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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.



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 and retirees access financial planning resources, mental health support, actively manage chronic health conditions, and practice preventive care.



Quality Care – Benefits 365 brings our employees and retirees 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 and retirees to play an active role in preventive care, and seek the support they need for ongoing management and treatment of diagnosed conditions.



Comprehensive Choices – Benefits 365 offers our retirees choices to meet their 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.



► Enroll: October 26 – November 6, 2020

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, 2021. 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.

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.

Retiree Basic Life

If you receive Basic Life insurance from the County, amounts over \$50,000 will be treated as taxable income also known as imputed income.

YOUR BENEFIT OPTIONS

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

Coverage available based on your Medicare eligibility:

- Non-Medicare Prescription Drug Plan administered through Express Scripts (for retirees and dependents under age 65)
- Medicare Part D administered through Express Scripts (for retirees and dependents eligible for Medicare)

Dental

Choose from two dental options:

- Aetna Dental DMO
- Aetna Dental PPO

Vision

Choose from two vision options:

- VSP Basic
- VSP Buy-up

OPTIONS FOR REHIRED RETIREES

If you are a retiree and re-employed by the County, you can enroll in the core benefit plans (e.g., medical, prescription drug, dental, vision) as a retiree or as an active employee. It is your responsibility to decide which option best fits your needs.

If you are a full-time or part-time rehired retiree actively working at least 15 hours per week, you can also enroll in the voluntary benefit plans:

Unum

- Critical Illness
- Accident Insurance Plan
- Whole Life Insurance Plan
- Short-Term Disability Plan

Aflac

Supplemental Dental

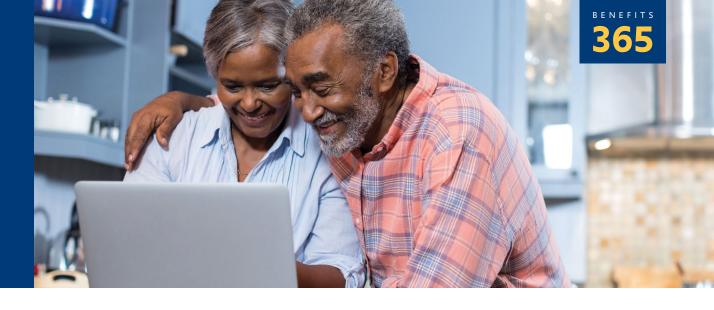
Legal Services

- Legal Resources
- Legal Shield

If you have questions about eligibility or the enrollment process, contact the OHRM Benefits and Pensions Division.

OVERVIEW

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



WHO IS ELIGIBLE

You are eligible for the benefits described in this guide if you are a Prince George's County Government Retiree and have maintained continuous enrollment in County benefits.

Length of Service Award Program (LOSAP) and vested retirees are not eligible for County sponsored health coverage.

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.

Coverage for your eligible children will end the last day of the month in which they turn age 26.

In the Event of Your Death

In the event of your death, your spouse and/or dependent children can continue coverage as long as they were enrolled at the time of your death.

Dependent Verification

To add a dependent, you must complete the **Dependent Verification Form** (available at **https://www.princegeorgescountymd.gov/OE**) 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:

- ► Email: OpenEnrollment@co.pg.md.us
- Fax: Send your documents to 301-883-6192

Eligible Dependents	Required Documents
Lawful spouse	Marriage certificate; AND
	Social Security card
Natural born child	Birth certificate; AND
(under age 26)	Social Security card
Guardianship	Temporary or final guardianship
(up to age 18)	order; AND
	Social Security card
Adoption	 Adoption decree or judgment
(child is eligible at the	From a Foreign Country
time of placement)	Birth certificate; AND
	Adoption order
	Both documents must be certified
	and translated into English.

All documents must include the employee's name and employee ID number. If you do not provide the required documentation by the end of Open Enrollment (November 6, 2020), 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 selfsupport 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.

WHEN YOU CAN ENROLL

The annual Open Enrollment period for 2021 benefits is: October 26 – November 6, 2020. Eligible retirees can enroll or make changes to the medical, dental, vision, and prescription drug plans. The benefits you select will be effective January 1, 2021.

Changes you Can Make During Open Enrollment

- Enroll in a medical, dental, vision or prescription drug plan. Retirees or surviving spouses may drop a plan or a dependent at any time. Surviving spouses, County employees retiring under the MD State Retirement System, Deputy Sheriff's Comprehensive Plan, and Correctional Officer's Comprehensive Plan are not eligible to pick up a new benefit(s) unless they have a qualifying event.
- ► Change plans from one medical or dental option to another.
- Add an eligible dependent who is not currently covered. To add your dependent to the health benefit plans, you must verify their eligibility (see page 4).
- ► Cancel enrollment in any benefit plan option for you or your dependents.

HOW TO ENROLL

You must complete and submit the **Enrollment**. **Change Form** (available at https://www. **princegeorgescountymd.gov/OE**) to the OHRM

Benefits and Pensions Division no later than 11:59 p.m.

on **Friday, November 6, 2020**:

Email: OpenEnrollment@co.pg.md.us

Fax: 301-883-6192

IF YOU DON'T ENROLL

If you do not make any changes during Open Enrollment, your current elections will roll over at 2021 rates.

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.

HELP IS HERE

If you need assistance, contact the OHRM Benefits and Pensions Division:

Call: 301-883-6380

► Email: OpenEnrollment@co.pg.md.us

KNOW YOUR HEALTH RISKS

When health risks are detected early, they are often treatable. In fact, many of the health risk factors we face are ones we can control: weight, tobacco use, nutrition, and fitness. Knowing your current health status is an important first step.

OHRM encourages you to complete an annual online health assessment. The health assessment provides you with important information to help you make lifestyle choices to improve your health.

Cigna Participants

- Log into mycigna.com
- ▶ Click on "My Health."

Kaiser Permanente Participants

- Log into **www.kp.org**. If you are new to the website, click "Register now."
- ► From the "Health & Wellness" tab, click "Programs & Classes."
- Select "Total Health Assessment" in the left navigation. Click "Start a Total Health Assessment now."

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 Cigna 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—Benefits 365. Get started at myCigna.com. These services are also available by calling 1-800-244-6224.



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

TIPS

 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.



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.



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.



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 MDLIVEforCigna.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).

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

YOUR MEDICAL OPTIONS AT-A-GLANCE

	Cigna PP	0	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!				
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 afte	r deductible	\$150 copay/visit after deductible	\$50 copay/visit
Emergency Medical Transport	No charge	e	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.

A B O U T MEDICARE

Medicare coverage—should you enroll? In a word, yes.



You and/or your eligible dependent must enroll in Medicare Part A and Part B when you first become eligible. This also applies to individuals who are eligible to receive disability benefits from the Social Security Administration.

Coverage provided through the County for medicareeligible participants supplements Medicare Part A and Part B. You must elect one of the County's supplemental medical plans:

- Kaiser Medicare HMO Plan
- Cigna Open Access Plus In-Network (Cigna HMO)
- Cigna Open Access Plus (Cigna PPO)

Medicare will become the primary payer of your medical claims and the supplemental plan will act as the secondary payer. Each year, during Open Enrollment you will have the option to change coverage options.

About Kaiser Medicare HMO

The Kaiser Medicare HMO includes prescription benefits. If you elect the Kaiser Medicare HMO Plan, you must discontinue enrollment in the County's prescription 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).

Split Eligibility

If you are eligible for Medicare and one of your dependents is not (or vice versa) you must maintain family coverage and the senior premium rates will not apply until you remove the additional dependents. If this applies to you, contact the OHRM Benefits and Pensions Division at 301-883-6380.

WHAT YOU NEED TO DO

- If you are not automatically enrolled in Medicare, sign up by contacting the Social Security Administration three months before you turn and/or your dependents turn age 65.
- Complete an Enrollment Change Form to enroll in one of the County's supplemental medical plans.
- 3. Submit the form(s) with a copy of your Medicare card showing enrollment in Part A and Part B to the OHRM Benefits and Pensions Division:
 - Email: OpenEnrollment@co.pg.md.us
 - Fax: 301-883-6192

If you do not enroll in Medicare Part A and B (if eligible), your coverage in the County's medical plans will be discontinued.

DRUG

Express Scripts provides coverage through a nationwide network of pharmacies.



NON-MEDICARE

With the Non-Medicare Prescription Drug Plan, 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.

MEDICARE COVERAGE

For participants in the Cigna medical supplemental plans, the County offers a Medicare Part D Prescription Drug plan through Express Scripts. Medicare Part D is an extension of Medicare Part A and Part B.

The Medicare Part D plan offers:

- Purchase up to a 90- day supply of maintenance medications (medications that treat ongoing conditions) either at the retail or mail-order pharmacy.
- Mandatory generic requirement does 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.

When Coverage Becomes Effective

The OHRM Benefits and Pensions Division will automatically enroll you in the Medicare Part D plan. The OHRM Benefits and Pensions Division will work with Express Scripts 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 supplemental medical plan, if you are enrolled in a plan.

You will remain in the Non-Medicare Prescription Drug Plan until the County enrolls you in the Medicare Part D Plan. The OHRM Benefits and Pensions Division will send you a letter informing you when your Medicare Part D enrollment is in progress. Express Scripts will also provide retirees with additional information regarding your enrollment in the Medicare Part D plan.

You may elect not to enroll in the Medicare Part D Plan by contacting the OHRM Benefits and Pensions Division.

NOTE: 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 this requirement applies to you.

For More Information

If you have questions about the Medicare Part D Prescription Drug Plan, contact the OHRM Benefits and Pensions Division at **301-883-6380**.

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

¹ You can view the fee schedule online at: https://www.princegeorgescountymd.gov/3682/Dental

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	\$200

RESOURCES TO HELP YOU

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



Benefit	Contact
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	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

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 p.m. ET and Saturday 10 a.m. to 2 p.m., ET).

OFFICE OF HUMAN RESOURCES MANAGEMENT (OHRM)

Benefits Division

1400 McCormick Drive Suite 245 Largo, MD 20774

301-883-6380 301-883-6192 (fax)

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

Pensions Division

1400 McCormick Drive Suite 110 Largo, MD 20774

301-883-6390 301-883-6031 (fax)

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

It's all online:

https://www.princegeorgescountymd.gov/OE

Questions? Email:

OpenEnrollment@co.pg.md.us

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

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$130.35	\$391.03	\$521.38
Two-Person	\$260.10	\$780.28	\$1,040.38
Family	\$376.87	\$1,130.62	\$1,507.49
One Senior	\$74.91	\$224.74	\$299.65
Two Seniors	\$149.23	\$447.70	\$596.93
Senior + Individual	\$221.27	\$663.80	\$885.07
Cigna HMO			
Individual	\$142.41	\$427.23	\$569.64
Two-Person	\$284.84	\$854.53	\$1,139.37
Family	\$398.29	\$1,194.86	\$1,593.15
One Senior	\$79.64	\$238.90	\$318.54
Two Seniors	\$160.66	\$481.96	\$642.62
Senior + Individuals	\$222.80	\$668.39	\$891.19
Cigna PPO			
Individual	\$223.11	\$520.60	\$743.71
Two-Person	\$449.94	\$1,049.85	\$1,499.79
Family	\$631.87	\$1,474.37	\$2,106.24
One Senior	\$86.10	\$200.91	\$287.01
Two Seniors	\$173.63	\$405.14	\$578.77
Senior + Individuals	\$310.63	\$724.79	\$1,035.42

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Individual	\$27.75	\$157.23	\$184.98
Two-Person	\$55.86	\$316.55	\$372.41
Family	\$71.35	\$404.34	\$475.69
Vision			
VSP Basic 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
Dental			
Aetna Dental DMO			
Individual	\$20.37	N/A	\$20.37
Two-Person	\$31.62	N/A	\$31.62
Family	\$40.24	N/A	\$40.24
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

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

Plan	Participant	County	Total
	Monthly	Monthly	Monthly
Medical			
Kaiser Permanente			
Individual	\$114.70	\$406.68	\$521.38
Two-Person	\$228.88	\$811.50	\$1,040.38
Family	\$331.65	\$1,175.84	\$1,507.49
One Senior	\$65.92	\$233.73	\$299.65
Two Seniors	\$131.32	\$465.61	\$596.93
Senior + Individual	\$194.72	\$690.35	\$885.07
Cigna HMO			
Individual	\$125.32	\$444.32	\$569.64
Two-Person	\$250.66	\$888.71	\$1,139.37
Family	\$350.49	\$1,242.66	\$1,593.15
One Senior	\$70.08	\$248.46	\$318.54
Two Seniors	\$141.38	\$501.24	\$642.62
Senior + Individuals	\$196.06	\$695.13	\$891.19
Cigna PPO			
Individual	\$200.80	\$542.91	\$743.71
Two-Person	\$404.94	\$1,094.85	\$1,499.79
Family	\$568.68	\$1,537.56	\$2,106.24
One Senior	\$77.49	\$209.52	\$287.01
Two Seniors	\$156.27	\$422.50	\$578.77
Senior + Individuals	\$279.56	\$755.86	\$1,035.42

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Individual	\$22.20	\$162.78	\$184.98
Two-Person	\$44.69	\$327.72	\$372.41
Family	\$57.08	\$418.61	\$475.69
Vision			
VSP Basic 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
Dental			
Aetna Dental DMO			
Individual	\$20.37	N/A	\$20.37
Two-Person	\$31.62	N/A	\$31.62
Family	\$40.24	N/A	\$40.24
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

SHERIFF RETIREES RETIRED BEFORE 02/01/2018

Plan	Participant	County	Total
	Monthly	Monthly	Monthly
Medical			
Kaiser Permanente			
Individual	\$114.70	\$406.68	\$521.38
Two-Person	\$228.88	\$811.50	\$1,040.38
Family	\$331.65	\$1,175.84	\$1,507.49
One Senior	\$65.92	\$233.73	\$299.65
Two Seniors	\$131.32	\$465.61	\$596.93
Senior + Individual	\$194.72	\$690.35	\$885.07
Cigna HMO			
Individual	\$125.32	\$444.32	\$569.64
Two-Person	\$250.66	\$888.71	\$1,139.37
Family	\$350.49	\$1,242.66	\$1,593.15
One Senior	\$70.08	\$248.46	\$318.54
Two Seniors	\$141.38	\$501.24	\$642.62
Senior + Individuals	\$196.06	\$695.13	\$891.19
Cigna PPO			
Individual	\$200.80	\$542.91	\$743.71
Two-Person	\$404.94	\$1,094.85	\$1,499.79
Family	\$568.68	\$1,537.56	\$2,106.24
One Senior	\$77.49	\$209.52	\$287.01
Two Seniors	\$156.27	\$422.50	\$578.77
Senior + Individuals	\$279.56	\$755.86	\$1,035.42

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Individual	\$22.20	\$162.78	\$184.98
Two-Person	\$44.69	\$327.72	\$372.41
Family	\$57.08	\$418.61	\$475.69
Vision			
VSP Basic 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
Dental			
Aetna Dental DMO			
Individual	\$20.37	N/A	\$20.37
Two-Person	\$31.62	N/A	\$31.62
Family	\$40.24	N/A	\$40.24
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

ALL OTHER RETIREES, SURVIVING SPOUSES, AND COBRA*

Plan	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly*
Medical				
Kaiser Permanente				
Individual	\$130.35	\$391.03	\$521.38	\$531.81
Two-Person	\$260.10	\$780.28	\$1,040.38	\$1,061.19
Family	\$376.87	\$1,130.62	\$1,507.49	\$1,537.64
One Senior	\$74.91	\$224.74	\$299.65	\$305.64
Two Seniors	\$149.23	\$447.70	\$596.93	\$608.87
Senior + Individual	\$221.27	\$663.80	\$885.07	\$902.77
Cigna HMO				
Individual	\$142.41	\$427.23	\$569.64	\$581.03
Two-Person	\$284.84	\$854.53	\$1,139.37	\$1,162.16
Family	\$398.29	\$1,194.86	\$1,593.15	\$1,625.01
One Senior	\$79.64	\$238.90	\$318.54	\$324.91
Two Seniors	\$160.66	\$481.96	\$642.62	\$655.47
Senior + Individuals	\$222.80	\$668.39	\$891.19	\$909.01
Cigna PPO				
Individual	\$223.11	\$520.60	\$743.71	\$758.58
Two-Person	\$449.94	\$1,049.85	\$1,499.79	\$1,529.79
Family	\$631.87	\$1,474.37	\$2,106.24	\$2,148.36
One Senior	\$86.10	\$200.91	\$287.01	\$292.75
Two Seniors	\$173.63	\$405.14	\$578.77	\$590.35
Senior + Individuals	\$310.63	\$724.79	\$1,035.42	\$1,056.13

Plan	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly*
Prescription				
Individual	\$138.74	\$46.24	\$184.98	\$188.68
Two-Person	\$279.31	\$93.10	\$372.41	\$379.86
Family	\$356.77	\$118.92	\$475.69	\$485.20
Vision				
VSP Basic 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
Dental				
Aetna Dental DMO				
Individual	\$20.37	N/A	\$20.37	\$20.78
Two-Person	\$31.62	N/A	\$31.62	\$32.25
Family	\$40.24	N/A	\$40.24	\$41.04
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

^{*} COBRA includes an additional 2% administrative fee.

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

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$130.35	\$391.03	\$521.38
Two-Person	\$260.10	\$780.28	\$1,040.38
Family	\$376.87	\$1,130.62	\$1,507.49
One Senior	\$74.91	\$224.74	\$299.65
Two Seniors	\$149.23	\$447.70	\$596.93
Senior + Individual	\$221.27	\$663.80	\$885.07
Cigna HMO			
Individual	\$142.41	\$427.23	\$569.64
Two-Person	\$284.84	\$854.53	\$1,139.37
Family	\$398.29	\$1,194.86	\$1,593.15
One Senior	\$79.64	\$238.90	\$318.54
Two Seniors	\$160.66	\$481.96	\$642.62
Senior + Individuals	\$222.80	\$668.39	\$891.19
Cigna PPO			
Individual	\$223.11	\$520.60	\$743.71
Two-Person	\$449.94	\$1,049.85	\$1,499.79
Family	\$631.87	\$1,474.37	\$2,106.24
One Senior	\$86.10	\$200.91	\$287.01
Two Seniors	\$173.63	\$405.14	\$578.77
Senior + Individuals	\$310.63	\$724.79	\$1,035.42

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Individual	\$27.75	\$157.23	\$184.98
Two-Person	\$55.86	\$316.55	\$372.41
Family	\$71.35	\$404.34	\$475.69
Vision			
VSP Basic 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
Dental			
Aetna Dental DMO			
Individual	\$20.37	N/A	\$20.37
Two-Person	\$31.62	N/A	\$31.62
Family	\$40.24	N/A	\$40.24
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

SHERIFF RETIREES RETIRING ON OR AFTER 02/01/2018

Plan	Participant	County	Total
	Monthly	Monthly	Monthly
Medical			
Kaiser Permanente			
Individual	\$130.35	\$391.03	\$521.38
Two-Person	\$260.10	\$780.28	\$1,040.38
Family	\$376.87	\$1,130.62	\$1,507.49
One Senior	\$74.91	\$224.74	\$299.65
Two Seniors	\$149.23	\$447.70	\$596.93
Senior + Individual	\$221.27	\$663.80	\$885.07
Cigna HMO			
Individual	\$142.41	\$427.23	\$569.64
Two-Person	\$284.84	\$854.53	\$1,139.37
Family	\$398.29	\$1,194.86	\$1,593.15
One Senior	\$79.64	\$238.90	\$318.54
Two Seniors	\$160.66	\$481.96	\$642.62
Senior + Individuals	\$222.80	\$668.39	\$891.19
Cigna PPO			
Individual	\$223.11	\$520.60	\$743.71
Two-Person	\$449.94	\$1,049.85	\$1,499.79
Family	\$631.87	\$1,474.37	\$2,106.24
One Senior	\$86.10	\$200.91	\$287.01
Two Seniors	\$173.63	\$405.14	\$578.77
Senior + Individuals	\$310.63	\$724.79	\$1,035.42
Individual Two-Person Family One Senior Two Seniors	\$449.94 \$631.87 \$86.10 \$173.63	\$1,049.85 \$1,474.37 \$200.91 \$405.14	\$1,499.79 \$2,106.24 \$287.01 \$578.77

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Individual	\$27.75	\$157.23	\$184.98
Two-Person	\$55.86	\$316.55	\$372.41
Family	\$71.35	\$404.34	\$475.69
Vision			
VSP Basic 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
Dental			
Aetna Dental DMO			
Individual	\$20.37	N/A	\$20.37
Two-Person	\$31.62	N/A	\$31.62
Family	\$40.24	N/A	\$40.24
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

BENEFITS 365 PROUDLY SERVING YOU EVERY DAY

This Retiree 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.