PRINCE GEORGE'S COUNTY GOVERNMENT

OHRM
Office of Human Resources Management

Elevate PRINCE GEORGE'S
One County United

START YOUR ENGINES

WELCOME & WHAT'S NEW

2027 OPEN ENROLLMENT GUIDE

OCTOBER 13 – 30, 2026

Benefits Effective January 1, 2027

Get ready for a new year of benefits!



FAST & FEARLESS

KEEPING YOUR BENEFITS RUNNING AT FULL SPEED

2027

PRINCE GEORGE'S COUNTY GOVERNMENT
OFFICE OF HUMAN RESOURCES
BENEFITS ADMINISTRATION DIVISION



WELCOME TO FAST & FEARLESS 2027

YOUR ROAD TO BETTER BENEFITS

Welcome to Open Enrollment: Fast & Fearless Edition!

An Exciting Message from the Director of HR

Dear Team,

Get ready to accelerate into open enrollment, where speed meets style and excellence! From **October 13 to October 30, 2026,** our ***Fast and Fearless*** enrollment team invites you to take charge of your future and select benefits that fit your unique family flair.

This year, we're rolling up our sleeves and presenting dazzling options and resources to make your choices shine. Don't let this fabulous opportunity miss you. Review your benefits, connect with our Benefits pit crew if you need a little guidance, and make your selections before the finish line on **October 30.**

Our team is here to ensure your experience is both speedy and spectacular as you cruise down the open road of enrollment. Let's make this open enrollment the most fabulous, fun, and fastest one yet! Start your engines and go boldly toward your best decisions.

Wishing you a turbocharged full enrollment experience.

Stephanie D. Bridgeforth

Stephanie D. Bridgeforth
Director of the Office of Human Resources Management

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OPEN ENROLLMENT EVENTS

YOUR ROADMAP TO OPEN ENROLLMENT!

A single stop for all your Open Enrollment opportunities.

VIRTUAL KICKOFF



Tuesday, October 13, 2026

Time: 10:00 AM

Join the Virtual Kickoff:
https://us02web.zoom.us/meeting/register/VxP9LEr2TxS9uyY6ExaXjQ

Get important updates, learn about your benefit options, and start your Fast & Fearless 2027 journey!

VIRTUAL KICKOFF HIGHLIGHTS

- 2027 Open Enrollment Overview
- What's New for 2027
- Important Dates & Deadlines
- Enrollment Reminders
- Resources Available During Open Enrollment

NEED HELP WITH YOUR ENROLLMENT?

Meet with the Benefits Team and receive assistance during the scheduled sessions below.

PRINCE GEORGE'S COUNTY GOVERNMENT
OFFICE OF HUMAN RESOURCES MANAGEMENT
BENEFITS ADMINISTRATION DIVISION

ENROLLMENT ASSISTANCE SESSIONS SCHEDULED EVENTS

DAY	DATE	TIME	LOCATION	AGENCY / EVENT
Wed	Oct 14	10:00 AM – 2:00 PM	1400 McCormick, Largo	BENEFITS FAIRS
Thu	Oct 15	5:30 AM – 6:00 PM	13400 Dille Drive, Upper Marlboro	Corrections Only
Mon	Oct 19	9:00 AM – 12:00 PM	3500 Brown Station Road, Upper Marlboro	Department of Environment
Thu	Oct 22	9:00 AM – 4:00 PM	8803 Police Plaza, Computer Lab	Police/Crossing Guard
Fri	Oct 23	10:00 AM – 2:00 PM	1400 McCormick, Largo	BENEFITS FAIRS – *Retirees Welcomed*
Mon	Oct 26	1:00 PM – 4:00 PM	8424 D'Arcy Road, District Heights	DPW&T
Thu	Oct 29	12:00 PM – 6:00 PM	9200 Basil Court, *Room 410, Largo*	All Agencies

Enrollment Assistance is available at
1400 McCormick Drive, Suite 110, Largo, MD 20774
from 10:00 AM – 3:00 PM, Monday – Friday during Open Enrollment.

YOUR BENEFITS. YOUR CHOICES. YOUR FUTURE.

ELIGIBILITY

YOUR BENEFITS JOURNEY STARTS HERE.

Know who's eligible and the important rules that keep you on the fast track!

WHO IS ELIGIBLE?

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

- **Full-time permanent employees**
- **Part-time permanent employees** who generally work 15+ hours per week
- **Active Assessors or Judges** (Circuit & District Court)
- **Limited-Term Grant Funded (LTGF)** employees who are funded for medical benefits (Cigna medical plans only).

DEPENDENTS

- Employees may enroll **eligible spouses and children in the same** plans chosen for themselves.
- Employees must submit documentation to verify dependent eligibility.
- See the Active Employee Benefits Guide for more details on eligibility.



THE FOLLOWING BENEFITS MUST BE UPDATED ANNUALLY:

- Medical and/or Prescription OPT OUT
- Enrollment in Flexible Spending Account(s) (FSA)

Employees will enroll in Benefits via the Employee Self Service (ESS) portal. This guide provides all the information employees need to enroll.

Note: Paper Enrollment forms are NOT accepted.

STATEMENT OF HEALTH (SOH)

You may be required to complete a Statement of Health (SOH) if you:

- Are electing coverage for your spouse for the first time
- Are adding a new spouse
- Are increasing coverage above the Guaranteed Issue (GI) amount
- Did not previously elect coverage when first eligible

The SOH helps determine eligibility for coverage and benefits.

Failure to complete the SOH may result in a delay or denial of coverage.

LIMITED-TERM GRANT FUNDED (LTGF)

Employees funded by a Limited-Term Grant must meet the following requirements to be eligible for medical benefits:

- Paper forms are accepted for LTGF employees ONLY during the Open Enrollment period. (Elections) cannot be made on ESS.
- No other plans are offered.
- A Personal Service Agreement is required.

RETIRE-REHIRE RULE

If you are a retiree who returns to work for Prince George's County Government:

- You may choose active or retiree benefits – not both.
- Your choice must be made within the required timeframe.
- FSA information:
  - FSA-eligible (Flexible Spending Accounts) ONLY while you are re-employed.
  - You must re-elect your FSA every year, as it does not carry over automatically.
- Paper forms are accepted for Retire-Rehire employees ONLY during the Open Enrollment period. (Elections) cannot be made on ESS.

FSA REMINDER FOR RETIRE-REHIRE

- FSAs (Flexible Spending Accounts) are available only while you are re-employed.
- You must re-elect your FSA every year, as it does not carry over automatically.
- Paper forms are accepted for Retire-Rehire and LTGF employees ONLY during the Open Enrollment period. (Elections) cannot be made on ESS.

LIFE & DISABILITY

YOUR HEALTH. YOUR CHOICES. YOUR FUTURE.

MetLife

To help you protect your family's finances in the event something happens to you, the county makes the following benefits available to you at no cost to you.

BASIC LIFE

The County provides you with Basic Life Insurance up to 2x your base salary (up to $225,000 based on your salary schedule). Coverage is administered through MetLife and becomes effective on your date of hire. The coverage amount will automatically increase or decrease when you have a change in base salary.

- Basic Life Insurance flat $50,000 amount to anyone who does not want to receive the two (2) times salary offering and would prefer a reduced flat amount. Please note, there is no credit provided to those electing this change.
- Please note, employer-paid coverage amounts over $50,000 are subject to imputed income (This option is only available to those employees whose salary is over $25,000 a year).

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The County provides you with AD&D coverage. Coverage is administered through MetLife and becomes effective on your date of hire. A benefit is payable for death or personal loss caused by an accident on or off the job, up to a maximum benefit of:

Employee Group	Maximum Benefit
Police officers, deputy sheriffs, correctional officers, firefighters, paramedics and emergency response technicians	$50,000
Deputy sheriff civilians	$30,000
All other employee groups	$10,000

EXTRA LIFE

You may purchase Extra Life Insurance equal to one to four times your base pay up to $600,000. Coverage is provided through MetLife.

- During Open Enrollment, you can enroll for the first time or increase your existing Extra Life coverage (up to 4x annual salary to a max of $600,000, or up to $800,000 for Fire Civilians only) by answering 5 medical questions.
- Premiums for Extra Life Insurance are based on your salary and age.

SUPPLEMENTAL LIFE

This benefit applies only to police officers, deputy sheriffs, firefighters, paramedics and emergency response technicians. Supplemental Life is administered by MetLife and is equal to 50 times your monthly salary with a maximum benefit of $600,000. The County provides this coverage at no cost to you.

LONG-TERM DISABILITY (LTD)

All benefits-eligible employees may enroll in the Long-Term Disability (LTD) Insurance administered by MetLife. Long-Term Disability insurance provides income replacement that may be used in conjunction with your annual or sick leave. This program has a 180-day elimination period. Income is replaced at 50% or 60% percent of your base pay, reduced by deductible income.

- Deductions are done on an after-tax basis and deducted bi-weekly. This assures that any payments you receive from the program are not taxed.
- Instructions for calculating monthly premium: multiply the rate times your base salary rounded to the nearest hundred. Divide the annual amount by 12 to find the monthly cost for this benefit.
- For the 2027 Open Enrollment, a five-question Statement of Health (SOH) will be required for the following:
  - Current participants covered by Long-Term Disability electing to increase from 50% to 60% of your base salary.
  - New participants electing Long-Term Disability for the first time or during Open Enrollment.

RETIRE-REHIRE

CHOOSE YOUR BENEFITS LANE.



If you are a County Retiree who has returned to work, Open Enrollment is your opportunity to review your benefit options and determine which coverage you will maintain for 2027.

CHOOSE YOUR LANE

You have two options when returning to County employment.

STAY IN YOUR RETIREE BENEFITS — OR — **ENROLL IN ACTIVE EMPLOYEE BENEFITS**

IMPORTANT: Once you elect Active employee benefits, you will remain in those plans until you separate from County employment again.

COVERAGE COMPARISON

BENEFIT	RETIREE COVERAGE	ACTIVE EMPLOYEE COVERAGE
Medical	Medicare Primary / County Secondary (if Medicare eligible)	Active Employee Medical Plans
Prescription	Express Scripts Medicare Part D or Kaiser Medicare Advantage	Active Employee Prescription Plan
Dental	Retiree Dental Plan	Active Dental Plan
Vision	Retiree Vision Plan	Active Vision Plan
Dependent Care	Offered to rehired retirees. Contact us.	Active Employee Dependent Care Plan

FLEXIBLE SPENDING ACCOUNTS (FSA)

Available to Retire-Rehires while Actively Employed

Health Care FSA | Dependent Care FSA

- FSA elections must be submitted during Open Enrollment each year using Active enrollment paper forms.
- Retire-Rehires do not have access to the ESS portal.
- FSA elections do not carry over each year.
- If you do not re-elect your FSA during Open Enrollment, your coverage will end for the new plan year.

MEDICARE & RETIRE-REHIRE

IF YOU CHOOSE ACTIVE EMPLOYEE BENEFITS

- You may delay Medicare Part B while actively employed.
- You will not incur a Medicare late enrollment penalty as long as you maintain Active County coverage.

IF YOU STAY ON RETIREE BENEFITS

When you become eligible for Medicare because of age or disability:

1. Enroll in Medicare Part A
2. Enroll in Medicare Part B
3. Submit a copy of your Medicare card (Parts A & B)
4. Complete a Retiree Enrollment/ Change Form

ONCE PROCESSED:

1. Medicare becomes Primary
2. County coverage becomes Secondary

CONTACT US

We're here help!

BENEFITS OFFICE
1400 McCormick Drive, Suite 110
Largo, MD 20774
(Closed on County holidays)

301-883-6390

Benefits@co.pg.md.us
Please include your name and phone number in your email.

BENEFITS AT-A-GLANCE

YOUR BENEFITS. YOUR CHOICES. YOUR FUTURE.

Take a quick look at the Benefits available to you through Prince George's County.

COUNTY COVERS FULL COST

- Level Up (Employee Wellness Program) *
- Employee Assistance Program (EAP) *
- Basic Life Insurance
- Accidental Death & Dismemberment
- Five Classes of Generic Prescription Drugs
- First Responder Program
- Supplemental Life Insurance (for certain agencies)
- Leave Benefits *

* Enrollment is automatic for newly eligible employees.

EMPLOYEE AND COUNTY SHARE THE COST

Medical

Choose from three medical plans:

- Kaiser Permanente HMO
- Cigna Open Access Plus HMO
- Cigna Open Access Plus PPO

Prescription Drug

- Express Scripts

Vision

- CareFirst powered by Davis Base Plan
- CareFirst powered by Davis Buy Up Plan

Pension Plans

Prince George's County offers pension plans based on your employee group and bargaining unit.

COMPREHENSIVE PENSION PLANS
(Sworn Public Safety)

- Correctional Officers
- Deputy Sheriffs
- Fire Service
- Police

SUPPLEMENTAL PENSION PLANS
(General Service)

- AFSCME
- AFSCME Crossing Guards
- Fire Civilians
- General Schedule
- Police Civilians

Detailed pension plan summaries are available on the County website.

EMPLOYEE COVERS FULL COST

Dental

Choose from 2 dental options:

- Aetna Dental DMO
- Aetna Dental PPO

- Extra Life Insurance
- Whole Life Insurance
- Disability Insurance – Short & Long Term
- Critical Illness Accident
- Supplemental Dental
- Legal Services
  - Legal Resources
  - Legal Shield
- Flexible Spending Accounts (FSA)
  - Health Care
  - Dependent Care
- 457(b) Deferred Compensation Plan

BENEFITS DESIGNED TO KEEP YOU MOVING FORWARD.

We're committed to providing you and your family with valuable benefits and resources to help you live well, protect what matters, and plan for the future.



MEDICAL PLANS

YOUR HEALTH. YOUR CHOICES. YOUR FUTURE.



The County offers two (2) Cigna Healthcare plans - Cigna PPO and Cigna HMO.

NOTE: Prescription coverage is NOT included in any of the medical plans.

CIGNA PPO

The Cigna Preferred Provider Organization (PPO) offers coverage through the Open Access Plus network. Coverage is available in- and out-of-network; however, the employee will pay less for in-network providers. A Primary Care Physician (PCP) is not required, nor are referrals for specialists.

CIGNA HMO

Cigna Health Maintenance Organization (HMO) offers coverage through the Open Access Plus network. Employees are encouraged to identify a Primary Care Physician (PCP), who will provide referrals to specialists. Coverage is NOT provided for out-of-network providers except in a true emergency.

Medical Coverage Comparison

	CIGNA PPO		CIGNA HMO
Calendar Year Deductible	**In-Network**	**Out-of-Network**	**In-Network Only**
Employee Only	$50	$300	$50
Family	None	$550	None
Annual Out-of-Pocket Maximum[1]			
Employee Only	$2,000	$2,000	$2,000
Family	$4,000	$4,000	$4,000
Emergency Services			
Emergency Room/Care (waived if admitted)	$150 copay/visit AND deductible		$150 copay/visit AND deductible
Emergency Medical Transport	No charge		No charge
Urgent Care	$35 copay/visit AND deductible		$35 copay/visit AND deductible
Mental Health			
Outpatient Care Physician's Office	$10 copay/visit	80% after deductible	$10 copay/visit
Inpatient Care	$250 copay/visit AND deductible	80% after deductible	$250 copay/visit AND deductible
Maternity Care			
Office Visits (for mother)	$35 for initial visit, then 100%	80% after deductible	$35 for initial visit, then 100%
Childbirth/delivery: Physician Services	No charge after deductible	80% after deductible	No charge after deductible
Childbirth/delivery: Facility services	$250 copay/admission AND deductible	80% after deductible	$250 copay/admission AND deductible
Inpatient Services			
Hospital Stay	$250 copay/admission AND deductible	80% after deductible	$250 copay/admission AND deductible
Hospice Care	No charge after deductible	80% after deductible	No charge after deductible
Skilled Nursing Care	No charge after deductible	80% after deductible	No charge after deductible
Outpatient Services			
Primary Care Visit	$15 copay	80% after deductible	$15 copay
Specialist Visit	$25 copay	80% after deductible	$25 copay
Preventive Care	No charge	80% after deductible	No charge
Diagnostic Test (X-ray, blood work)	No charge	80% after deductible	No charge

[1] Includes deductible.

NOTE: Employees may OPT-OUT of medical coverage from the County to receive a credit of $400, to be paid evenly across pay periods for the year. This must be renewed yearly during Open Enrollment. All benefit plans are ***a la carte*** (separate).

MEDICAL PLANS

YOUR HEALTH. YOUR CHOICES. YOUR FUTURE.

The County offers one (1) Medical plan with Kaiser Permanente.

NOTE: Prescription coverage is NOT included in any of the medical plans.

KAISER PERMANENTE

KAISER PERMANENTE HMO

Kaiser Permanente offers coverage through facilities that house physicians, specialists, radiology, labs, and pharmacies. Employees must identify a Primary Care Physician (PCP), who will provide referrals to specialists.

ABOUT YOUR PLAN

Kaiser Permanente is an In-Network Only plan. You must use Kaiser Permanente providers, facilities, and services to receive benefits. There is no coverage for out-of-network care, except in a true emergency.

Kaiser Permanente HMO – In-Network Only

Coverage	You Pay (In-Network Only)
Calendar Year Deductible	
Employee Only	None
Family	None
Annual Out-of-Pocket Maximum*	
Employee Only	$3,500
Family	$9,400
Office Visit Co-pay	
Primary Care Physician (PCP)	$15 PCP visit
Specialist	$15 Specialist visit
Preventive Care	
Routine Preventive Care	No charge
Diagnostic & Lab Services	
Lab & X-ray Services	Included in office visit or no charge
Hospital Services	
Inpatient Hospital Stay	$100 copay/admission
Outpatient Surgery	$100 copay/surgery
Mental Health & Substance Use	
Outpatient Therapy	$15 copay/visit
Inpatient Hospitalization	$100 copay/admission
Other Services	
Urgent Care	$15 copay/visit
Emergency Room	$50 copay/visit
Ambulance	No charge
Skilled Nursing Facility	No charge
Hospice Care	No charge

* Includes deductible.

NOTE: Employees may OPT-OUT of medical coverage from the County to receive a credit of $400, to be paid evenly across pay periods for the year. This must be renewed yearly during Open Enrollment. All benefit plans are a la carte (separate).

DENTAL PLAN

YOUR HEALTH. YOUR CHOICES. YOUR FUTURE.

aetna
AETNA DENTAL®

Learn more about Aetna Dental Maintenance Organization (DMO) and Preferred Provider Organization (PPO) programs. Please visit www.aetna.com, follow the prompt to create an account, or call 877-238-6200 for assistance.

Aetna Dental DMO Features

- Employees must elect a Primary Care Dentist (PCD) either online by creating an account on the Aetna app or website, or by contacting Aetna by phone.
- Your PCD will manage dental care.
- A referral is needed for specialists, except for orthodontists.
- Dental premiums are lower.
- There are no deductibles or yearly dollar maximums.

Aetna Dental PPO Features

- Employees do not have to select a primary care dentist.
- Access to a larger number of providers.
- Dental premiums are higher.
- Plan includes deductibles and yearly dollar maximums.
- No referral is needed for specialists.

Plan Features	Aetna DMO	Aetna PPO In - Network	Aetna PPO (non-participating)
Annual Deductible	None	None	$25 individual, $0 family
Annual Benefit Maximum	None	Plan pays $1,500 a person each calendar year	Plan pays $1,500 a person each calendar year
Preventative & Diagnostic Services	Refer to Fee Schedule on Benefits Admin webpage	Covered at 100%	Covered at 100%
Basic Services		Covered at 100%	Covered at 100% after deductible
Major Services		Covered at 60% after deductible	Covered at 50% after deductible
Orthodontia		Covered at Up to 60%, $1,500 maximum	Up to 50%, $1,500 maximum

NOTE: Aetna DMO members must live within a **30-mile** radius of their selected provider. Aetna does not issue physical ID cards. If you enroll in the DMO plan and do not choose a Primary Care Dentist (PCD) within 60 days, your coverage will be terminated.

PRESCRIPTION PLAN

YOUR HEALTH. YOUR CHOICES. YOUR FUTURE.

EXPRESS SCRIPTS®

Express Scripts, Inc. (ESI) provides prescriptions at retail pharmacies or via mail-order pharmacies.

Maintenance Medications

- Drugs that treat ongoing conditions like asthma, diabetes, high cholesterol, and birth control and considered maintenance medications.
- A maintenance medication can also be a drug taken for 3–6 months and then discontinued (such as for seasonal allergies).
- These medications must be filled for a 90-day supply via the ESI home delivery program.
- An employee can only fill maintenance drugs at a retail pharmacy twice. The 3rd in person refill must be done via a designated delivery service, or the employee pays full price out of pocket.
- Contact Express Scripts with questions at **1-800-711-0917** or at **express-scripts.com**

Annual Deductible	$50 per person
Out-of-Pocket Maximum	$3,850/individual $7,700/family
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

$0 Copay for the following classes:

- Anxiety
- Cholesterol
- Depression
- Diabetes
- High Blood Pressure

---- NOTE ----

Employees who opt-out of County prescription coverage receive a **$200** annual credit, paid evenly across all pay periods. New-hire credits are prorated based on hire date.

VISION PLANS

YOUR HEALTH. YOUR CHOICES. YOUR FUTURE.

CareFirst

CareFirst proudly offers Blue Vision Plus through Davis Vision.

Choose the plan that's right for you.

BlueVision Plus – Basic Plan

	Benefit	In-Network	Out-of-Network
Eye Exam & Frames	Annual Routine Eye Exam (with dilation)	**$10 copay**	Plan pays $25, you pay balance
	Frames	**$0 copay**	Plan pays $25, you pay balance
	Frequency	Once each year	
	Davis Vision Frame Collection	No copay	N/A
	Non-Collection Frames	Plan pays up to $150, you pay balance minus 20% discount	Plan pays **$30**, you pay balance
Spectacle Lenses (Annual)	Basic Single Vision	**$10 copay**	Plan pays $25, you pay balance
	Basic Bifocal	**$10 copay**	Plan pays $25, you pay balance
	Basic Trifocal	**$10 copay**	Plan pays $25, you pay balance
	Lenticular (post cataract)	**$10 copay**	Plan pays $25, you pay balance
Contact Lenses (Annual) (instead of glasses)	Medically Necessary Contacts	No copay with prior approval	Plan pays $230, you pay balance
	Davis Vision Contact Lens Collection	No copay	N/A
	Other (Non-Collection) Contact Lenses	Plan pays up to $150, you pay balance minus 15% discount	Plan pays $150, you pay balance
Spectacle Lens Options (Annual) (tinting & anti-glare)	Davis Vision Collection – Planes & Medically Necessary	No copay	N/A
	Specialty Non-Collection Contact Lenses	Plan pays up to $60, you pay balance minus 15% discount	N/A

BlueVision Plus – Buy-Up Plan

	Benefit	In-Network	Out-of-Network
Eye Exam & Frames	Annual Routine Eye Exam (with dilation)	**$10 copay**	Plan pays $25, you pay balance
	Frames	**$10 copay**	Plan pays $65, you pay balance
	Frequency	Once each year	
	Davis Vision Frame Collection	No copay	N/A
	Non-Collection Frames	Plan pays up to $250, you pay balance minus 20% discount	Plan pays $75, you pay balance
Spectacle Lenses (Annual)	Basic Single Vision	**$30 copay**	Plan pays $75, you pay balance
	Basic Bifocal	**$30 copay**	Plan pays $25, you pay balance
	Basic Trifocal	**$30 copay**	Plan pays $25, you pay balance
	Lenticular (post cataract)	**$30 copay**	Plan pays $25, you pay balance
Contact Lenses (Annual) (instead of glasses)	Medically Necessary Contacts	No copay with prior approval	Plan pays $230, you pay balance
	Davis Vision Contact Lens Collection	No copay	N/A
	Other (Non-Collection) Contact Lenses	Plan pays up to $250, you pay balance minus 15% discount	Plan pays up to $150, you pay balance minus 15% discount
Spectacle Lens Options (Annual) (tinting & anti-glare)	Davis Vision Collection – Planes & Medically Necessary	No copay	N/A
	Specialty Non-Collection Contact Lenses	Plan pays up to $60, you pay balance minus 15% discount	N/A

NOTE: Use in-network providers to get the highest level of benefits and low out-of-pocket costs.

RATES – ALL BENEFITS

BIWEEKLY DEDUCTIONS

ACTIVE EMPLOYEES
(Paid Over 26 Pay Periods)

Plan	Individual	Two Person	Family
Kaiser Permanente HMO	$83.19	$166.10	$240.73
Cigna HMO	$88.25	$176.62	$246.99
Cigna PPO	$138.30	$279.01	$391.88
Express Scripts	$21.11	$42.60	$54.45
CareFirst Base Plan	$0.57	$0.97	$1.29
CareFirst Buy-Up Plan	$1.01	$1.86	$2.53
Aetna Dental Plan (DMO)	$9.93	$15.45	$19.68
Aetna Dental Plan (PPO)	$21.06	$38.62	$57.20

CROSSING GUARDS
(Paid Over 20 Pay Periods)

Plan	Individual	Two Person	Family
Kaiser Permanente HMO	$108.14	$215.93	$312.95
Cigna HMO	$114.73	$229.60	$321.09
Cigna PPO	$179.79	$362.72	$509.45
Express Scripts	$27.44	$55.39	$70.78
CareFirst Base Plan	$0.74	$1.26	$1.68
CareFirst Buy-Up Plan	$1.31	$2.41	$3.29
Aetna Dental Plan (DMO)	$12.91	$20.09	$25.58
Aetna Dental Plan (PPO)	$27.38	$50.20	$74.36

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.

IMPORTANT REMINDERS

STAY READY. STAY INFORMED. STAY AHEAD.

BEFORE OPEN ENROLLMENT BEGINS ON OCTOBER 13, 2026:

UPDATE EXISTING OR ADD NEW BENEFICIARY INFORMATION

CURRENT EMPLOYEES

UPDATE YOUR CURRENT BENEFICIARY INFORMATION BEFORE OCTOBER 12:

- Log in to the ESS Portal.
- Review your current beneficiary information.
- Update and save your beneficiary information as needed.*

https://portal.sap.mypgc.us/irj/portal

NEW EMPLOYEES

ADD YOUR BENEFICIARY INFORMATION BEFORE OCTOBER 12:

- Log in to the ESS Portal.
- Add and save your beneficiary information.*



** Your beneficiary information must be updated/added in ESS prior to enrolling your eligible dependents in the benefits you select.*

DURING OPEN ENROLLMENT OCTOBER 13 – 30, 2026:

MEDICAL AND/OR PRESCRIPTION DRUG PLANS OPT-OUT FOR 2027

TO RECEIVE CREDIT FOR OPT-OUT OF MEDICAL AND/OR PRESCRIPTION DRUG PLANS
From October 13 – 30, 2026:

- Go to https://portal.sap.mypgc.us/irj/portal
- Select the opt-out option.
- Log in to the ESS Portal to complete the electronic attestation.



** You must complete the Opt-Out process annually during Open Enrollment to receive the Opt-Out credit for the upcoming plan year.*

DURING OPEN ENROLLMENT OR WITHIN 30 DAYS OF ENROLLING ELIGIBLE DEPENDENTS:

PROVIDE DEPENDENT VERIFICATION DOCUMENTATION BY NOVEMBER 20

SUBMIT DEPENDENT VERIFICATION FORM AND DOCUMENTATION

- Complete the Dependent Verification Form.
- Submit the Dependent Verification Form and supporting documentation to OHRM Benefits Division.



Failure to provide required documentation within 30 days will result in your dependents being dropped from coverage.

BENEFIT PROVIDERS

YOUR HEALTH. YOUR CHOICES. YOUR FUTURE.

OFFICE OF HUMAN RESOURCES MANAGEMENT (OHRM)
Benefits Division
1400 McCormick Drive
Suite 110
Largo, MD 20774
301-883-6380
Monday – Friday
8:30 a.m. – 5:00 p.m., ET

OFFICE OF HUMAN RESOURCES MANAGEMENT (OHRM)
Pensions Division
1400 McCormick Drive
Suite 125
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
Monday – Friday
9:00 a.m. – 4:30 p.m., ET

OFFICE OF INFORMATION TECHNOLOGY (OIT)
Help Desk
9201 Basil Court
Suite 250
Largo, MD 20774
301-883-5322
Monday – Friday
8:30 a.m. – 5:00 p.m.

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/princegeorgescountygovemment

Prescription Drug
Express Scripts
1-800-711-0917
www.express-scripts.com

Vision
CareFirst Powered by Davis Vision
855-300-7751
www.carefirst.com

Dental
Aetna
1-877-238-6200
DMO: www.aetnadmodental.com
PPO: www.aetnappodental.com

Flexible Spending Account (FSA)
Voya
1-888-401-3539
https://myhealthaccount.voya.com

Employee Assistance Program (EAP)
Inova
1-800-346-0110
www.inova.org/eap
Username: prince
Password: george

YOUR FINANCIAL FUTURE

457(b) Deferred Compensation Plan

457(b) Deferred Compensation Plan
Empower Retirement® (formerly MassMutual)
1-800-743-5274
www.retirementsmart.com

Life and AD&D
MetLife
1-800-638-6420
www.metlife.com

Long-Term Disability
Short-Term Disability
MetLife
1-855-232-0135
www.metlife.com

Elevate Prince George's
One County United

YOUR VOLUNTARY OPTIONS

Critical Illness and Accident
1-800-635-5597
www.unum.com

Whole Life
1-800-635-5597
www.unum.com

Short-Term Disability
1-800-635-5597
www.unum.com
(Coverage prior to 1/1/2022)

Supplemental Dental
Aflac
1-410-394-9617
PrinceGeorges.aflac@gmail.com
(email)

Legal Services
1-800-728-5768
www.legalresources.com

LegalShield
1-800-654-7757
www.legalshield.com

This Open enrollment guide provides an overview of benefit options for 2027. Every effort was made to ensure the information in this guide is accurate and easy to understand as possible. However, this guide is not intended to be a complete description of benefits. This guide and any oral statements are not a substitute for the official insurance policies. If there is a difference between anything 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 contained in a guarantee of continued employment.

HOW TO: ACCESS THE OPEN ENROLLMENT PORTAL

APPENDIX

Step by Step Instructions:

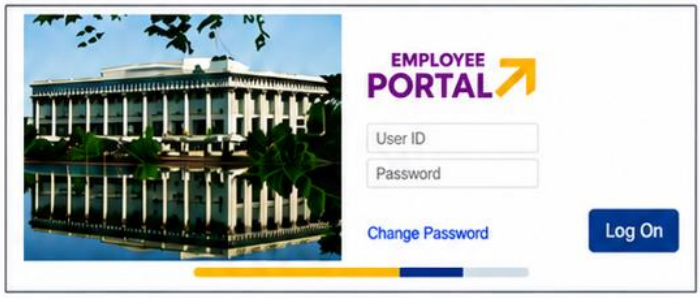
- ESS Portal Login
- Review current selections
- Change existing enrollments
- New enrollments

To access the Open Enrollment portal, you must log in to the SAP Employee Self-Service (ESS) Module.

You can access your SAP ESS account at:

https://portal.sap.mypgc.us/irj/portal

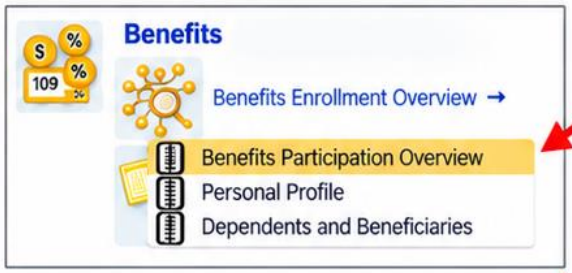
CONTACT THE HELP DESK AT 301-883-5322 FOR PASSWORD RESET ASSISTANCE.



1 CHECK CURRENT SELECTIONS

In the Open Enrollment Portal:

1. Under the ESS overview, select ***Benefits***;
2. Next, select ***Benefits Enrollment Overview***; Then select ***Benefits Participation Overview*** and a new window will open.



Benefits Participation Overview

Participation Overview as of 05/06/2015 Display

Plan Type	Status On	Status Plan Name	Option	Credit Amount	Coverage	Dependents/Beneficiaries	Pre-Tax Costs	Post-Tax Costs
MEDICAL	12/14/2014	Kaiser	Standard		EE only		41.63 USD Bi-weekly	
VISION	12/14/2014	Vision	Standard		EE only		0.49 USD Bi-weekly	
AD&D	12/14/2014	Accidental Death	1.5K Coverage	10,000.00 USD		Tommy Trainer (50%); Timothy Trainer (25%);		
BASIC LIFE	12/14/2014	Basic Life (2 Times Salary)	2 X Salary	150,000.00 USD		Tommy Trainer (50%); Timothy Trainer (25%); Multicareer Trainer (25%)		

2 TO MAKE CHANGES FOR OPEN ENROLLMENT

1. Under the ESS overview, select ***Benefits***;
2. Next, select ***Enroll for your benefits***;
3. Then select ***Open Enrollment*** and the Open Enrollment Module will pop up in a new window.



NOTE: Use in-network providers to get the highest level of benefits and low out-of-pocket costs.

OPEN ENROLLMENT: OCTOBER 13 – 30, 2026 | **BENEFITS EFFECTIVE: JANUARY 1, 2027**

HOW TO: ADD OR REMOVE A SPOUSE OR DEPENDENT

TO ADD A DEPENDENT:

Under Step (2) Dependents and Beneficiaries:

View your spouse and/or dependent(s) and beneficiary information.

You must add your dependent in Step 2 to include dependent coverage in your health plan selections in Step 4.

1. To add a dependent, click on the pencil icon next to **Edit Dependents and Beneficiaries**; a new window will open. Select **Add** next to Family Members/Dependents and a drop-down list will appear.
2. Select the **Dependent Type** (spouse, child, etc.) from the drop-down list.
3. Fill in dependent information on the screen. Note: The asterisk (*) fields are required and must be completed.
4. Select **Save** – if you are adding more than one dependent or beneficiary, select 'Save and Back' to add the next person.
5. Continue to step 4 to finish enrolling a spouse or dependent in a health benefit plan.
6. To enroll or make a change to a health benefit plan, click on the pencil icon next to the plan and select the plan and coverage level (individual, family, two-person, family, etc.)
7. Under "Enroll Dependents" select the dependent(s) to cover. Ensure that every dependent to be covered has a check mark in the box next to their name.
8. Click 'Add' to complete the change.
9. Follow these instructions for each plan that requires a change.
10. Continue through Step 7: **Review and Save** to review changes and select the save button at the top of the portal to finalize.
11. Be sure to send required verification document to OpenEnrollments@co.pg.md.us BEFORE November 20.

TO REMOVE A DEPENDENT:

Under Step (4) Health Plans:

1. Continue to Step 4 to remove a spouse or dependent from a health benefit plan (medical, dental, etc.)
2. Click the pencil icon next to the plan and select the plan and coverage level.
3. Under "Enroll Dependents", uncheck the box next to the name of the dependent to be removed.
4. Click on Add to complete the change to the plan.
5. Repeat these steps to remove other dependents from plans.
6. Continue through Step 7: **Review and Save** to review changes and select the save button at the top of the portal to finalize.

OPEN ENROLLMENT: OCTOBER 13 – 30, 2026 | **BENEFITS EFFECTIVE: JANUARY 1, 2027**

HOW TO: UPDATE BENEFICIARY & LIFE INSURANCE

IN THE OPEN ENROLLMENT PORTAL:

How to Make a Change to My Basic Life Insurance:

1. Proceed to **Step 5: Insurance Plans;**
2. To change your Basic Life Insurance option level (from two (2) times to one (1) times your salary or vice versa): click on the pencil icon next to the plan and make your selection.
3. Click **"Add".**
4. Continue through **Step 7: Review and Save** to review changes and select the save button at the top of the portal to finalize changes.

Please Note:

Beneficiary updates and/or changes made through the Open Enrollment portal will not become effective until January 1, 2027. You can update or change your beneficiary(ies) immediately through the ESS under the Benefits portal under ***Anytime Changes.***

HOW TO ADD A NEW BENEFICIARY:

1. Under **Step 2: Insurance Plans:** click on the pencil icon next to **Edit Dependents and Beneficiaries;** a new window will open. Select **Add** next to Family Members/Dependents and a drop-down list will appear.
2. Select the **Dependent Type: Beneficiary** from the drop-down list.
3. Fill in beneficiary information on the screen. **Note:** The asterisk (*) fields are required fields and must be completed.
4. Select **Save** – If you are adding more than one beneficiary, select **"Save and Back"** to add your additional beneficiaries.
5. Continue to step 5 to finish enrolling a spouse or dependent in a health benefit plan(s) (e.g., medical, dental, prescription, vision).

HOW TO DESIGNATE OR UPDATE A BENEFICIARY:

1. Under **Step 5: Insurance Plans:** At the bottom under **"Designated Beneficiaries** select the name(s) of your beneficiary(ies) from the list".
2. Apply the percentage amount for each beneficiary. **Note: The percentage amount must be whole numbers and must equal 100%. (Contingent Beneficiaries are optional).**
3. Click **"Add"** and follow the process outlined above for all insurance plans that require a change.
4. Go Continue through **Step 7: Review and Save** to review changes and select the save button at the top of the portal to finalize.

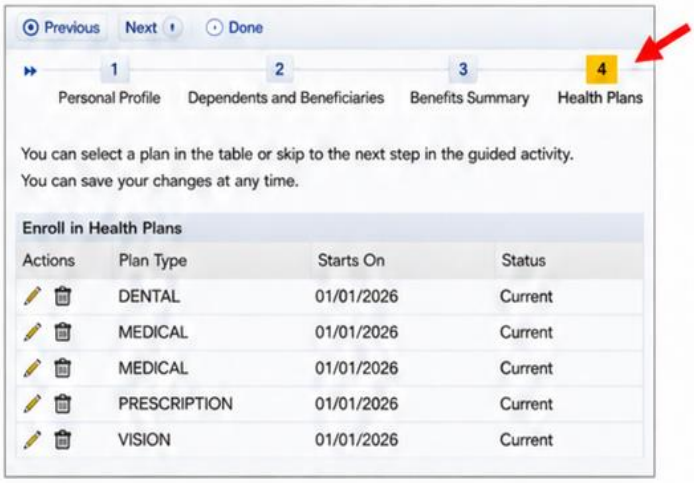
OPEN ENROLLMENT: OCTOBER 13 – 30, 2026 | **BENEFITS EFFECTIVE: JANUARY 1, 2027**

HOW TO: ADD, CHANGE, OR DROP A HEALTH PLAN

IN THE OPEN ENROLLMENT PORTAL:

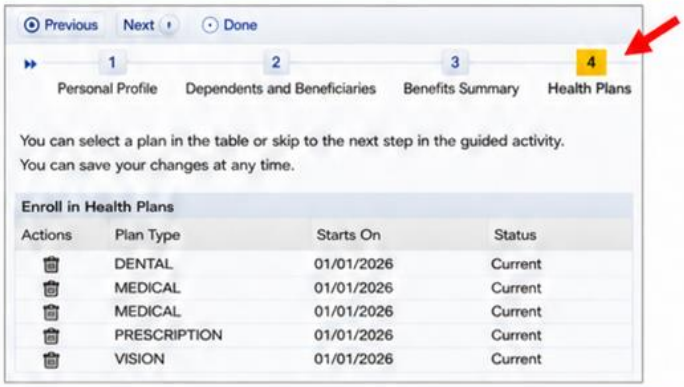
How to Change a Health Plan:

1. Proceed to **Step Four (4): Health Benefit Plans** to make a change(s) to a health benefit plan(s) (e.g., medical, dental, prescription, vision).
2. Click on the pencil icon next to the health plan.
3. Select the coverage level (e.g., Individual, Two-Person, Family) you want.
4. Under "Enroll Dependents," select the check box next to the dependent(s) you want to cover.
5. Click **"Add"** and follow the process outlined above for all health plans that require a change.
   Go Continue through **Step 7: Review and Save** to review changes and select the save button at the top of the portal to finalize changes.



How to Drop a Health Plan:

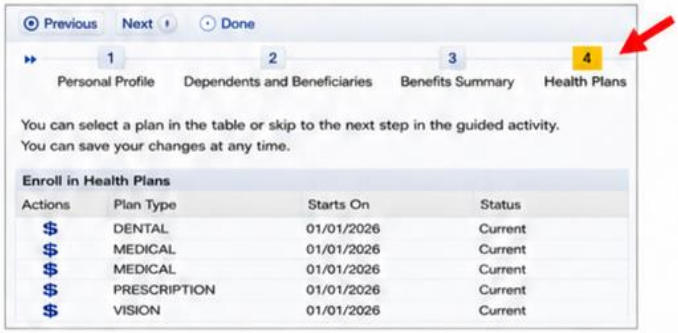
1. Proceed to ***Step Four (4): Health Benefit Plans*** to make a change(s) to a health benefit plan(s) (e.g., medical, dental, prescription, vision).
2. Click on the trashcan icon next to the health plan that you no longer want.
3. Go Continue through ***Step 7: Review and Save*** to review changes and select the save button at the top of the portal to finalize changes.



Medical and Prescription Opt-Out Credit Plans:

If you want to opt-out of the medical and/or prescription plans, click on the opt-out option under the medical and/or prescription plans.

1. Select **"Add"** to complete your change.
2. Go Continue through **Step 7: Review and Save** to review changes and select save at the top of the portal to finalize changes.



Please Note:
Benefit updates and/or changes made through the Open Enrollment portal will not become effective until January 1, 2027.

Beneficiary Changes can be made by using the ***"Anytime Changes"*** link.

OPEN ENROLLMENT: OCTOBER 13 – 30, 2026 | **BENEFITS EFFECTIVE: JANUARY 1, 2027**

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HOW TO: ENROLL IN OR CHANGE VOLUNTARY BENEFITS

EXTRA LIFE INSURANCE (XLI)

How to Enroll or Change Coverage

1. Proceed to **Step 6 – Insurance Plans.**
2. Click the **pencil icon** to change coverage or the **paper icon** to enroll.
3. Select your desired coverage level:
   - 1x Salary
   - 2x Salary
   - 3x Salary
   - 4x Salary
4. Click **Add.**
5. Continue to **Step 7 – Review and Save.**

Select an EXTRA LIFE Plan

	Plan Name	Option
☐	Extra Life	1X Salary
☐	Extra Life	2X Salary
☐	Extra Life	3X Salary
☐	Extra Life	4X Salary

ABOUT EXTRA LIFE INSURANCE

Extra Life Insurance provides additional financial protection beyond your County-paid Basic Life Insurance.

Employees may:

- Enroll during Open Enrollment
- Increase coverage
- Decrease coverage
- Cancel coverage

LONG-TERM DISABILITY (LTD)

How to Enroll or Change Coverage

1. Proceed to **Step 6 – Insurance Plans.**
2. Click the **pencil icon** or paper icon.
3. Select your coverage option:
   - LTD 50%
   - LTD 60%
4. Click Add.
5. Continue to **Step 7 – Review and Save.**

Select an LTD Plan

	Plan Name	Option
☐	Long Term Disability	LTD 50% Coverage
☐	Long Term Disability	LTD 60% Coverage

ABOUT LONG-TERM DISABILITY

Long-Term Disability replaces a portion of your income if you become disabled due to a qualifying illness or injury and are unable to work.

Employees may:

- Enroll
- Increase coverage
- Decrease coverage
- Cancel coverage

A Statement of Health may be required for first-time enrollment or when increasing coverage, depending on plan rules.

SHORT-TERM DISABILITY (STD)

ABOUT SHORT-TERM DISABILITY

Short-Term Disability provides income replacement for eligible non-work-related illnesses, injuries, pregnancy, or recovery periods that prevent you from working for a limited time.

How to Enroll or Change Coverage

1. Proceed to **Step 6 – Insurance Plans.**
2. Select **Short-Term Disability.**
3. Choose the available coverage option.
4. Click Add.
5. Continue to **Step 7 – Review and Save.**

Select an STD Plan

	Plan Name	Option
☐	Short-Term Disability	STD Coverage

GOOD TO KNOW

- Short-Term Disability helps protect your income during temporary disabilities.
- Coverage begins after a short waiting period and lasts a defined number of plan provisions and enrollment rules.

STATEMENT OF HEALTH (EVIDENCE OF INSURABILITY)

A Statement of Health (SOH) may be required if you:

- Enroll in Extra Life Insurance for the first time
- Increase your coverage by more than one level
- Elect coverage above the Guaranteed Issue amount

- **Coverage requiring approval is not effective until approved by MetLife.**
- **Completing Open Enrollment does not guarantee approval of coverage requiring a Statement of Health.**

IMPORTANT: Coverage requiring a Statement of Health will not become effective until approved by MetLife. Be sure to complete any requested Evidence of Insurability promptly to avoid delays in coverage.

MetLife

OPEN ENROLLMENT: OCTOBER 13 – 30, 2026 | **BENEFITS EFFECTIVE: JANUARY 1, 2027**

HOW TO: CONFIRM CHANGE(S) FOR UPCOMING YEAR

How to Confirm Change(s):

1. Proceed to **Step 7: Review and Save** to review your 2027 open enrollment benefit elections.
2. Click on the **"SAVE"** button at the top of the portal to finalize changes. It is imperative that you SAVE any enrollments or changes made in steps 4 through 6 so they can be updated to the ESS system.
3. **You will see the message: "Data Saved Successfully."**
   You will receive a confirmation email sent to your county email.

What do you want to do next?

- Print Benefit Elections Summary
- Go to Enrollment
- Go to Benefits Participation Overview

Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage
DENTAL	01/01/2017	Current	Dental DMO	Standard		EE + Family
MEDICAL	01/01/2020	Current	Kaiser	Standard		EE + Family
PRESCRIPTION	08/02/2015	Current	Prescription	Standard		EE + Family
VISION	08/02/2015	Current	Vision	Standard		EE + Family
AD&D	08/01/2017	Current	Accidental Death	10K Coverage	10,000.00 USD	EE + Family
BASIC LIFE	01/01/2020	Current	Basic Life (2 Times Salary)	Current Coverage Amount	133,000.00 USD	EE + Family
EXTRA LIFE	07/22/2020	Current	Extra Life	3X Salary	202,000.00 USD	EE + Family
HEALTH FSA	01/01/2020	Current	Health Care FSA			EE + Family

Once you click **SAVE** in Step 7, Review and Save, your elections are submitted.

Always print your **Benefit Elections Summary** for your records.

Questions?

Contact Benefits@co.pg.md.us or call 301-883-6380.

Congratulations!

You have completed Open Enrollment!

OPEN ENROLLMENT: OCTOBER 13 – 30, 2026 | **BENEFITS EFFECTIVE: JANUARY 1, 2027**



BENEFITS ADMINISTRATION DIVISION

For additional assistance, visit us at:
1400 McCormick Drive, Suite 110
Largo, Maryland 20774
(301) 883-6380
Benefits@pgcmd.gov

OHRM
Office of Human Resources Management