVILIAN RETIREES RETIRED AFTER 7/1/1998 & POLICE CIVILIANS RETIRED AFTER 7/1/1996

	Participant Monthly	County Monthly	Total Monthly
<b>Medical</b>			
Kaiser Permanente			
Individual	\$123.89	\$371.68	\$495.57
Two-Person	\$247.19	\$741.57	\$988.76
Family	\$358.16	\$1,074.48	\$1,432.64
One Senior	\$77.61	\$232.82	\$310.43
Two Seniors	\$154.62	\$463.87	\$618.49
Senior + Individual	\$216.69	\$650.06	\$866.74
Cigna HMO			
Individual	\$135.86	\$407.58	\$543.44
Two-Person	\$271.71	\$815.14	\$1,086.85
Family	\$379.92	\$1,139.75	\$1,519.67
One Senior	\$75.99	\$227.96	\$303.94
Two Seniors	\$153.26	\$459.79	\$613.05
Senior + Individual	\$212.53	\$637.60	\$850.13
Cigna PPO			
Individual	\$212.84	\$496.63	\$709.47
Two-Person	\$429.19	\$1,001.43	\$1,430.62
Family	\$602.72	\$1,406.34	\$2,009.06
One Senior	\$82.16	\$191.70	\$273.86
Two Seniors	\$165.64	\$386.50	\$552.14
Senior + Individual	\$296.31	\$691.39	\$987.70

	Participant Monthly	County Monthly	Total Monthly
<b>Prescription</b>			
Express Scripts			
Individual	\$26.55	\$150.42	\$176.97
Two-Person	\$53.43	\$302.75	\$356.18
Family	\$68.24	\$386.69	\$454.93
<b>Vision</b>			
VSP Base Plan			
Individual	\$1.16	\$6.60	\$7.76
Family	\$2.47	\$14.00	\$16.47
VSP Buy-Up Plan			
Individual	\$1.93	\$10.94	\$12.87
Family	\$5.04	\$28.55	\$33.59
<b>Dental</b>			
Aetna Dental DMO			
Individual	\$25.93	N/A	\$25.93
Two-Person	\$40.66	N/A	\$40.66
Family	\$51.94	N/A	\$51.94
Aetna Dental PPO			
Individual	\$40.09	N/A	\$40.09
Two-Person	\$73.24	N/A	\$73.24
Family	\$108.34	N/A	\$108.34

Medical HMO – County pays 75% and Employee pays 25%

Medical PPO – County pays 70% and Employee pays 30%

Prescription and Vision – County pays 85% and Employee pays 15%

# COST OF COVERAGE

## POLICE, FIRE, & CORRECTIONS RETIREES RETIRED BEFORE 02/01/2018

	Participant Monthly	County Monthly	Total Monthly
<b>Medical</b>			
Kaiser Permanente			
Individual	\$109.03	\$386.54	\$495.57
Two-Person	\$217.53	\$771.23	\$988.76
Family	\$315.18	\$1,117.46	\$1,432.64
One Senior	\$68.29	\$242.14	\$310.43
Two Seniors	\$136.07	\$482.42	\$618.49
Senior + Individual	\$190.68	\$676.06	\$866.74
Cigna HMO			
Individual	\$119.56	\$423.88	\$543.44
Two-Person	\$239.11	\$847.74	\$1,086.85
Family	\$334.33	\$1,185.34	\$1,519.67
One Senior	\$66.87	\$237.07	\$303.94
Two Seniors	\$134.87	\$478.18	\$613.05
Senior + Individual	\$187.03	\$663.10	\$850.13
Cigna PPO			
Individual	\$191.56	\$517.91	\$709.47
Two-Person	\$386.27	\$1,044.35	\$1,430.62
Family	\$542.45	\$1,466.61	\$2,009.06
One Senior	\$73.94	\$199.92	\$273.86
Two Seniors	\$149.08	\$403.06	\$552.14
Senior + Individual	\$266.68	\$721.02	\$987.70

	Participant Monthly	County Monthly	Total Monthly
<b>Prescription</b>			
Express Scripts			
Individual	\$21.24	\$155.73	\$176.97
Two-Person	\$42.74	\$313.44	\$356.18
Family	\$54.59	\$400.34	\$454.93
<b>Vision</b>			
VSP Base Plan			
Individual	\$0.93	\$6.83	\$7.76
Family	\$1.98	\$14.49	\$16.47
VSP Buy-Up Plan			
Individual	\$1.54	\$11.33	\$12.87
Family	\$4.03	\$29.56	\$33.59
<b>Dental</b>			
Aetna Dental DMO			
Individual	\$29.53	N/A	\$25.93
Two-Person	\$40.66	N/A	\$40.66
Family	\$51.94	N/A	\$51.94
Aetna Dental PPO			
Individual	\$40.09	N/A	\$40.09
Two-Person	\$73.24	N/A	\$73.24
Family	\$108.34	N/A	\$108.34

Medical HMO – County pays 78% and Employee pays 22%

Medical PPO – County pays 73% and Employee pays 27%

Prescription and Vision – County pays 88% and Employee pays 12%

# COST OF COVERAGE

## SHERIFF RETIREES RETIRED BEFORE 02/01/2018

	Participant Monthly	County Monthly	Total Monthly
<b>Medical</b>			
Kaiser Permanente			
Individual	\$109.03	\$386.54	\$495.57
Two-Person	\$217.53	\$771.23	\$988.76
Family	\$315.18	\$1,117.46	\$1,432.64
One Senior	\$68.29	\$242.14	\$310.43
Two Seniors	\$136.07	\$482.42	\$618.49
Senior + Individual	\$190.68	\$676.06	\$866.74
Cigna HMO			
Individual	\$119.56	\$423.88	\$543.44
Two-Person	\$239.11	\$847.74	\$1,086.85
Family	\$334.33	\$1,185.34	\$1,519.67
One Senior	\$66.87	\$237.07	\$303.94
Two Seniors	\$134.87	\$478.18	\$613.05
Senior + Individual	\$187.03	\$663.10	\$850.13
Cigna PPO			
Individual	\$191.56	\$517.91	\$709.47
Two-Person	\$386.27	\$1,044.35	\$1,430.62
Family	\$542.45	\$1,466.61	\$2,009.06
One Senior	\$73.94	\$199.92	\$273.86
Two Seniors	\$149.08	\$403.06	\$552.14
Senior + Individual	\$266.68	\$721.02	\$987.70

	Participant Monthly	County Monthly	Total Monthly
<b>Prescription</b>			
Express Scripts			
Individual	\$21.24	\$155.73	\$176.97
Two-Person	\$42.74	\$313.44	\$356.18
Family	\$54.59	\$400.34	\$454.93
<b>Vision</b>			
VSP Base Plan			
Individual	\$7.76	N/A	\$7.76
Family	\$16.47	N/A	\$16.47
VSP Buy-Up Plan			
Individual	\$12.87	N/A	\$12.87
Family	\$33.59	N/A	\$33.59
<b>Dental</b>			
Aetna Dental DMO			
Individual	\$25.93	N/A	\$25.93
Two-Person	\$40.66	N/A	\$40.66
Family	\$51.94	N/A	\$51.94
Aetna Dental PPO			
Individual	\$40.09	N/A	\$40.09
Two-Person	\$73.24	N/A	\$73.24
Family	\$108.34	N/A	\$108.34

Medical HMO – County pays 78% and Employee pays 22%

Medical PPO – County pays 73% and Employee pays 27%

Prescription – County pays 88% and Employee pays 12%

# COST OF COVERAGE

## ALL OTHER RETIREES, SURVIVING SPOUSES, AND COBRA\*

	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly
<b>Medical</b>				
Kaiser Permanente				
Individual	\$123.89	\$371.68	\$495.57	\$505.48
Two-Person	\$247.19	\$741.57	\$988.76	\$1,008.54
Family	\$358.16	\$1,074.48	\$1,432.64	\$1,461.29
One Senior	\$77.61	\$232.82	\$310.43	\$316.64
Two Seniors	\$154.62	\$463.87	\$618.49	\$630.86
Senior + Individual	\$216.69	\$650.06	\$866.74	\$884.07
Cigna HMO				
Individual	\$135.86	\$407.58	\$543.44	\$554.31
Two-Person	\$271.71	\$815.14	\$1,086.85	\$1,108.59
Family	\$379.92	\$1,139.75	\$1,519.67	\$1,550.06
One Senior	\$75.99	\$227.96	\$303.94	\$310.02
Two Seniors	\$153.26	\$459.79	\$613.05	\$625.31
Senior + Individual	\$212.53	\$637.60	\$850.13	\$867.13
Cigna PPO				
Individual	\$212.84	\$496.63	\$709.47	\$723.66
Two-Person	\$429.19	\$1,001.43	\$1,430.62	\$1,459.23
Family	\$602.72	\$1,406.34	\$2,009.06	\$2,049.24
One Senior	\$82.16	\$191.70	\$273.86	\$279.34
Two Seniors	\$165.64	\$386.50	\$552.14	\$563.18
Senior + Individual	\$296.31	\$691.39	\$987.70	\$1,007.45

	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly
<b>Prescription</b>				
Express Scripts				
Individual	\$132.73	\$44.24	\$176.97	\$180.51
Two-Person	\$267.14	\$89.05	\$356.18	\$363.30
Family	\$341.20	\$113.73	\$454.93	\$464.03
<b>Vision</b>				
VSP Base Plan				
Individual	\$7.76	N/A	\$7.76	\$7.92
Family	\$16.47	N/A	\$16.47	\$16.80
VSP Buy-Up Plan				
Individual	\$12.87	N/A	\$12.87	\$13.13
Family	\$33.59	N/A	\$33.59	\$34.26
<b>Dental</b>				
Aetna Dental DMO				
Individual	\$25.93	N/A	\$25.93	\$26.45
Two-Person	\$40.66	N/A	\$40.66	\$41.47
Family	\$51.94	N/A	\$51.94	\$52.98
Aetna Dental PPO				
Individual	\$40.09	N/A	\$40.09	\$40.89
Two-Person	\$73.24	N/A	\$73.24	\$74.70
Family	\$108.34	N/A	\$108.34	\$110.51

Medical HMO – County pays 75% and Employee pays 25%

Medical PPO – County pays 70% and Employee pays 30%

Prescription – County pays 25% and Employee pays 75%

\* COBRA includes an additional 2% administrative fee.



# COST OF COVERAGE

## POLICE, FIRE, CORRECTIONS RETIREES RETIRING ON OR AFTER 02/01/2018

	Participant Monthly	County Monthly	Total Monthly
<b>Medical</b>			
Kaiser Permanente			
Individual	\$123.89	\$371.68	\$495.57
Two-Person	\$247.19	\$741.57	\$988.76
Family	\$358.16	\$1,074.48	\$1,432.64
One Senior	\$77.61	\$232.82	\$310.43
Two Seniors	\$154.62	\$463.87	\$618.49
Senior + Individual	\$216.69	\$650.06	\$866.74
Cigna HMO			
Individual	\$135.86	\$407.58	\$543.44
Two-Person	\$271.71	\$815.14	\$1,086.85
Family	\$379.92	\$1,139.75	\$1,519.67
One Senior	\$75.99	\$227.96	\$303.94
Two Seniors	\$153.26	\$459.79	\$613.05
Senior + Individual	\$212.53	\$637.60	\$850.13
Cigna PPO			
Individual	\$212.84	\$496.63	\$709.47
Two-Person	\$429.19	\$1,001.43	\$1,430.62
Family	\$602.72	\$1,406.34	\$2,009.06
One Senior	\$82.16	\$191.70	\$273.86
Two Seniors	\$165.64	\$386.50	\$552.14
Senior + Individual	\$296.31	\$691.39	\$987.70

	Participant Monthly	County Monthly	Total Monthly
<b>Prescription</b>			
Express Scripts			
Individual	\$26.55	\$150.42	\$176.97
Two-Person	\$53.43	\$302.75	\$356.18
Family	\$68.24	\$386.69	\$454.93
<b>Vision</b>			
VSP Base Plan			
Individual	\$1.16	\$6.60	\$7.76
Family	\$2.47	\$14.00	\$16.47
VSP Buy-Up Plan			
Individual	\$1.93	\$10.94	\$12.87
Family	\$5.04	\$28.55	\$33.59
<b>Dental</b>			
Aetna Dental DMO			
Individual	\$25.93	N/A	\$25.93
Two-Person	\$40.66	N/A	\$40.66
Family	\$51.94	N/A	\$51.94
Aetna Dental PPO			
Individual	\$40.09	N/A	\$40.09
Two-Person	\$73.24	N/A	\$73.24
Family	\$108.34	N/A	\$108.34

Medical HMO – County pays 75% and Employee pays 25%

Medical PPO – County pays 70% and Employee pays 30%

Prescription and Vision – County pays 85% and Employee pays 15%

# COST OF COVERAGE

## SHERIFF RETIREES RETIRING ON OR AFTER 02/01/2018

	Participant Monthly	County Monthly	Total Monthly
<b>Medical</b>			
Kaiser Permanente			
Individual	\$123.89	\$371.68	\$495.57
Two-Person	\$247.19	\$741.57	\$988.76
Family	\$358.16	\$1,074.48	\$1,432.64
One Senior	\$77.61	\$232.82	\$310.43
Two Seniors	\$154.62	\$463.87	\$618.49
Senior + Individual	\$216.69	\$650.06	\$866.74
Cigna HMO			
Individual	\$135.86	\$407.58	\$543.44
Two-Person	\$271.71	\$815.14	\$1,086.85
Family	\$379.92	\$1,139.75	\$1,519.67
One Senior	\$75.99	\$227.96	\$303.94
Two Seniors	\$153.26	\$459.79	\$613.05
Senior + Individual	\$212.53	\$637.60	\$850.13
Cigna PPO			
Individual	\$212.84	\$496.63	\$709.47
Two-Person	\$429.19	\$1,001.43	\$1,430.62
Family	\$602.72	\$1,406.34	\$2,009.06
One Senior	\$82.16	\$191.70	\$273.86
Two Seniors	\$165.64	\$386.50	\$552.14
Senior + Individual	\$296.31	\$691.39	\$987.70

	Participant Monthly	County Monthly	Total Monthly
<b>Prescription</b>			
Express Scripts			
Individual	\$26.55	\$150.42	\$176.97
Two-Person	\$53.43	\$302.75	\$356.18
Family	\$68.24	\$386.69	\$454.93
<b>Vision</b>			
VSP Base Plan			
Individual	\$7.76	N/A	\$7.76
Family	\$16.47	N/A	\$16.47
VSP Buy-Up Plan			
Individual	\$12.87	N/A	\$12.87
Family	\$33.59	N/A	\$33.59
<b>Dental</b>			
Aetna Dental DMO			
Individual	\$25.93	N/A	\$25.93
Two-Person	\$40.66	N/A	\$40.66
Family	\$51.94	N/A	\$51.94
Aetna Dental PPO			
Individual	\$40.09	N/A	\$40.09
Two-Person	\$73.24	N/A	\$73.24
Family	\$108.34	N/A	\$108.34

Medical HMO – County pays 75% and Employee pays 25%

Medical PPO – County pays 70% and Employee pays 30%

Prescription – County pays 85% and Employee pays 15%



PRINCE GEORGE'S COUNTY GOVERNMENT  
BENEFITS AND PENSIONS 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: M or F	
<b>Status</b>		<b>Activity Requested</b>	<b>Reason – Change in Family Status</b>
<input type="checkbox"/> Retired MSRS <input type="checkbox"/> Retired Police Officer <input type="checkbox"/> Retired Fire Fighter, Paramedic, ERT <input type="checkbox"/> Retired Correctional Officer <input type="checkbox"/> Retired Deputy Sheriff	<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Surviving Dependent COBRA <input type="checkbox"/> Assessor <input type="checkbox"/> Judge <input type="checkbox"/> Other	<input type="checkbox"/> Enroll Self <input type="checkbox"/> Enroll Spouse <input type="checkbox"/> Enroll Dependent(s) <input type="checkbox"/> Reinstated Coverage <input type="checkbox"/> Remove Spouse <input type="checkbox"/> Remove Dependent(s) <input type="checkbox"/> Switch to New Plan <input type="checkbox"/> Other: _____	<input type="checkbox"/> Open Enrollment <input type="checkbox"/> Relocate In/Out of Area <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Birth of Child <input type="checkbox"/> Adoption or Permanent Legal Guardianship of Child <b>Date of Event: _____</b>
<b>Attach documentation (i.e. Marriage License, Divorce Decree, etc.). Submit copy of Birth Certificate as soon as received.</b>			
<b>Medical Coverage</b>		<b>Dental Coverage</b>	<b>Prescription</b>
<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage		<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage	<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage
<input type="checkbox"/> One Senior <input type="checkbox"/> Two Seniors <input type="checkbox"/> Individual plus Senior		<b>Vision</b>	
<input type="checkbox"/> Buy-Up Plan <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> No Coverage			
Name of Medical Plan: _____  <input type="checkbox"/> HMO <input type="checkbox"/> PPO		Other Health Coverage: Must be completed if you or your dependents have other coverage.  Name of Carrier: _____  Policy Number: _____	
Primary Care Physician (PCP): _____			
<b>DEPENDENTS</b>	<b>SS#</b>	<b>RELATION</b>	<b>CIRCLE COVERAGE</b>
1. _____	_____	Spouse	MED RX VIS DEN
2. _____	_____	_____	MED RX VIS DEN
3. _____	_____	_____	MED RX VIS DEN
4. _____	_____	_____	MED RX VIS DEN
<b>EXPLAIN BENEFIT CHANGES (if needed):</b> 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 <b>within 30 days</b> 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 _____	



PRINCE GEORGE'S COUNTY GOVERNMENT  
BENEFITS AND PENSIONS DIVISION  
1400 MCCORMICK DRIVE, SUITE 245, LARGO, MD 20774

**FOR OFFICE USE ONLY**

Transmitted: \_\_\_\_\_  
Entered: \_\_\_\_\_

**AETNA DMO DENTAL PLAN PRIMARY CARE DENTIST (PCD) ELECTION FORM**  
**ACTIVE EMPLOYEE / 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: \_\_\_\_\_ DEPT: \_\_\_\_\_  
REASON: ☐ Open Enrollment *Hire Date:* \_\_\_\_\_ *Date of Event:* \_\_\_\_\_  
☐ New Employee  
☐ Family Status Change *Event:* \_\_\_\_\_

**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.	DOB	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 a benefits form **within 30 days** of the event. This form authorizes any licensed physician, hospital, or healthcare 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



