



BENEFITS

365

PROUDLY SERVING YOU EVERY DAY

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INTRODUCING BENEFITS 365

Benefits 365 provides Prince George's County employees and retirees access to:



Competitive Coverage – We compare our benefits to what other organizations offer to ensure it is competitive. Our competitive coverage balances the needs of our government—helping us attract and retain top talent to achieve our Proud Priorities, Proud Results—with sustaining our investment in Benefits 365 for the future.



Caring Connections – Benefits 365 provides caring connections: programs, resources and tools which help our employees access financial planning resources, mental health support, actively manage chronic health conditions, engage in wellness activities, and practice preventive care.



Quality Care – Benefits 365 brings our employees access to quality care with designations to help them identify quality providers and access to specialists to support their physical, mental and financial health. Quality care provides opportunities for our employees to play an active role in preventive care, seek the support they need for ongoing management and treatment of diagnosed conditions and access to vetted income security and retirement savings options.



Comprehensive Choices – Benefits 365 offers our employees new plans; new programs; new vendor partners; and new tools and resources. That means more choices to better meet our employees' needs—today and tomorrow.

We are committed to providing the tools, resources and information you need to make the right decisions for yourself and your family. Use this guide to understand the benefit programs and resources to help you make the most of Benefits 365.

WHAT YOU NEED TO KNOW

With Benefits 365, you have more options, more choice, more flexibility, more value—so you can customize your benefits to meet your needs.

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**OPEN ENROLLMENT
IS VIRTUAL THIS YEAR!**

► **New Employee Assistance Program (EAP)**

The County is pleased to introduce the Inova EAP—to help you balance your work and life. Inova provides more than counseling support; the free service can provide legal assistance, assist with child care and elder care issues, provide financial guidance, and more. Inova's EAP website also provides self-service resources and real-time assistance via instant messaging.

► **Same medical plan options**

You will have the same medical options with the same level of benefits at 2021 rates.

► **Premium increases**

Across the country, healthcare costs continue to rise and the County is not immune to this trend. For 2021, the amount you and the County pay for health care will increase.

► **New provider for Life and Long-Term Disability**

MetLife will replace The Hartford as our administrator for Life and Long-Term Disability. Life elections will automatically transfer at the same coverage level to MetLife. During this Open Enrollment period, you will not be able to make changes to your Life and Disability elections. You will be notified when you can make changes to your coverage in the future.

► **New and improved administrator for Flexible Spending Accounts (FSAs)**

Beginning January 1, 2021, Benefit Strategies will administer the Health Care FSA and Dependent Care FSA. These accounts allow you to set aside pre-tax dollars (reducing your taxable income) and receive tax-free reimbursements for eligible out-of-pocket expenses. Benefit Strategies offers:

- Health Care FSA debit card to pay for eligible healthcare expenses
- Immediate access to your Health Care FSA annual contribution—even though you will make equal contributions through pre-tax paycheck deductions
- The ability to rollover up to \$550 in the Health Care FSA for use in the following plan year

► **New COBRA administrator**

In the event you or a dependent become eligible for COBRA, Benefit Strategies will administer this coverage.

► **New Process to Opt-Out of Medical**

If you want to opt-out of the medical and/or prescription drug plans and receive the opt-out credit, you must:

- Complete the enrollment process via **Employee Self-Service** at <https://portal.sap.mypgc.us>—click on the opt-out option under the medical and/or prescription drug plans;
- Submit the **Medical Opt-Out Form**; and
- Provide a copy of your insurance card.

Your completed form and insurance card must be submitted to the OHRM Benefits and Pensions Division no later than 11:59 p.m. on November 6, 2020:

- **Email:** OpenEnrollment@co.pg.md.us
- **Fax:** 301-883-6192

► **Enroll online: October 26 – November 6, 2020**

If you want to enroll, make changes or terminate participation in a core benefit plan(s), you must complete the online enrollment process. If you don't enroll, your current elections will roll over at 2021 rates, except to participate in Flexible Spending Accounts (FSA) or to opt out of medical coverage—you must make an active election every year.

BENEFITS AT-A-GLANCE

Benefits 365 provides you with the benefits you need to protect yourself and your family every day of the year.



YOU AND PGCG SHARE THE COST

Medical

Choose from three medical options:

- ▶ Kaiser Permanente Health Maintenance Organization (Kaiser HMO)
- ▶ Cigna Open Access Plus In-Network (Cigna HMO)
- ▶ Cigna Open Access Plus (Cigna PPO)

Prescription Drug

Elect coverage through Express Scripts.

Dental

Choose from two dental options:

- ▶ Aetna Dental DMO
- ▶ Aetna Dental PPO

Vision

Choose from two vision options:

- ▶ VSP Basic
- ▶ VSP Buy-up

Pension plan

PGCG PAYS THE FULL COST

Level Up Wellness

Employee Assistance Program (EAP)

Basic Life

Accidental Death & Dismemberment (AD&D)

Supplemental Life

(For police officers, deputy sheriffs, firefighters, paramedics and emergency response technicians)

A NOTE ABOUT LIFE AND DISABILITY

MetLife will replace The Hartford as our administrator for Life and Long-Term Disability. Life elections will automatically transfer at the same coverage level to MetLife. During this Open Enrollment period, you will not be able to make changes to your Life and Disability elections. You will be notified when you can make changes to your coverage in the future.

YOU PAY THE FULL COST

Tax-Free Accounts

- ▶ Health Care Flexible Spending Account (FSA)
- ▶ Dependent Care Flexible Spending Account (FSA)

Whole Life

Disability

- ▶ Short-Term Disability
- ▶ Long-Term Disability

Critical Illness

Accident

Supplemental Dental

Legal Services

- ▶ Legal Resources
- ▶ Legal Shield

457(b) Deferred Compensation Plan

Click each option to learn more.

ENROLLMENT OVERVIEW

Open Enrollment—October 26 – November 6, 2020—for your 2021 benefits is completely virtual.



WHO IS ELIGIBLE

You are eligible to receive the benefits described in this guide if you are a:

- ▶ Full-time permanent employee;
- ▶ Part-time permanent employee who generally works at least 15 hours per week; and
- ▶ Active accessors and judges (Circuit and District Court).

If you are a limited-term grant funded employee whose position includes funding for medical benefits, you are only eligible to participate in the Cigna PPO or Cigna HMO medical plans.

Dependent Eligibility

You may enroll your eligible dependents in the same plans you choose for yourself. You must submit documentation to verify their eligibility see Dependent Verification.

Dependent Verification

To add a dependent, you must complete the **Dependent Verification Form** and submit a copy of your supporting documentation (as outlined below) to the OHRM Benefits and Pensions Division no later than 11:59 p.m. on November 6, 2020 (or within 30 days of enrollment for new hires):

▶ **Email:** OpenEnrollment@co.pg.md.us

▶ **Fax:** Send your documents to **301-883-6192**

Eligible Dependents	Required Documents
Lawful spouse	<ul style="list-style-type: none"> ▶ Marriage certificate; AND ▶ Social Security card
Natural born child (under age 26)	<ul style="list-style-type: none"> ▶ Birth certificate; AND ▶ Social Security card
Guardianship (up to age 18)	<ul style="list-style-type: none"> ▶ Temporary or final guardianship order; AND ▶ Social Security card
Adoption (child is eligible at the time of placement)	<ul style="list-style-type: none"> ▶ Adoption decree or judgment From a Foreign Country ▶ Birth certificate; AND ▶ Adoption order <p>Both documents must be certified and translated into English.</p>

All documents must include the employee's name and employee ID number.

If you do not provide the required documentation within the Open Enrollment period, unverified dependents will be dropped from coverage. Dependents who are removed from the group health plans due to 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 your child's disability every two to three years. Documentation must be on file prior to the child reaching the age limit.

Ineligible Dependents

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 are not eligible for coverage.

IF YOU DON'T ENROLL

If you do not enroll during Open Enrollment, your current elections will roll over at 2021 rates, except to participate in Flexible Spending Accounts (FSA) or to opt out of medical coverage—you must make an active election every year through Employee Self-Service.

CHANGING COVERAGE

You cannot change your benefit elections during the year, unless you experience 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 covered dependent
- ▶ Covered dependent turns age 26

If you have a qualifying life event, contact the OHRM Benefits and Pensions Division within 30 days of the event to make changes to your coverage. If you fail to notify the OHRM 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.

GET ANSWERS

New iBenefit Concierge Service

Benefit representatives are available to answer your questions beginning October 26, 2020 (Monday – Friday from 8:00 a.m. to 6 p.m. ET and Saturday 10 a.m. to 2 p.m., ET) until enrollment ends on November 6, 2020. Call **1-844-816-0224**.



KNOW YOUR RIGHTS AND RESPONSIBILITIES

To access required notices which outline your rights and responsibilities, visit: **www.princegeorgescountymd.gov/3137/Benefits** or request a printed copy by calling **301-883-6380**.

HOW TO ENROLL IN CORE BENEFITS—IT'S ALL VIRTUAL!

If you want to enroll, make changes or terminate participation in a core benefit plan(s), you must complete the online enrollment process. If you want to participate in a Flexible Spending Account, you must actively enroll each year. To get started, **log in to Employee Self-Service (ESS)** at <https://portal.sap.mypgc.us>. If you do not remember your user ID and password, contact the OIT Helpdesk at **301-883-5322**.

- 1. Personal Profile** – Review your personal information.
- 2. Dependents and Beneficiaries** – Add, update or remove your dependent information. Remember, beneficiary updates and/or changes made through the Open Enrollment portal will become effective January 1, 2021. You can update or change your beneficiary(ies) at any time during the year using Anytime Changes in Employee Self-Service (ESS).
- 3. Benefits Summary** – Review your current elections.
- 4. Health Benefit Plans** – Select your medical, prescription drug, dental and/or vision coverage. Select your option for each plan, then click "Add".

If you want to **opt-out of the medical and/or prescription drug plans**, you must:

- ▶ Click on the opt-out option under the medical and/or prescription drug plans;
- ▶ Submit the **Medical Opt-Out Form**; and
- ▶ Provide a copy of your insurance card.

Your completed form and insurance card must be submitted to the OHRM Benefits and Pensions Division via email (OpenEnrollment@co.pg.md.us) or fax (**301-883-6192**) no later than 11:59 p.m. on November 6, 2020.

- 5. Flexible Spending Accounts (FSAs)** – Enter the annual dollar amount you want to contribute to a Health Care and/or Dependent Care FSA for calendar year 2021. Click Calculate to estimate your bi-weekly cost.
- 6. Review and Save** – Click the Save button to complete and submit your enrollment elections. You will see the message: "Data Saved Successfully." Click the "PRINT Benefit Elections Summary" to print a copy for your records. If you do not receive this option, please immediately contact OHRM at OpenEnrollment@co.pg.md.us to confirm your elections were properly submitted.

Due to the processing of payroll, the Open Enrollment portal will be closed on November 3, 2020.

CORE BENEFITS

Medical

Dental

Vision

Prescription Drug

Flexible Spending
Accounts (FSA)

Long-Term Disability¹

NOTE: If you are a limited-term grant funded employee, you may only change enrollment elections if your contract permits. Enrollment in the Cigna HMO or Cigna PPO is subject to department approval.

¹ During this Open Enrollment, you cannot make changes to your Life and Disability elections. You will be notified when you can make changes to your coverage in the future.

HOW TO ENROLL IN VOLUNTARY BENEFITS

To participate in one of the voluntary benefit options, you must contact the provider directly:

- ▶ **Unum:** Call iBenefit at 1-844-816-0224
- ▶ **Legal:** Call Legal Resources at 1-800-728-5768 or LegalShield at 1-800-654-7757
- ▶ **Supplemental Dental plan:** Call Aflac at 410-394-9617 or **schedule an appointment**

To cancel participation in a voluntary plan, contact the provider directly.

COST OF COVERAGE

The County pays most of the cost of your employee benefits; however, you also contribute to the cost of your benefits through tax-free or after-tax payroll deductions.

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Before-Tax	After-Tax
Medical	Critical Illness and Accident
Prescription Drug	Supplemental Dental
Vision	Whole Life
Dental	Short-Term Disability
Health Care FSA	Legal
Dependent Care FSA	
457(b) Plan	
Pension	

You and the County share the cost of coverage:

- ▶ Cigna HMO and Kaiser HMO
 - County pays 75%, you pay 25%
- ▶ Cigna PPO
 - County pays 70%, you pay 30%
- ▶ Prescription drug and vision
 - County pays 85%, you pay 15%

ALL ACTIVE EMPLOYEES¹

Bi-Weekly Rates (Paid Over 26 pay periods in 2021)

Plan	Individual	Two-Person	Family
Medical			
Kaiser Permanente	\$60.16	\$120.05	\$173.94
Cigna HMO	\$65.73	\$131.46	\$183.83
Cigna PPO	\$102.97	\$207.66	\$291.63
Prescription Drug			
Express Scripts	\$12.81	\$25.78	\$32.93
Vision			
VSP Basic Plan	\$0.54	N/A	\$1.14
VSP Buy-Up Plan	\$0.89	N/A	\$2.33
Dental			
Aetna Dental DMO	\$9.40	\$14.59	\$18.57
Aetna Dental PPO	\$18.50	\$33.80	\$50.00

¹ Excluding Crossing Guards

CROSSING GUARDS

Bi-Weekly Rates (Paid Over 20 pay periods in 2021)

Plan	Individual	Two-Person	Family
Medical			
Kaiser Permanente	\$78.21	\$156.06	\$226.12
Cigna HMO	\$85.45	\$170.90	\$238.97
Cigna PPO	\$133.87	\$269.96	\$379.12
Prescription Drug			
Express Scripts	\$16.65	\$33.52	\$42.81
Vision			
VSP Basic Plan	\$0.70	N/A	\$1.48
VSP Buy-Up Plan	\$1.16	N/A	\$3.02
Dental			
Aetna Dental DMO	\$12.22	\$18.97	\$24.14
Aetna Dental PPO	\$24.05	\$43.94	\$65.00

MEDICAL

The County offers you three medical plan choices so you can choose the coverage that is right for you.



You have a choice of three medical plan options:

- ▶ Kaiser Permanente Health Maintenance Organization (Kaiser HMO)
- ▶ Cigna Open Access Plus In-Network (Cigna HMO)
- ▶ Cigna Open Access Plus (Cigna PPO)

Each plan offers comprehensive coverage, the plans differ in benefit levels, cost, and flexibility in your choice of providers and facilities.

CIGNA HMO

The Cigna HMO offers coverage through the Open Access Plus network. You do not have to select a Primary Care Physician (PCP) or get a referral to a specialist. Coverage is not provided if you see out-of-network providers except in a true emergency.

CIGNA PPO

The Cigna PPO offers coverage through the Open Access Plus network. Coverage is available in- and out-of-network; however, you will pay less when you use network providers. You do not have to select a Primary Care Physician (PCP) or get a referral to a specialist.

YOUR PERSONAL HEALTH MANAGER: MYCIGNA

myCigna gives you a simple way to personalize, organize and access your important health information. It puts you in control of your health, so you can get more out of life—and Benefits 365. Get started at myCigna.com.



Healthcare professional directory

- ▶ Search for a doctor or healthcare facility from the Cigna national network and compare quality-of-care ratings
- ▶ Access maps for driving directions



ID cards

- ▶ View ID cards for the entire family
- ▶ Print, email or scan ID cards



Claims

- ▶ View and search recent and past claims
- ▶ Bookmark and group claims for easy reference



Account balances

- ▶ Access and view HSA balances
- ▶ Review plan deductibles and coinsurance



Estimate costs

- ▶ Estimate the cost of in-network services before treatment
- ▶ Look up the cost of medications before you have your prescription filled



Wellness programs

- ▶ Connect with a health coach
- ▶ Access health and wellness phone seminars
- ▶ Learn from Cigna Health and Wellness Library



Telehealth

- ▶ Meet with a board-certified doctor by phone or video via MDLIVE
 - MDLIVEforCigna.com
 - **888-726-3171**



KAISER HMO

The Kaiser HMO uses a regional network of providers and except in medical emergencies, the plan does not provide benefits for care received out-of-network. Kaiser Permanente of the Mid-Atlantic has medical facilities in Maryland, Virginia, and the District of Columbia. Members have exclusive access to over 1,000 primary care and specialty physicians plus access to over 12,000 community based physicians. With the Kaiser plan, you choose a PCP to coordinate your care.

When you participate in the Kaiser HMO, you have access to:



Top-rated doctors

Kaiser Permanente of the Mid-Atlantic States has 1,500+ specially selected physicians—and they're recognized in the community for the quality of care they provide. On a scale of 1 to 10, more Kaiser members rate their doctor a 9 or 10 than any other health plan in the area.



More services under one roof

Do more in less time. In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions—all in a single trip.



Digital health tools

With Kaiser Permanente, you can manage your health on the devices you already use every day. You can email your doctor's office with non-urgent questions, schedule routine appointments and check most lab test results online.



Personalized care

Your doctors, nurses, and specialists are connected to your electronic health record, so they can work together to deliver great care that's right for you.



Wellness programs

Kaiser Permanente members have access to podcasts, healthy lifestyle programs, an information library to learn about specific conditions and diseases, wellness coaching, center-based classes and workshops and so much more.



More care options

It's up to you how you get care—in person, by phone or online. In some cases, you can even save time by scheduling a video visit. Flexible options make it easy to stay on top of your health, no matter how busy you are.

To get started, visit <https://my.kp.org/princegeorgescountygovernment>.



CARE WHEN YOU NEED IT

REACH A DOCTOR 24/7

Telehealth is a great option for non-emergency care, especially if you don't feel comfortable leaving your home. Your personal provider may offer virtual care visits or you can access no-cost telehealth services when your provider isn't available.

How to access telehealth

► Call your personal provider

Many doctors and mental health professionals will treat patients through telehealth. Call your doctor to see if they're participating in telehealth or if they think you should come into the office for any chronic health needs. Since they already know your medical history, they're a great first option.

► Use MDLIVE (Cigna participants)

Meet with a board-certified doctor by phone or video. Register now, so you are ready when you need it:

MDLIVE

MDLIVE forCigna.com

888-726-3171

► Use Video Visits (Kaiser participants)

Make an appointment for a video visit by signing into **kp.org**, using the **mobile app**, or calling **1-800-777-7904 (1-800-700-4901, TTY)**.

YOUR MEDICAL OPTIONS AT-A-GLANCE

	Cigna PPO		Cigna HMO	Kaiser Permanente HMO
Calendar Year Deductible	In-Network	Out-of-Network	In-Network Only	In-Network Only
Employee Only	\$50	\$300	\$50	None
Family	None	\$550	None	None
Annual Out-of-Pocket Maximum ¹				
Employee Only	\$2,000	\$2,000	\$2,000	\$3,500
Family	\$4,000	\$4,000	\$4,000	\$9,400
Emergency Services				
Emergency Room/Care (waived if admitted)	\$150 copay/visit after deductible		\$150 copay/visit after deductible	\$50 copay/visit
Emergency Medical Transport	No charge		No charge	No charge
Urgent Care	\$50 copay/visit after deductible		\$50 copay/visit after deductible	\$15/visit
Mental Health				
Outpatient Care Physician's Office	\$35 copay/visit	80% after deductible	\$35 copay/visit	Individual: \$10/visit; Group: \$5/visit
Inpatient Care	\$250 copay/visit after deductible	80% after deductible	\$250 copay/visit after deductible	\$100/admission
Maternity Care				
Office Visits (for mother)	\$35 for initial visit, then 100% after deductible	80% after deductible	\$35 for initial visit, then 100% after deductible	No charge
Childbirth/delivery: Physician Services	No charge after deductible	80% after deductible	No charge after deductible	Included in facility fee
Childbirth/delivery: Facility services	\$250 copay/admission after deductible	80% after deductible	\$250 copay/admission after deductible	\$100/admission
Inpatient Services				
Hospital Stay	\$250 copay/admission after deductible	80% after deductible	\$250 copay/admission after deductible	\$100/admission
Hospice Care	No charge after deductible	80% after deductible	No charge after deductible	No charge
Skilled Nursing Care	No charge after deductible	80% after deductible	No charge after deductible	\$100/admission
Outpatient Services				
Primary Care Visit	\$30 copay	80% after deductible	\$30 copay	\$15/visit
Specialist Visit	\$35 copay	80% after deductible	\$35 copay	\$15/visit
Preventive Care	PCP: \$30 copay Specialist: \$35 copay	80% after deductible	PCP: \$30 copay Specialist: \$35 copay	No charge
Diagnostic Test (X-ray, blood work)	No charge	80% after deductible	No charge	No charge

¹ Premiums, balance billing, penalties for failure to obtain pre-authorization and expenses for services not covered by the plan do not apply toward the out-of-pocket maximum.

PRESCRIPTION DRUG

Elect coverage through Express Scripts and have access to a nationwide network of pharmacies.



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With Express Scripts, you can receive your prescriptions at a retail or mail order pharmacy.

Mandatory Generics

If you request a brand name drug when a generic equivalent is available, you pay the difference in cost.

Mandatory Mail Order for Maintenance Medications

If you take a medication, you must fill the prescription as a 90-day supply—via the home delivery program. Filling these prescriptions via a 90-day supply provides significant advantages both in cost (due to deeper discounts) and adherence. When you are newly prescribed a medication for a chronic condition, you will be required to move to a 90-day supply after the second prescription.

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.

Benefits-At-A-Glance

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

SAVE ON DRUGS

The average American pays nearly \$1,200/year for prescription costs. But, there are ways for you to lower your prescription drug costs:

- ▶ Generic medications provide you with the same quality, strength, purity and stability as the brand name—but cost 80% to 85% lower, on average, than brand-name products.
- ▶ When you use mail order, you save on a 3-month supply delivered right to your door.
- ▶ Ask your doctor to refer to the Preferred Drug list when prescribing a new medication. These preferred drugs are generally considered to offer equal or greater therapeutic value and to be more cost-effective than the other drugs in the same drug category.

Login to www.express-scripts.com to review the Preferred Drug List and estimate drug costs.



DENTAL

Dental coverage is available through Aetna. Benefits are available for both in- and out-of-network dental services.



With Aetna Dental, coverage is available through two national networks:

- ▶ Aetna Dental DMO
- ▶ Aetna Dental PPO

You receive greater benefit coverage when you use a provider who participates in the Aetna Dental network.

Aetna Dental DMO features

- ▶ Primary care dentist manages your dental care
- ▶ Primary care dentist refers you to a specialist when necessary
- ▶ No deductibles
- ▶ No annual dollar maximums

NOTE: You must select a Primary Care Dentist (PCD) by the 15th of the month following your enrollment. If you do not select a PCD using the **DMO Form**, your benefits and claims may be limited to emergency services only.

Aetna Dental PPO features

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

	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
Preventive and Diagnostic Services	Refer to fee schedule	Covered at 100%
Basic Services	Refer to fee schedule	Covered at 100% after deductible
Major Services	Refer to fee schedule	Covered at 50% after deductible
Orthodontia	Refer to fee schedule	Up to 50%, \$1,500 maximum

STAY IN-NETWORK

When you visit a dentist or specialist who is in the network, your out-of-pocket costs are usually lower. That's because participating dentists have agreed to accept negotiated fees for covered services that are usually 30% – 45% less than the average charges. Before you receive care, check if your provider participates in the **Aetna Dental network**.



VISION

Vision coverage is available through the Vision Service Plan (VSP). Choose from two vision coverage options: the VSP Basic Plan and VSP Buy-Up Plan.



Both plans provide coverage for eye exams, eyeglasses, and contact lenses through a national network of providers. A comprehensive list of covered services is available on the [County's website](#).

	Basic Plan (VSP provider)	Buy-Up Plan (VSP provider)
Well Vision Exam (Once every calendar year)	\$10 copay	\$10 copay
Prescription Glasses	\$10 copay	\$10 copay
Frames	(Every other calendar year)	(Every calendar year)
Standard allowance	\$150	\$250
Featured frame allowance	\$170	\$270
Costco frame allowance	\$80 Costco	\$135
	20% savings on the amount over your allowance	20% savings on the amount over your allowance
Contacts (Once every calendar year)		
Contact lens exam (fitting and evaluation)	Copay up to \$60	Copay up to \$60
Contact allowance	\$150 (Copay does not apply)	\$200 (Copay does not apply)

TAX-FREE ACCOUNTS

Saving money on everyday expenses is convenient and easy with the County's tax-free accounts.



The County offers benefits-eligible employees tax-free accounts to help you save money on everyday expenses:

- ▶ Health Care Flexible Spending Account (FSA)
- ▶ Dependent Care Flexible Spending Account (FSA)

The money you contribute to these accounts is deducted from your paycheck before federal, state and Social Security taxes are calculated. While the amount of pay you receive isn't less, the amount of taxes you pay will be. In some cases, your tax savings can be significant.

The tax-free accounts are administered by Benefit Strategies. To participate in an FSA, you must enroll each year and designate how much you want to contribute. You do not have to enroll in a County medical plan to enroll in a tax-free account.

Transitioning your FSAs to Benefit Strategies

If you currently participate in an FSA, all 2020 FSA claims must be submitted to ConnectYourCare by March 15, 2021. After this date, any unused FSA funds will be forfeited.

	Contribution Limits	Eligible Expenses
Health Care FSA	\$2,750 ¹ per year	Health plan deductibles, copayments, and coinsurance; eye exams, contact lenses, and glasses; prescription drugs; dental care, including orthodontia; and over-the-counter (OTC) products.
Dependent Care FSA	\$5,000 ¹ per year, if single or married and filing joint income tax returns	Licensed day care, in-home care, elder care, day camp and nursery school (if expenses are for a dependent child, the child must be under age 13)

¹ Subject to change annually by the IRS. Pre-tax contributions will be made in equal amounts through paycheck deduction. However, your annual election is eligible to be reimbursed prior to having the full amount deducted from your pay.

This is a partial list of eligible expenses. For a more complete list of eligible healthcare expenses, go to: www.irs.gov/publications/p502. For dependent care expenses, go to: www.irs.gov/publications/p503.

Plan Carefully—New rollover for 2021 Health Care FSA

Because of the tax advantages these accounts provide, IRS regulations require that unused money left in your Health Care FSA and/or Dependent Care FSA at the end of the plan year will be forfeited. However, you will be able to rollover up to \$550 in the 2021 Health Care FSA for use in 2022.

USING YOUR FSA FUNDS



Health Care FSA
Your full election amount is available on the first day of the plan year.



Dependent Care FSA
Your funds are available as they accumulate through payroll deductions.

Electronic and Paper Reimbursement

3 - 5 DAY TYPICAL TURNAROUND TIME

Reimbursements are made payable to you, either by paper check or direct deposit. All reimbursement methods require you to submit documentation.

- ▶ Submit online through your secure account at www.benstrat.com/login
- ▶ Download the Benefit Strategies mobile app to submit through your mobile device
- ▶ Complete a paper claim form to submit via fax, secure email, or mail

FSA Debit Card

When you enroll in an FSA, you will receive a Benefit Strategies debit card pre-loaded with your full annual Health Care FSA election amount. You use the card to pay for IRS-qualified expenses directly at the point of sale or when paying a bill. The card works in settings such as physician offices, dental and orthodontic offices, optometrists, pharmacies, chiropractors, urgent care centers, and hospitals.

If you are enrolled in the Dependent Care FSA, the card can also be used in dependent care settings. Just remember that the card will only work for an amount that does not exceed the available balance in your Dependent Care FSA account on that day.

The IRS requires you keep all original documentation for purchases associated with the debit card. Benefit Strategies may also request copies of your documentation to verify a debit card purchase.



MANAGE TAX-FREE ACCOUNTS ON THE GO

Easily and securely access your tax-free accounts through your smartphone:



Check account balances



Submit claims and receipts



Verify eligible healthcare expenses with scanner



View transaction history

Download the app, so you can manage your 2021 tax-free accounts anytime, anywhere.



EMPLOYEE ASSISTANCE PROGRAM

The EAP helps you balance the challenges of day-to-day life.

Available Starting January 1, 2021

The Inova Employee Assistance Program (EAP) is a confidential service that can help you and your family manage problems that impact your productivity, health, safety or quality of life.

The program is provided at no cost to you and offers short-term counseling for personal or work-related issues. EAP counselors are available 24/7 to assist you in assessing problems and locating resources to help address issues both big and small. The EAP can help you better manage:

- ▶ Stress
- ▶ Marital and family problems
- ▶ Parenting, child development and adoption
- ▶ Grief, depression or anxiety
- ▶ Financial and legal issues
- ▶ Identity theft
- ▶ Elder care and child care
- ▶ Healthy living

The program also provides dependent care referrals and specialized resources for health and wellness, household maintenance, leisure and entertainment activities and pet services. To access these resources online, visit www.inova.org/eap (Username: pgcounty, Password: demo). For more information or to talk with a counselor, call **1-800-346-0110**.



HELP IS HERE

EASE YOUR STRESS WITH THE EAP

In this time of change and uncertainty, the challenges of life can seem overwhelming. The Inova EAP offers resources to help you better cope with work/life challenges and manage stress.

- ▶ Access online support: www.inova.org/eap (Username: pgcounty, Password: demo)
- ▶ Talk with a counselor: **1-800-346-0110**

RETIREMENT SAVINGS

Take charge of your retirement income early to help you make smart decisions toward a financially-secure retirement.



457(B)

DEFERRED COMPENSATION PLAN

The County offers a 457(b) Deferred Compensation Plan to help you achieve your retirement goals. Both full- and part-time employees are eligible to participate.

You contribute on a tax-deferred basis, up to the IRS limits. The minimum amount you can contribute is \$10 per pay period. You can increase, reduce or stop your contributions at any time. In 2020, the IRS limits (subject to change each year) are:

- ▶ \$19,500 for employees under age 50; and
- ▶ \$26,000 for employees age 50 and older (includes \$6,500 catch-up contribution limit).

If you are within three years of normal retirement, you may be eligible to make additional contributions.

The County has partnered with both ICMA Retirement Corporation and Mass Mutual to administer the 457(b) Plan—offering you a variety of investment options.

PENSION PLAN

Administered by Maryland State Retirement and Pension System (MSRPS), you and Prince George's County Government fund the Prince George's County Government Retirement Plans. All eligible employees automatically contribute a percentage (varies by pension plan) of their annual salary and receive a defined monthly pension benefit at retirement.

There are separate pension plans for County sworn police officers, deputy sheriffs, firefighters, paramedics and correctional officers. The Police, Fire Service, Deputy Sheriffs', and Correctional Officers' Pension Plans (Comprehensive Plans) provide retirement and disability benefits for all full-time persons covered by the Plan.

All other qualified general civilian employees of the County are covered by the State of Maryland Pension and Retirement System. In addition, the County has established supplemental pension plans. For more information, visit the [Pensions Administration website](#).

SAVE WITH THE 457(B)

- ▶ **Save on taxes** – You pay no state or federal income taxes on the amount you contribute and any investment earnings grow tax deferred. Taxes are only paid on the amount withdrawn, after retirement or separation from employment.
- ▶ **Compound earnings** – By investing early and staying invested, you can take advantage of compound earnings. A monthly contribution of \$100 can accumulate tax-deferred over 30 years to \$150,030. That's a difference of almost \$50,000 just because you didn't have to pay taxes up front. Of course, you'll have to pay taxes on earnings when you withdraw the money but you will likely retired and may be in a lower tax bracket.
- ▶ **Flexible options** – With the 457(b) plan, there is no penalty for taking an early withdrawal regardless of your age.



SUPPLEMENTAL COVERAGE

The County offers options to supplement your coverage so you can customize your coverage to fit your personal needs.



CRITICAL ILLNESS INSURANCE

Critical Illness insurance through Unum can help relieve the financial impact of a sudden, life-threatening illness. Coverage helps pay expenses not covered by medical insurance including deductibles, copays, child care, travel expenses, and more.

Critical Illness insurance pays a lump sum cash benefit upon diagnosis of a covered critical illness. Examples of covered illnesses include:

- ▶ Heart attack
- ▶ Stroke
- ▶ Cancer
- ▶ Permanent paralysis
- ▶ Major organ failure
- ▶ End-stage renal (kidney) failure
- ▶ Coronary bypass surgery

This coverage also includes a \$50 Wellness Benefit. You pay the full cost of coverage through after-tax payroll deductions. You can purchase coverage for your family.

ACCIDENT INSURANCE

Accident Insurance through Unum can help you cope with out-of-pocket costs associated with common and serious accidents on and off the job—costs possibly not covered by your medical plan. In the event of a covered incident, Accident Insurance provides cash benefits to help you and your family pay for the medical and out-of-pocket expenses that add up so quickly after an injury, including treatment-related costs and everyday bills.

Covered expenses include, but are not limited to:

- ▶ Emergency room fees, X-rays and exams
- ▶ Physical therapy and follow-up
- ▶ Ambulance
- ▶ Hospital stay

You pay the full cost of coverage through after-tax payroll deductions. You can purchase coverage for your family.

SUPPLEMENTAL DENTAL INSURANCE

Supplemental Dental insurance through Aflac 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 include:

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

WHOLE LIFE INSURANCE

Whole Life insurance is available through Unum for your spouse, children and yourself. 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. Choose from following coverage options:

- ▶ Whole Life insurance
- ▶ Individual spouse coverage
- ▶ Individual child coverage
- ▶ Child Term Life benefit

Whole Life insurance will be in addition to the coverage provided by the County and can supplement amount you purchase. Any benefit payment you receive is not taxed. You pay 100% of the premium cost through after-tax payroll deductions.

SHORT-TERM DISABILITY (STD)

Short-Term Disability insurance through Unum 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 include:

- ▶ 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

LEGAL SERVICES

The legal services options provide you and your family peace of mind knowing legal assistance is a call or click away.



The County offers two legal services options:

- ▶ Legal Resources
- ▶ Legal Shield

Both plans help pay for attorney fees for services such as wills, home sale/purchase, adoptions, divorce, consumer protection and tax audit.

LEGAL RESOURCES

The Legal Resources network has 13,000 attorneys nationwide. Participants can select a law firm from a well-established local law firm network. There is no limit on fully covered benefits for the following services: attorney telephone calls, attorney letters on your behalf and contract, document review of personal legal documents.

LEGAL SHIELD

Legal Shield has worked with over 100,000+ law firms and attorneys nationwide. Provider Law Firms must be AV rated by Martindale Hubble, the National Law Firm Directory. A mobile app provides easy access to legal and ID theft support 24/7.

	Legal Resources	Legal Shield
Enrollment Requirement	12 months	None
Cost for Coverage	\$17.00/month (Identity Theft Services included)	Legal Only: \$7.27/paycheck or \$15.75/month Identity Theft Only: \$6.90/ paycheck Legal & Identity Theft: \$11.86/paycheck
Divorce	Fully covered (no waiting period) 25% discount for advice and consultation	Fully covered 25% discount for advice and consultation
Adoption (Uncontested)	Fully covered	Fully covered
Traffic Ticket Defense	Fully covered	Fully covered (15-day waiting period)
Will Preparation		
Standard Will, Powers of Attorney, Living Wills, Codicils	Fully covered	Fully covered
Complex Will	Consultations covered in full; 25% discount	Consultations covered in full; 25% discount
Document Preparation	Fully covered – no limits	Fully covered
Purchase or Sale of Home	100% attorney fees covered on buying, selling, or refinancing primary residence	Fully covered
Identity Theft Defense	Fully covered for household	Fully covered for 10 family members ID theft monitoring and restoration included
Immigration Assistance	Consultation/document review fully covered; 25% discount	Consultation/document review fully covered; 25% discount
Financial and Tax Planning Services	Consultation/document review fully covered; 25% discount for Financial Plan	Consultation/document review fully covered; 25% discount for Financial Plan
Civil Litigation	Attorney fees 100% covered for household	Covered – Increasing defense hours each year Year 1: 60 hours; Year 5: 300 hours

RESOURCES TO HELP YOU

If you have questions about the plans and programs described in this guide, contact the appropriate benefit partner.

OFFICE OF HUMAN RESOURCES MANAGEMENT (OHRM)

Benefits Division

1400 McCormick Drive
Suite 245
Largo, MD 20774

301-883-6380

Monday – Friday
8:30 a.m. – 5:00 p.m., ET

Pensions Division

1400 McCormick Drive
Suite 110
Largo, MD 20774

301-883-6390

Monday – Friday
8:30 a.m. – 5:00 p.m., ET

OFFICE OF FINANCE

Payroll

1301 McCormick Drive
Suite 1100
Largo, MD 20774

301-952-5362

YOUR HEALTH AND WELLNESS

Medical	Cigna Member Services 1-800-244-6224 myCigna.com
	Kaiser Permanente 301-468-6000 or 1-888-225-7202 my.kp.org/princegeorgescountygovernment
Prescription Drug	Express Scripts 1-800-711-0917 www.express-scripts.com
Vision	Vision Services Plan 1-800-877-7195 www.vsp.com
Dental	Aetna 1-877-238-6200 DMO: www.aetnadmodental.com PPO: www.aetnappodental.com
Flexible Spending Account (FSA)	Benefit Strategies 1-888-401-3539 www.benstrat.com/login

YOUR FINANCIAL FUTURE

457(b) Deferred Compensation Plan	ICMA Retirement Corporation 1-800-669-7400 www.icmarc.org/pgcounty
	MassMutual 1-800-743-5274 www.retiresmart.com
Pension Plans	OHRM Benefits and Pensions Division 301-883-6390 Pensions@co.pg.md.us (email)

iBENEFIT CONCIERGE SERVICE 1-844-816-0224

Benefit representatives are available to answer your questions October 26 – November 6, 2020 (Monday – Friday from 8:00 a.m. to 6:00 p.m. ET and Saturday 10 a.m. to 2 p.m., ET).

YOUR VOLUNTARY OPTIONS

Critical Illness and Accident	Unum 1-800-635-5597 www.unum.com
Supplemental Dental	Aflac 1-800-992-3522 PrinceGeorges.aflac@gmail.com (email)
Legal Services	Legal Resources 1-800-728-5768 www.legalresources.com
	LegalShield 1-800-654-7757 www.legalshield.com
Whole Life	Unum 1-800-635-5597 www.unum.com
Short-Term Disability	Unum 1-800-635-5597 www.unum.com

It's all online:

<https://www.princegeorgescountymd.gov/OE>

Questions? Email:

OpenEnrollment@co.pg.md.us

B E N E F I T S

365

PROUDLY SERVING YOU EVERY DAY

This Benefits 365 Decision Guide provides you with an overview of your benefit options for 2021. We have made every effort to ensure the information in this guide is as accurate and easy for you to understand as possible. However, this guide is not intended to be a complete description of your benefits. This guide and any oral statements are not a substitute for the official insurance policies. If there is a difference between what is in this guide or told to you orally, and the insurance policies, the official insurance policies will govern. Prince George's County Government reserves the right to modify, amend or terminate any benefit plan at any time, with or without advance notice to participants. In no way does this guide or any of the benefits constitute a guarantee of continued employment.