



BENEFITS  
**365**  
PROUDLY SERVING YOU EVERY DAY



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## KNOW YOUR RIGHTS AND RESPONSIBILITIES

To access required notices that outline your rights and responsibilities, visit: [ohrm.mypgc.us](http://ohrm.mypgc.us) or request a printed copy by calling **301-883-6380**.



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 programs, resources, and tools that 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 you 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.



## 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

### ▶ 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.

### ▶ Every Eye Program

Free eye exam offered to retirees and their eligible dependents who are not enrolled in the County's Vision Service Plan. This discount program is designed for eye health.

## 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

### Aflac

- ▶ Supplemental Dental

### Legal Services

- ▶ Legal Resources
- ▶ Legal Shield

If you have questions about eligibility or the enrollment process, contact the **OHRM Benefits Division** by phone (301) 883-6380 or email [benefits@co.pg.md.us](mailto:benefits@co.pg.md.us)

# SURVIVING

## SPOUSE/DEPENDENTS



### **Spouses and Dependents of Retirees**

Spouses and dependents of retirees who are covered under the retiree's health insurance plan(s) will be able to continue their coverage as a surviving spouse or surviving dependent upon the retiree's death. Surviving spouses will be allowed to continue coverage with the County until their death as long as they don't remarry. If the spouse remarries, they and any dependents on the plan will be offered COBRA as their health insurance

coverage with the County will terminate at the end of the month in which they marry. Surviving dependents will be allowed to continue coverage up until the end of the month in which they turn 26 and then will be offered COBRA. Surviving dependents are not allowed to add new dependents to their coverage. All dependent children will be allowed to continue their coverage up until the end of month in which they turn 26. Eligible surviving spouses/dependents will be billed the monthly survivor health insurance premium.



# ENROLLMENT OVERVIEW

Dependent Type	Documents Required
Spouse	Government issued Marriage Certificate <b>AND</b> Current proof of Joint Ownership*. If married in the past 12 months, only Government issued Marriage Certificate is required. Note: Submit a copy of Medicare card if your spouse is enrolled in Medicare.
Newborn Biological Child	Government issued Birth Certificate that includes parents' names <b>AND</b> Social Security Card. Note: Birth Registration Notices are not accepted as dependent documentation.
Biological Child	Government issued Birth Certificate that includes parents' names.
Adopted Child	Amended Government issued Birth Certificate that includes parents' names or Adoption Certificate or Placement Agreement <b>AND</b> Social Security Card.
Stepchild	Government issued Birth Certificate that includes parents' name <b>AND</b> Government issued Marriage Certificate.
Legal Ward	Government issued Birth Certificate, Court Ordered Document of Guardianship, <b>AND</b> Social Security Card.
Disabled Child	Documentation listed above <b>AND</b> Federal Tax Return within last 2 years claiming the child. Note: Disabled Adopted Children cannot verify with a placement agreement or petition.
Children who are the subjects of a Qualified Medical Child Support Order (QMCSO)	Qualified Medical Child Support Order required. This order creates the right of the children to receive health insurance benefits under an employee's or retiree's coverage.

**\* Standard proof of joint ownership includes:**

- Mortgage statement
- Bank statement (bank account verification letter showing active status)
- Active lease agreement
- Homeowners' insurance
- Renters' insurance
- State tax return (within 1 year)
- Credit card statement (includes department stores, and care credit)
- Property tax
- Current-year state tax return listing spouse/partner
- Current-year mortgage interest/mortgage insurance
- Warranty deed
- Auto loans
- Current-year federal tax return listing the spouse

## ELIGIBILITY

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 nor life insurance.

### Dependent Eligibility

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.

### Dependent Verification

To add a dependent, you must complete the **Dependent Verification Form** and submit a copy of your required documentation, as outlined in the chart on the left-hand side of this page, to the OHRM Benefits Division:

▶ **Email:** [Benefits@co.pg.md.us](mailto:Benefits@co.pg.md.us)

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

**All documents must include the employee's name and employee ID number.** If you do not provide the required documentation, your unverified dependents will be dropped from coverage.

### Dependents with Disabilities

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 will be required to provide certification annually for your dependent with a disability. Documentation must be on file prior to the dependent child reaching age 26. A copy of the Medicare Card is required if the dependent with a disability is eligible for Medicare through disability.

### Ineligible Dependents

Dependent children over the age of 26 (unless the dependent has a disability), 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

**Eligible retirees are not held to an Open Enrollment period for benefits and may make changes to their benefits selections at any time.** To enroll in or make a change to your current retiree benefit elections, please complete and submit the Enrollment Change Form to the Benefits Division.

- ▶ **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 Maryland State Retirement System, Deputy Sheriff's Comprehensive Plan, and Correctional Officer's Comprehensive Plan are not eligible to enroll in new benefits 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 to the OHRM Benefits Division.

- ▶ **Email: [Benefits@co.pg.md.us](mailto:Benefits@co.pg.md.us)**
- ▶ **Fax: 301-883-6192**

## IF YOU DON'T ENROLL

If you do not make any changes, your current elections will roll over at 2024 rates effective January 1, 2024.

## DON'T FORGET

Don't forget to update your address! If you have moved or changed contact information, please reach out to OHRM Benefits Division:

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



## KNOW YOUR HEALTH RISKS

EVERYDAY  
**TIPS**

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](https://mycigna.com).
- ▶ Click on "My Health."

### Kaiser Permanente Participants

- ▶ Log into [www.kp.org](https://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:

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

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

## 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.

## 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.

## MYCIGNA: YOUR PERSONAL HEALTH MANAGER

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](https://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



### Estimate costs

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



### ID cards

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



### Wellness programs

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



### Claims

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



### Telehealth

- ▶ Meet with a board-certified doctor by phone or video via MDLIVE
  - [MDLIVEforCigna.com](https://MDLIVEforCigna.com)
  - **888-726-3171**



### Account balances

- ▶ Review plan deductibles and coinsurance

## KAISER PERMANENTE HMO

The Kaiser Permanente 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 Permanente plan, you choose a primary care physician to coordinate your care.

When you participate in the Kaiser Permanente 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.



### 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.



### 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.



### 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.



EVERYDAY

TIPS

## 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**

**MDLIVEforCigna.com**

**888-726-3171**

#### ► Use Video Visits (Kaiser Permanente 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 PPO		Cigna HMO	Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
<b>Calendar Year Deductible</b>				
Employee Only	\$50	\$300	\$50	None
Family	None	\$550	None	None
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b>				
Employee Only	\$2,000	\$2,000	\$2,000	\$3,500
Family	\$4,000	\$4,000	\$4,000	\$9,400
<b>Emergency Services</b>				
Emergency Room/Care (waived if admitted)	\$150 copay/visit AND deductible		\$150 copay/visit AND deductible	\$50 copay/visit
Emergency Medical Transport	No charge		No charge	No charge
Urgent Care	\$35 copay/visit AND deductible		\$35 copay/visit AND deductible	\$15/visit
<b>Mental Health</b>				
Outpatient Care Physician's Office	\$10 copay/visit	80% after deductible	\$10 copay/visit	Individual: \$10/visit; Group: \$5/visit
Inpatient Care	\$250 copay/visit AND deductible	80% after deductible	\$250 copay/visit AND deductible	\$100/admission
<b>Maternity Care</b>				
Office Visits (for mother)	\$35 for initial visit, then 100%	80% after deductible	\$35 for initial visit, then 100%	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 AND deductible	80% after deductible	\$250 copay/admission AND deductible	\$100/admission
<b>Inpatient Services</b>				
Hospital Stay	\$250 copay/admission AND deductible	80% after deductible	\$250 copay/admission AND 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
<b>Outpatient Services</b>				
Primary Care Visit	\$15 copay	80% after deductible	\$15 copay	\$15/visit
Specialist Visit	\$25 copay	80% after deductible	\$25 copay	\$15/visit
Preventive Care	No charge	80% after deductible	No charge	No charge
Diagnostic Test (X-ray, blood work)	No charge	80% after deductible	No charge	No charge

<sup>1</sup> 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.

# ABOUT 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 Medicare-eligible participants supplements Medicare Part A and Part B. You must elect one of the County's supplemental medical plans:

- ▶ Kaiser Permanente 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.

## About Kaiser Permanente Medicare HMO

The Kaiser Permanente Medicare HMO includes prescription benefits. If you elect the Kaiser Permanente Medicare HMO Plan, you must discontinue enrollment in the County's prescription plan. Enrollment in the Kaiser Permanente Medicare HMO Plan will not occur until confirmation is received from Kaiser Permanente that you have completed their packet and have been enrolled.

## Split Eligibility

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

## WHAT YOU NEED TO DO

1. 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.
2. 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 Division:
  - ▶ **Email: [Benefits@co.pg.md.us](mailto:Benefits@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.**

## 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 Division will automatically enroll you in the Medicare Part D plan if you are in a Cigna Plan. The OHRM Benefits 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 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.

To qualify for Extra Help, you must be receiving Medicare, have limited resources and income, and reside in one of the 50 States or the District of Columbia. The Low Income Subsidy (LIS) helps people with Medicare pay for prescription drugs, and lowers the costs of Medicare prescription drug coverage.

**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 Division at **301-883-6380**.

Express Scripts Medicare Part D contact: 1-866-544-6963





# PRESCRIPTION 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.

## MAJOR COST SHIFT FOR NON-UNION RETIREES

Beginning in 2024, non-represented retirees will see a major shift in their cost-share for prescription coverage. Historically, non-represented retirees have paid 75% of the cost of their prescription drug coverage, and the County paid 25%. We are excited to announce that in 2024, non-represented retirees will pay 25% and the County will pay 75% of the cost-share for prescription coverage. Look for this change in January 2024 in your retiree check or your direct bill payment with Voya/ Benefit Strategies.

### Mandatory Generics

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



### Benefits-At-A-Glance

	Express Scripts
<b>Annual Deductible</b>	\$50 per person
<b>Out-of-Pocket Maximum</b>	\$3,850/individual; \$7,700/family
<b>Retail Pharmacy (30-day supply)</b>	
<b>Generic Drug</b>	\$10 copay
<b>Formulary Brand Name Drug</b>	20% coinsurance (\$20 min/\$50 max)
<b>Non-Formulary Brand Name Drug</b>	30% coinsurance (\$40 min/\$50 max)
<b>Home Delivery (90-day supply)</b>	
<b>Formulary Brand Name Drug</b>	20% coinsurance (\$40 min/\$100 max)
<b>Non-Formulary Brand Name Drug</b>	30% coinsurance (\$80 min/\$100 max)
<b>Generic Drug</b>	\$20 copay/\$0 copay for anxiety and depression medications

## 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](http://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 15<sup>th</sup> of the month following your enrollment. If you do not select a PCD using the DMO Form (included at the end of this guide), your benefits and claims may be limited to emergency services only.

### Aetna Dental PPO features

- ▶ No need to choose a PCD
- ▶ No referrals

	Aetna Dental DMO	Aetna Dental PPO (non-participating)
<b>Annual Deductible</b>	None	\$25/individual \$0 family
<b>Annual Benefit Maximum</b>	None	Plan pays \$1,500/person each calendar year
<b>Preventive and Diagnostic Services</b>	Refer to fee schedule <sup>1</sup>	Covered at 100%
<b>Basic Services</b>	Refer to fee schedule <sup>1</sup>	Covered at 100% after deductible
<b>Major Services</b>	Refer to fee schedule <sup>1</sup>	Covered at 50% after deductible
<b>Orthodontia</b>	Refer to fee schedule <sup>1</sup>	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% to 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.

Benefit	Base Coverage with a VSP Provider	Copay	Buy Up Coverage with a VSP Provider	Copay
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10
<b>PRESCRIPTION GLASSES</b>		\$10	<b>PRESCRIPTION GLASSES</b>	\$10
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance \$80 Walmart®/Costco® frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses	<ul style="list-style-type: none"> <li>\$250 allowance for a wide selection of frames</li> <li>\$270 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance \$135 Walmart®/Costco® frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$80 - \$90 \$120 - \$160	<ul style="list-style-type: none"> <li>Progressive lenses</li> <li>Anti-reflective coating</li> <li>Average savings of 35-40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$10
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>DIABETIC EYECARE PLUS PROGRAM</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>	\$20	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>	\$20



# RESOURCES TO HELP YOU

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



Benefit	Contact
<b>Medical</b>	<b>Cigna Member Services</b> 1-800-244-6224 <a href="https://myCigna.com">myCigna.com</a>
	<b>Kaiser Permanente</b> 301-468-6000 or 1-888-225-7202 <a href="https://my.kp.org/princegeorgescountygovernment">my.kp.org/princegeorgescountygovernment</a>
<b>Prescription</b>	<b>Express Scripts</b> 1-800-711-0917 1-866-544-6963 Medicare Part D <a href="https://www.express-scripts.com">www.express-scripts.com</a>
<b>Vision</b>	<b>Vision Services Plan</b> 1-800-877-7195 <a href="https://www.vsp.com">www.vsp.com</a>
<b>Dental</b>	<b>Aetna</b> 1-877-238-6200 <b>DMO:</b> <a href="https://www.aetnadmodental.com">www.aetnadmodental.com</a> <b>PPO:</b> <a href="https://www.aetnappodental.com">www.aetnappodental.com</a>

**Questions? Email: [Benefits@co.pg.md.us](mailto:Benefits@co.pg.md.us)**

## OFFICE OF HUMAN RESOURCES MANAGEMENT (OHRM)

<b>Benefits Division</b> 1400 McCormick Drive Suite 110 Largo, MD 20774  301-883-6380 301-883-6192 (fax)  Monday – Friday 8:30 a.m. – 5:00 p.m., ET	<b>Pensions Division</b> 1400 McCormick Drive Suite 125 Largo, MD 20774  301-883-6390 301-883-6031 (fax)  Monday – Friday 8:30 a.m. – 5:00 p.m., ET
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## OFFICE OF FINANCE

**Payroll**  
1301 McCormick Drive  
Suite 1100  
Largo, MD 20774  
  
301-952-5362

This Retiree Benefits 365 Decision Guide provides you with an overview of your benefit options for 2024. 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 plans at any time, with or without advance notice to participants.

# COST OF COVERAGE

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

Plan	Participant Monthly	County Monthly	Total Monthly
<b>Medical</b>			
<b>Kaiser Permanente</b>			
Individual	\$157.38	\$472.12	\$629.50
Two-Person	\$314.16	\$942.47	\$1,256.63
Family	\$455.26	\$1,365.79	\$1,821.05
One Senior	\$75.15	\$225.45	\$300.60
Two Seniors	\$149.71	\$449.12	\$598.83
Senior + Individuals	\$252.00	\$755.98	\$1,007.98
<b>Cigna HMO</b>			
Individual	\$154.75	\$464.23	\$618.98
Two-Person	\$309.57	\$928.70	\$1,238.27
Family	\$432.88	\$1,298.63	\$1,731.51
One Senior	\$86.51	\$259.53	\$346.04
Two Seniors	\$174.58	\$523.73	\$698.31
Senior + Individuals	\$242.13	\$726.37	\$968.50
<b>Cigna PPO</b>			
Individual	\$242.46	\$565.73	\$808.19
Two-Person	\$489.01	\$1,141.02	\$1,630.03
Family	\$686.77	\$1,602.46	\$2,289.23
One Senior	\$93.53	\$218.24	\$311.77
Two Seniors	\$188.67	\$440.24	\$628.91
Senior + Individuals	\$337.58	\$787.69	\$1,125.27

Plan	Participant Monthly	County Monthly	Total Monthly
<b>Prescription</b>			
Individual	\$32.65	\$185.03	\$217.68
Two-Person	\$65.80	\$372.89	\$438.69
Family	\$84.07	\$476.39	\$560.46
<b>Vision</b>			
<b>VSP Basic Plan</b>			
Individual	\$1.23	\$6.96	\$8.19
Two-Person	\$2.10	\$11.91	\$14.01
Family	\$2.80	\$15.86	\$18.66
<b>VSP Buy-Up Plan</b>			
Individual	\$2.19	\$12.40	\$14.59
Two-Person	\$4.02	\$22.79	\$26.81
Family	\$5.49	\$31.09	\$36.58
<b>Dental</b>			
<b>Aetna Dental DMO</b>			
Individual	\$20.73	N/A	\$20.73
Two-Person	\$32.21	N/A	\$32.21
Family	\$41.00	N/A	\$41.00
<b>Aetna Dental PPO</b>			
Individual	\$40.84	N/A	\$40.84
Two-Person	\$74.66	N/A	\$74.66
Family	\$110.46	N/A	\$110.46

**Note: You must enroll as a senior if you are enrolled in Medicare.**

# COST OF COVERAGE

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

Plan	Participant Monthly	County Monthly	Total Monthly
<b>Medical</b>			
<b>Kaiser Permanente</b>			
Individual	\$138.49	\$491.01	\$629.50
Two-Person	\$276.46	\$980.17	\$1,256.63
Family	\$400.63	\$1,420.42	\$1,821.05
One Senior	\$66.13	\$234.47	\$300.60
Two Seniors	\$131.74	\$467.09	\$598.83
Senior + Individuals	\$221.76	\$786.22	\$1,007.98
<b>Cigna HMO</b>			
Individual	\$136.18	\$482.80	\$618.98
Two-Person	\$272.42	\$965.85	\$1,238.27
Family	\$380.93	\$1,350.58	\$1,731.51
One Senior	\$76.13	\$269.91	\$346.04
Two Seniors	\$153.63	\$544.68	\$698.31
Senior + Individuals	\$213.07	\$755.43	\$968.50
<b>Cigna PPO</b>			
Individual	\$218.21	\$589.98	\$808.19
Two-Person	\$440.11	\$1,189.92	\$1,630.03
Family	\$618.09	\$1,671.14	\$2,289.23
One Senior	\$84.18	\$227.59	\$311.77
Two Seniors	\$169.81	\$459.10	\$628.91
Senior + Individuals	\$303.82	\$821.45	\$1,125.27

Plan	Participant Monthly	County Monthly	Total Monthly
<b>Prescription</b>			
Individual	\$26.12	\$191.56	\$217.68
Two-Person	\$52.64	\$386.05	\$438.69
Family	\$67.26	\$493.20	\$560.46
<b>Vision</b>			
<b>VSP Basic Plan</b>			
Individual	\$0.98	\$7.21	\$8.19
Two-Person	\$1.68	\$12.33	\$14.01
Family	\$2.24	\$16.42	\$18.66
<b>VSP Buy-Up Plan</b>			
Individual	\$1.75	\$12.84	\$14.59
Two-Person	\$3.22	\$23.59	\$26.81
Family	\$4.39	\$32.19	\$36.58
<b>Dental</b>			
<b>Aetna Dental DMO</b>			
Individual	\$20.73	N/A	\$20.73
Two-Person	\$32.21	N/A	\$32.21
Family	\$41.00	N/A	\$41.00
<b>Aetna Dental PPO</b>			
Individual	\$40.84	N/A	\$40.84
Two-Person	\$74.66	N/A	\$74.66
Family	\$110.46	N/A	\$110.46

**Note: You must enroll as a senior if you are enrolled in Medicare.**



# COST OF COVERAGE

SHERIFF RETIREES RETIRED BEFORE 02/01/2018

Plan	Participant Monthly	County Monthly	Total Monthly
<b>Medical</b>			
<b>Kaiser Permanente</b>			
Individual	\$138.49	\$491.01	\$629.50
Two-Person	\$276.46	\$980.17	\$1,256.63
Family	\$400.63	\$1,420.42	\$1,821.05
One Senior	\$66.13	\$234.47	\$300.60
Two Seniors	\$131.74	\$467.09	\$598.83
Senior + Individuals	\$221.76	\$786.22	\$1,007.98
<b>Cigna HMO</b>			
Individual	\$136.18	\$482.80	\$618.98
Two-Person	\$272.42	\$965.85	\$1,238.27
Family	\$380.93	\$1,350.58	\$1,731.51
One Senior	\$76.13	\$269.91	\$346.04
Two Seniors	\$153.63	\$544.68	\$698.31
Senior + Individuals	\$213.07	\$755.43	\$968.50
<b>Cigna PPO</b>			
Individual	\$218.21	\$589.98	\$808.19
Two-Person	\$440.11	\$1,189.92	\$1,630.03
Family	\$618.09	\$1,671.14	\$2,289.23
One Senior	\$84.18	\$227.59	\$311.77
Two Seniors	\$169.81	\$459.10	\$628.91
Senior + Individuals	\$303.82	\$821.45	\$1,125.27

Plan	Participant Monthly	County Monthly	Total Monthly
<b>Prescription</b>			
Individual	\$26.12	\$191.56	\$217.68
Two-Person	\$52.64	\$386.05	\$438.69
Family	\$67.26	\$493.20	\$560.46
<b>Vision</b>			
<b>VSP Basic Plan</b>			
Individual	\$8.19	N/A	\$8.19
Two-Person	\$14.01	N/A	\$14.01
Family	\$18.66	N/A	\$18.66
<b>VSP Buy-Up Plan</b>			
Individual	\$14.59	N/A	\$14.59
Two-Person	\$26.81	N/A	\$26.81
Family	\$36.58	N/A	\$36.58
<b>Dental</b>			
<b>Aetna Dental DMO</b>			
Individual	\$20.73	N/A	\$20.73
Two-Person	\$32.21	N/A	\$32.21
Family	\$41.00	N/A	\$41.00
<b>Aetna Dental PPO</b>			
Individual	\$40.84	N/A	\$40.84
Two-Person	\$74.66	N/A	\$74.66
Family	\$110.46	N/A	\$110.46

**Note: You must enroll as a senior if you are enrolled in Medicare.**

# COST OF COVERAGE

ALL OTHER RETIREES, SURVIVING SPOUSES, AND COBRA\*

Plan	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly*
<b>Medical</b>				
<b>Kaiser Permanente</b>				
Individual	\$157.38	\$472.12	\$629.50	\$642.09
Two-Person	\$314.16	\$942.47	\$1,256.63	\$1,281.76
Family	\$455.26	\$1,365.79	\$1,821.05	\$1,857.47
One Senior	\$75.15	\$225.45	\$300.60	\$306.61
Two Seniors	\$149.71	\$449.12	\$598.83	\$610.81
Senior + Individuals	\$252.00	\$755.98	\$1,007.98	\$1,028.14
<b>Cigna HMO</b>				
Individual	\$154.75	\$464.23	\$618.98	\$631.36
Two-Person	\$309.57	\$928.70	\$1,238.27	\$1,263.04
Family	\$432.88	\$1,298.63	\$1,731.51	\$1,766.14
One Senior	\$86.51	\$259.53	\$346.04	\$352.96
Two Seniors	\$174.58	\$523.73	\$698.31	\$712.28
Senior + Individuals	\$242.13	\$726.37	\$968.50	\$987.87
<b>Cigna PPO</b>				
Individual	\$242.46	\$565.73	\$808.19	\$824.35
Two-Person	\$489.01	\$1,141.02	\$1,630.03	\$1,662.63
Family	\$686.77	\$1,602.46	\$2,289.23	\$2,335.01
One Senior	\$93.53	\$218.24	\$311.77	\$318.01
Two Seniors	\$188.67	\$440.24	\$628.91	\$641.49
Senior + Individuals	\$337.58	\$787.69	\$1,125.27	\$1,147.78

\* COBRA includes an additional 2% administrative fee.

**Note: You must enroll as a senior if you are enrolled in Medicare.**

Plan	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly*
<b>Prescription</b>				
Individual	\$54.42	\$163.26	\$217.68	\$222.03
Two-Person	\$109.67	\$329.02	\$438.69	\$447.46
Family	\$140.12	\$420.34	\$560.46	\$571.67
<b>Vision</b>				
<b>VSP Basic Plan</b>				
Individual	\$8.19	N/A	\$8.19	\$8.35
Two-Person	\$14.01	N/A	\$14.01	\$14.29
Family	\$18.66	N/A	\$18.66	\$19.03
<b>VSP Buy-Up Plan</b>				
Individual	\$14.59	N/A	\$14.59	\$14.88
Two-Person	\$26.81	N/A	\$26.81	\$27.35
Family	\$36.58	N/A	\$36.58	\$37.31
<b>Dental</b>				
<b>Aetna Dental DMO</b>				
Individual	\$20.73	N/A	\$20.73	\$21.14
Two-Person	\$32.21	N/A	\$32.21	\$32.85
Family	\$41.00	N/A	\$41.00	\$41.82
<b>Aetna Dental PPO</b>				
Individual	\$40.84	N/A	\$40.84	\$41.66
Two-Person	\$74.66	N/A	\$74.66	\$76.15
Family	\$110.46	N/A	\$110.46	\$112.67

# COST OF COVERAGE

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

Plan	Participant Monthly	County Monthly	Total Monthly
<b>Medical</b>			
<b>Kaiser Permanente</b>			
Individual	\$157.38	\$472.12	\$629.50
Two-Person	\$314.16	\$942.47	\$1,256.63
Family	\$455.26	\$1,365.79	\$1,821.05
One Senior	\$75.15	\$225.45	\$300.60
Two Seniors	\$149.71	\$449.12	\$598.83
Senior + Individuals	\$252.00	\$755.98	\$1,007.98
<b>Cigna HMO</b>			
Individual	\$154.75	\$464.23	\$618.98
Two-Person	\$309.57	\$928.70	\$1,238.27
Family	\$432.88	\$1,298.63	\$1,731.51
One Senior	\$86.51	\$259.53	\$346.04
Two Seniors	\$174.58	\$523.73	\$698.31
Senior + Individuals	\$242.13	\$726.37	\$968.50
<b>Cigna PPO</b>			
Individual	\$242.46	\$565.73	\$808.19
Two-Person	\$489.01	\$1,141.02	\$1,630.03
Family	\$686.77	\$1,602.46	\$2,289.23
One Senior	\$93.53	\$218.24	\$311.77
Two Seniors	\$188.67	\$440.24	\$628.91
Senior + Individuals	\$337.58	\$787.69	\$1,125.27

Plan	Participant Monthly	County Monthly	Total Monthly
<b>Prescription</b>			
Individual	\$32.65	\$185.03	\$217.68
Two-Person	\$65.80	\$372.89	\$438.69
Family	\$84.07	\$476.39	\$560.46
<b>Vision</b>			
<b>VSP Basic Plan</b>			
Individual	\$1.23	\$6.96	\$8.19
Two-Person	\$2.10	\$11.91	\$14.01
Family	\$2.80	\$15.86	\$18.66
<b>VSP Buy-Up Plan</b>			
Individual	\$2.19	\$12.40	\$14.59
Two-Person	\$4.02	\$22.79	\$26.81
Family	\$5.49	\$31.09	\$36.58
<b>Dental</b>			
<b>Aetna Dental DMO</b>			
Individual	\$20.73	N/A	\$20.73
Two-Person	\$32.21	N/A	\$32.21
Family	\$41.00	N/A	\$41.00
<b>Aetna Dental PPO</b>			
Individual	\$40.84	N/A	\$40.84
Two-Person	\$74.66	N/A	\$74.66
Family	\$110.46	N/A	\$110.46

**Note: You must enroll as a senior if you are enrolled in Medicare.**



# COST OF COVERAGE

SHERIFF RETIREES RETIRING ON OR AFTER 02/01/2018

Plan	Participant Monthly	County Monthly	Total Monthly
<b>Medical</b>			
<b>Kaiser Permanente</b>			
Individual	\$157.38	\$472.12	\$629.50
Two-Person	\$314.16	\$942.47	\$1,256.63
Family	\$455.26	\$1,365.79	\$1,821.05
One Senior	\$75.15	\$225.45	\$300.60
Two Seniors	\$149.71	\$449.12	\$598.83
Senior + Individuals	\$252.00	\$755.98	\$1,007.98
<b>Cigna HMO</b>			
Individual	\$154.75	\$464.23	\$618.98
Two-Person	\$309.57	\$928.70	\$1,238.27
Family	\$432.88	\$1,298.63	\$1,731.51
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Individual	\$242.46	\$565.73	\$808.19
Two-Person	\$489.01	\$1,141.02	\$1,630.03
Family	\$686.77	\$1,602.46	\$2,289.23
One Senior	\$93.53	\$218.24	\$311.77
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Plan	Participant Monthly	County Monthly	Total Monthly
<b>Prescription</b>			
Individual	\$32.65	\$185.03	\$217.68
Two-Person	\$65.80	\$372.89	\$438.69
Family	\$84.07	\$476.39	\$560.46
<b>Vision</b>			
<b>VSP Basic Plan</b>			
Individual	\$8.19	N/A	\$8.19
Two-Person	\$14.01	N/A	\$14.01
Family	\$18.66	N/A	\$18.66
<b>VSP Buy-Up Plan</b>			
Individual	\$14.59	N/A	\$14.59
Two-Person	\$26.81	N/A	\$26.81
Family	\$36.58	N/A	\$36.58
<b>Dental</b>			
<b>Aetna Dental DMO</b>			
Individual	\$20.73	N/A	\$20.73
Two-Person	\$32.21	N/A	\$32.21
Family	\$41.00	N/A	\$41.00
<b>Aetna Dental PPO</b>			
Individual	\$40.84	N/A	\$40.84
Two-Person	\$74.66	N/A	\$74.66
Family	\$110.46	N/A	\$110.46

**Note: You must enroll as a senior if you are enrolled in Medicare.**



PRINCE GEORGE'S COUNTY GOVERNMENT  
 BENEFITS ADMINISTRATION DIVISION  
 1400 MCCORMICK DRIVE, SUITE 110, LARGO, MARYLAND 20774  
 PHONE: 301-883-6380 BENEFITS@CO.PG.MD.US FAX: 301-883-6192



**FOR OFFICE USE ONLY**  
 Transmitted: \_\_\_\_\_  
 Entered: \_\_\_\_\_

**ENROLLMENT/CHANGE FORM – RETIREE/COBRA/SURVIVING SPOUSE**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 STREET: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_  
 PHONE: WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ GENDER: M or F

Status	Activity Requested	Reason – Change in Family Status
<input type="checkbox"/> Retired MSRS <input type="checkbox"/> Retired Police Officer <input type="checkbox"/> Retired Fire Fighter, Paramedic, ERT <input type="checkbox"/> Retired Correctional Officer <input type="checkbox"/> Retired Deputy Sheriff  <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Surviving Dependent <input type="checkbox"/> COBRA <input type="checkbox"/> Assessor <input type="checkbox"/> Judge <input type="checkbox"/> Other	<input type="checkbox"/> Enroll Self <input type="checkbox"/> Enroll Spouse <input type="checkbox"/> Enroll Dependent(s) <input type="checkbox"/> Reinstate Coverage <input type="checkbox"/> Remove Spouse <input type="checkbox"/> Remove Dependent(s) <input type="checkbox"/> Switch to New Plan <input type="checkbox"/> Other: _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Medicare <input type="checkbox"/> Relocate In/Out of Area <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Birth of Child <input type="checkbox"/> Adoption or Permanent Legal Guardianship of Child Date of Event: _____

Attach documentation (i.e. Marriage License, Divorce Decree, etc.). Submit copy of Birth Certificate as soon as received.

Medical Coverage	Dental Coverage	Prescription	Vision
<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage  <input type="checkbox"/> One Senior <input type="checkbox"/> Two Seniors <input type="checkbox"/> Individual plus Senior	<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage	<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage	Base Plan <input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage  Buy-Up Plan <input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage

Name of Medical Plan: \_\_\_\_\_  
 HMO  
 PPO  
 Primary Care Physician (PCP): \_\_\_\_\_

Dental DMO  
 Dental DMO (Aetna Form must also be Completed for Dentist Selection).  
 Dental PPO

Other Health Coverage: Must be completed if you or your dependents have other coverage.  
 Name of Carrier: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

DEPENDENTS	SS#	RELATION	CIRCLE COVERAGE	PRIMARY CARE PHYSICIAN	BIRTH DATE	CIRCLE ONE
1. _____	_____	Spouse	MED RX VIS DEN	_____	_____	ADD DROP
2. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP
3. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP
4. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP

**EXPLAIN BENEFIT CHANGES (if needed):** \_\_\_\_\_  
 If enrolled in Kaiser Medical HMO or the Dental DMO, you and your dependents must select a Center/Dentist. If you have any questions concerning your benefits and services either provided or excluded under your choice of health plan, please contact the Member Services Department of that health plan before signing this application below.

By signing this form, I understand that I cannot make changes during the plan year unless there is a family status change and I complete a benefits form within 30 days of the event. Rules for the plan changes will vary depending on my status. This form authorizes any licensed physician, hospital or health care provider to furnish my health plan with such medical information about myself and any eligible dependent as needed. I understand that my coverage and benefits may be adversely affected by my failure to provide complete and accurate information.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



**AETNA DMO DENTAL PLAN PRIMARY CARE DENTIST (PCD) ELECTION FORM  
 ACTIVE EMPLOYEE / RETIREE**

**STEP 1:** Please PRINT or TYPE when you complete this form.

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ EFFECTIVE DATE OF COVERAGE: \_\_\_\_\_  
 STREET: \_\_\_\_\_ PHONE-WORK-HOME: \_\_\_\_\_  
 CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DEPT: \_\_\_\_\_  
 REASON:  Open Enrollment  
 New Employee Hire Date: \_\_\_\_\_  
 Family Status Change Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

**STEP 2:** Complete this section for you and the dependent(s) you are adding to the DMO dental plan as of the above effective date. **If you fail to select a Primary Care Dentist, it will result in you not being able to utilize the DMO dental plan benefits on or after the effective date of your coverage.**

FULL NAME (PRINT)		Relationship	Sex	Social Security No.	DOB	Primary Care Dentist	Office ID #
First	Middle Initial						
		SELF					
		SPOUSE					

**STEP 3:** You must complete this section with the Primary Care Dentist's address.

STREET: \_\_\_\_\_  
 CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**STEP 4:** Read the statement below and sign your name.

By signing this form, I understand that my Aetna DMO dental plan premiums will be deducted on a pre-tax basis. No changes can be made to my dental plan enrollment during the plan year unless there is a family status change and I complete a benefits form **within 30 days** of the event. This form authorizes any licensed physician, hospital, or healthcare provider to furnish my health plan with such medical information about myself and any eligible dependent, as needed. I understand that my coverage and benefits may be adversely affected by my failure to provide complete and accurate information.

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_



Prince George's County Government  
Office of Human Resource Management  
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