



*A Guide to Your 2021*  
**Active Employee Benefits**

# CONTENTS

ELIGIBILITY.....3

DEPENDENTS.....3

AGE LIMITS..... 4

COVERAGE EFFECTIVE DATE FOR ELIGIBLE EMPLOYEES/DEPENDENTS..... 4

CHANGES TO BENEFITS COVERAGE DUE TO QUALIFYING EVENT..... 4

MEDICAL.....5-10

PRESCRIPTION.....11-12

DENTAL..... 13-15

VISION..... 16-17

FLEXIBLE SPENDING ACCOUNTS..... 18

BASIC TERM LIFE INSURANCE..... 19

ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE..... 19

VOLUNTARY SUPPLEMENTAL LIFE INSURANCE..... 19

VOLUNTARY WHOLE LIFE INSURANCE WITH OPTIONAL LONG-TERM CARE RIDER  
AND ACCIDENT COVERAGE..... 20

COUNSELING AND SUPPORT SERVICES..... 20

VOLUNTARY CRITICAL ILLNESS COVERAGE..... 21

VOLUNTARY ACCIDENT INSURANCE..... 22

VOLUNTARY SHORT-TERM DISABILITY..... 24

VOLUNTARY LONG-TERM DISABILITY..... 25

LEGALSHIELD PLAN..... 26

IDSHIELD PLAN..... 26

ANNUAL BENEFIT COSTS..... 27

KEY CONTACT INFORMATION..... 31

## PLAN YEAR: JANUARY 1, 2021 – DECEMBER 31, 2021

The purpose of this Benefits Enrollment Guide is to give you basic information about your benefits options and how to enroll for coverage or make changes to existing coverage. This guide is only a summary of your choices and does not fully describe each benefit option. Please refer to your Certificates of Coverage provided by your health plan carriers for important additional information about the plans. Every effort has been made to make the information accurate; however, in the case of any discrepancy, the provisions of the legal documents will govern.

## ELIGIBILITY

All Active Employees regularly scheduled to work 17.5 hours or more per week are eligible for benefits. Food Service Workers regularly scheduled to work at least 15 hours per week are eligible for benefits.

All new-hires must enroll in benefits within 30 days of date of hire. If you do not enroll in benefits within 30 days of hire date, you will have to wait until the next open enrollment to enroll in benefits unless a qualifying event occurs.

An Employee on an authorized leave-of-absence, as required by the Family and Medical Leave Act (FMLA) of 1993, shall be classified as eligible. The Employer will continue to pay its share of the premium as long as the Employee is on FMLA leave.

If an Employee qualifies as both an Employee and a Dependent, such person may be covered as an Employee or Dependent, but not as both. If both husband and wife are Employees, their children will be covered as Dependents of the husband or wife, but not of both.

## DEPENDENTS

### ELIGIBLE DEPENDENTS ARE:

- a. A Spouse under a legal marriage recognized by the state of Maryland or other state in the U.S.;
- b. An unmarried/married Dependent child regardless of student status until the end of the birth month in which he or she reaches age 26;
- c. An unmarried/married Dependent child who is incapable of self-support because of mental retardation, mental illness, or physical incapacity that began before the child reached age 26. Proof of incapacity must be received by HCPSS within 30 days after coverage would otherwise terminate. Additional proof of disability may be required from time to time;
- d. Any child of a Employee who does not qualify as a Dependent under subsections b and c, solely because the child is not primarily dependent upon the Employee for support so long as over half of the support of the child is received by the child from the Employee pursuant to a multiple support agreement.

A Spouse or child in the armed forces of any country is not eligible for coverage.

### THE TERM “DEPENDENT CHILD” MEANS ANY OF A PARTICIPANT’S:

- a. Biological children;
- b. Legally adopted children or children placed in the Employee’s home pending final adoption;
- c. Stepchildren who permanently reside in the Employee’s household and are Dependent on the Employee for more than half of his or her support;
- d. Foster children (provided the foster child is not a ward of the state);
- e. Children who are under the legal guardianship of the Employee;
- f. Children for whom the Employee is required to provide health care coverage under a recognized Qualified Medical Child Support Order

### DEPENDENT ELIGIBILITY VERIFICATION

Employees who add new dependents to their health benefits plans during the open enrollment period and throughout the benefits calendar year as a result of a qualifying event, will be required to provide verification of their newly enrolled dependent(s). The verification of eligible dependent(s) will be conducted by Bolton Partners, Inc., an independent third party that specializes in dependent verification. You will receive an information packet in the mail with instructions on how to submit verification documents.

## AGE LIMITS

Dependent children are covered through the end of the birth month until age 26 for all medical, pharmacy, dental, and vision plans, unless disabled (certification required).

## COVERAGE EFFECTIVE DATE FOR ELIGIBLE EMPLOYEES/ DEPENDENTS

Coverage is effective on the first of the month following the benefits eligibility date.

## CHANGES TO BENEFITS COVERAGE DUE TO A QUALIFYING EVENT

An Employee may request to change his/her election if eligible during the Plan Year when any of the following changes occur due to a qualifying event, within 30 days of qualifying event.

- A change in employment status, including termination or commencement of employment of the Employee, Spouse, or Dependent;
- The Employee or Spouse has a significant change in health coverage attributable to the Spouse's employment;
- A reduction or increase in hours of employment by the Employee, Spouse, or Dependent, including a switch between part-time and full-time, if eligible, or commencement or return from an unpaid leave of absence;
- A change in legal marital status, including marriage, death of Spouse, divorce, legal separation, or annulment;
- A change in the number of Dependents, including birth, adoption, placement for adoption, or death of a Dependent;
- Your Dependent satisfies or ceases to satisfy the requirements for unmarried/married Dependents, due to attainment of age, or any similar circumstances as provided in the health plan under which the Employee receives coverage;
- A change in employment of the Employee, Spouse, or Dependent;
- You or your dependent(s) move to a new residence outside Maryland that is not included in your current plan's coverage area. Employee and their dependents must be enrolled under one plan;
- A judgment, decree or order resulting from a divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order) that requires health coverage for an Employee's child. The Employee can change his election to provide coverage for the child if the order requires coverage under the Employee's plan; or the Employee can make an election change to cancel coverage for the child if the order requires the former Spouse to provide coverage;
- Eligibility for Medicaid.

### IMPORTANT NOTE:

Employees must make changes to existing coverage(s) or enroll in benefits due to a Qualifying Event on Workday, within 30 days of the Qualifying Event date. Proof of Qualifying Event must be uploaded on Workday.

# MEDICAL BENEFITS

HCPSS offers you a choice of three medical plans. Aetna Open Choice PPO, Open Access Aetna Select HMO, and BlueChoice HMO Open Access.

## COVERAGE(S) OFFERED THROUGH AETNA

### AETNA OPEN CHOICE PPO

Aetna's Open Choice PPO, a PPO Plan that provides access to a nationwide network of health care providers. You can receive care within the network and pay less for your care, or you can choose to receive care outside the network and still receive benefits, but at a lower level.

### OPEN ACCESS AETNA SELECT HMO

Aetna's Open Access HMO, an HMO Plan with a nationwide network of health care providers. There's no requirement to choose a PCP or obtain referrals for specialty care. You must use a network provider.

### *A Few Plan Highlights*

#### TELADOC

Teladoc offers the Aetna members the ability to consult with a national network of U.S. board-certified family practitioners, PCPs, pediatricians and internists to diagnose, recommend treatment, and write short-term prescriptions for non-controlled substances, when necessary 24 hours, 7 days a week. Consultations are available by telephone as well as by online video (PCP copay will apply) using [Teladoc.com](https://www.teladoc.com) or through the Teladoc Member mobile app. Teladoc can provide effective resolution to a wide range of common and routine illnesses as an option to receive urgent care services. Some of the more common illnesses that Teladoc handles are Allergies, Bronchitis, Ear Infection, Nasal congestion, and Urinary Tract infection.

#### DISCOUNTS ON HEARING AIDS AND VISION SERVICES FROM AETNA

Aetna members are eligible to receive a discount from Hearing Care Solutions and Amplifon on hearing aids, exams, repairs and materials.

Aetna's Vision<sup>SM</sup> discount program provides discounts on designer frames, the latest in lens technology, non-disposable contact lenses, sunglasses, eye exams, and LASIK laser eye surgery.

For more detailed information regarding hearing aid discounts and vision discounts, log in to your member website at <https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020>.

#### MANAGE A HEALTH CONDITION WITH AETNA HEALTH CONNECTIONS<sup>SM</sup> DISEASE MANAGEMENT PROGRAM

Our disease management program supports over 35 conditions such as diabetes, heart disease, asthma and low back pain. Let us be the coach in your corner and try one of our online programs or one on one discussions with a nurse.

#### CALL OUR INFORMED HEALTH LINE

Get answers to health questions anytime, day or night. You can talk with a registered nurse, 24 hours a day, toll free. While only your doctors can diagnose, prescribe, or give medical advice, our nurses can discuss a wide variety of health and wellness topics.

#### HABILITATIVE THERAPY

Habilitative Therapy (Physical, Speech and Occupational therapy) is covered under both the Aetna PPO and HMO plans. Habilitation therapy services are services defined as those that help you keep, learn, or improve skills and functioning for daily living (e.g., therapy for a child who isn't walking or talking at the expected age). These services are provided with a diagnosis of developmental delay or autism for children.

## COVERAGE THROUGH CAREFIRST BLUECROSS BLUESHIELD

### BLUECHOICE HMO OPEN ACCESS

BlueChoice HMO Open Access, an HMO Plan with no referrals required. Provides access to more than 37,000 providers, specialist and hospitals in the Maryland, Washington, D.C., and Northern Virginia areas. You must choose a primary care provider, but you are not required to obtain referrals to see a specialist.

### *A Few Plan Highlights*

#### CAREFIRST BLUECROSS BLUESHIELD VIDEO VISIT

CareFirst BlueCross BlueShield Video Visit allows you and your family members to connect with a doctor whenever and wherever you want—without an appointment! Video Visit is perfect when your primary care provider (PCP) isn't available or if you don't have a PCP. You can utilize Video Visit from your computer, tablet or smartphone for health concerns including bronchitis, cough/sore throat, sinus infection, fever, cold/flu, headache, sprains/strains, and more. You can access the Video Visit platform from the CareFirst member website at [www.carefirst.com/needcare](http://www.carefirst.com/needcare). You can also download the CareFirst Video Visit app (iTunes and Android) to see a doctor on their smartphone or tablet. Before the first visit, you will need to register for an account. Upon successful registration, you will receive a welcome email with instructions on how to schedule a visit.

#### CAREFIRST BLUECROSS BLUESHIELD BLUE365®

With the Blue365 wellness discount program, CareFirst members receive discounts on various items such as items through Reebok, Jenny Craig and various gym memberships. To take advantage of Blue365, register at [www.carefirst.com/wellnessdiscounts](http://www.carefirst.com/wellnessdiscounts). Have your CareFirst member ID card handy.

You are also eligible to receive vision discounts through Eye Med and discounts on hearing relating items through TruHearing.

**Schedule of Benefits for Aetna Open Choice PPO**

	AETNA PPO In-Network	AETNA PPO Out-of-Network
<b>BENEFITS</b>		
Calendar Year Deductible	\$0 Ind. / \$0 Fam.	\$100 Ind. / \$300 Fam.
Calendar Year Out-of-Pocket Maximum	\$500 Ind. / \$1,500 Fam. <i>(includes copays)</i>	\$1,000 Ind. / \$3,000 Fam. <i>(includes copays &amp; deductibles)</i>
Coinsurance	100%	Unlimited
Lifetime Maximum	Unlimited	Unlimited
<b>PROFESSIONAL SERVICES</b>		
Primary Care Office Visit	\$15 copay	80% after deductible
Specialist Office Visit	\$20 copay	80% after deductible
Gynecology Office Visit	\$0 copay <i>(well women visit)</i> \$20 copay <i>(all other visits)</i>	80% after deductible
Diagnostic Tests	Included with PCP or Specialist copayment	80% after deductible
Diagnostic Tests <i>(performed by lab or other testing facility &amp; billed separately from office visit)</i>	100%	80% after deductible
Physical Therapy Office Visit	100% <i>(120 visits combined with Occupational Therapy)</i>	80% after deductible <i>(120 visits combined with Occupational Therapy)</i>
Occupational Therapy Office Visit	100% <i>(120 visits combined with Physical Therapy)</i>	80% after deductible <i>(120 visits combined with Physical Therapy)</i>
Speech Therapy Office Visit	100% no copay <i>(maximum 60 visits)</i>	80% after deductible <i>(maximum 60 visits)</i>
Habilitative Therapy <i>(Physical, Speech, Occupational)</i>	100% no copay	80% after deductible
<b>PREVENTIVE CARE</b>		
Well Child Visit/Immunization	100% no copay	80% after deductible
Routine Adult Physical	100% no copay	80% after deductible
Routine Gynecological Exam <i>(one exam per calendar year)</i>	100% no copay	80% after deductible
Routine Pap Smear <i>(one exam per calendar year)</i>	100% when included with routine GYN exam	80% after deductible when included with routine GYN exam
Routine Mammogram	100% <i>(Baseline between ages 35-39. One per calendar year age 40 &amp; over)</i>	80% after deductible <i>(Baseline between ages 35-39. One per calendar year age 40 &amp; over)</i>

**Schedule of Benefits for Aetna Open Choice PPO**

	<b>AETNA PPO In-Network</b>	<b>AETNA PPO* Out-of-Network</b>
<b>INPATIENT HOSPITAL CARE</b>		
Room and Board <i>(Pre-Authorization required)</i>	100%	80% after deductible
Physician/Surgical Services	100%	80% after deductible
Intensive Care Unit/ Critical Care Unit	100%	80% after deductible
Maternity/Nursing/ Birthing Center	100%	80% after deductible
<b>OUTPATIENT HOSPITAL CARE</b>		
Surgical/Anesthesia Services	100%	80% after deductible
Outpatient Diagnostic Services	100%	80% after deductible
<b>MATERNITY SERVICES</b>		
1 <sup>st</sup> Prenatal Visit	100% after copay	80% after deductible
Pre and Postnatal Care and Delivery	100%	80% after deductible
Routine Nursery Care	100%	80% after deductible
<b>MEDICAL EMERGENCIES</b> <i>(Use of ER)</i>		
Emergency Room	100% after \$50 ER copay <i>(waived if admitted)</i>	100% after \$50 ER copay <i>(waived if admitted)</i>
Urgent Care Center	100% after \$25 copay	80% after deductible
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b> <i>(Pre-Authorization required for inpatient only)</i>		
Mental Health Inpatient	100%	80% after deductible
Mental Health Outpatient	\$20 copay	80% after deductible
Substance Abuse Inpatient	100%	80% after deductible
Substance Abuse Outpatient	\$20 copay	80% after deductible

*Percentage refers to allowed amount.*

*The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.*

**Important Note:**

Effective January 1, 2020, the medical plans offered by HCPSS will no longer be grandfathered under the Affordable Care Act (ACA). Therefore, routine preventive care services will be covered under the CareFirst and Aetna medical plans without a copay. To review a list of covered preventive care services, please visit [www.carefirst.com/hcps](http://www.carefirst.com/hcps) or [www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020](http://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020).



**Schedule of Benefits for Open Access Aetna Select HMO and Blue Choice HMO Plans**

	<b>OPEN ACCESS AETNA SELECT HMO</b> Nationwide In-Network Only	<b>BLUECHOICE HMO*</b> Regional In-Network Only (MD, DC, & N. VA)
<b>BENEFITS</b>		
Calendar Year Deductible	\$0 Ind. / \$0 Fam.	\$0 Ind. / \$0 Fam.
Calendar Year Out-of-Pocket Maximum	\$2,000 Ind. / \$6,000 Fam. <i>(includes copays)</i>	\$2,000 Ind. / \$6,000 Fam.
Coinsurance	100%	100%
Lifetime Maximum	None	None
<b>PROFESSIONAL SERVICES</b>		
Primary Care Office Visit	\$10 copay	\$10 copay
Specialist Office Visit	\$15 copay	\$15 copay
Gynecology Office Visit	\$0 copay <i>(well women visit)</i> \$15 copay <i>(all other visits)</i>	\$0 copay <i>(well women visit)</i> \$15 copay <i>(all other visits)</i>
Diagnostic Tests	Included with PCP or Specialist copayment	100% after copay
Diagnostic Tests <i>(performed by lab or other testing facility &amp; billed separately from office visit)</i>	100%	100%
Physical Therapy Office Visit	100% after copay <i>(120 visits combined with Occupational Therapy)</i>	100% after copay <i>(30 visits/condition/year/combined with OT/ST)</i>
Occupational Therapy Office Visit	100% after copay <i>(120 visits combined with Physical Therapy)</i>	100% after copay <i>(30 visits/condition/year/combined with OT/ST)</i>
Speech Therapy Office Visit	100% after copay <i>(maximum 60 visits)</i>	100% after copay <i>(30 visits/condition/year/combined with OT/ST)</i>
Habilitative Therapy <i>(Physical, Speech, Occupational)</i>	100% after copay	100% after copay
<b>PREVENTIVE CARE</b>		
Well Child Visit/Immunization	100% no copay	100% no copay
Routine Adult Physical	100% no copay	100% no copay
Routine Gynecological Exam <i>(one exam per calendar year)</i>	100% no copay	100% no copay
Routine Pap Smear <i>(one exam per calendar year)</i>	100% when included with routine GYN exam	100% when included with routine GYN exam
Routine Mammogram	\$10 copay <i>(Baseline between ages 35-39. One per calendar year age 40 &amp; over)</i>	100% unlimited visits

**Schedule of Benefits for Open Access Aetna Select HMO and Blue Choice HMO Plans**

	<b>OPEN ACCESS AETNA SELECT HMO</b> Nationwide In-Network Only	<b>BLUECHOICE HMO*</b> Regional In-Network Only (MD, DC, & N. VA)
<b>INPATIENT HOSPITAL CARE</b>		
Room and Board <i>(Pre-Authorization required)</i>	100%	100%
Physician/Surgical Services	100%	100%
Intensive Care Unit/ Critical Care Unit	100%	100%
Maternity/Nursing/ Birthing Center	100%	100%
<b>OUTPATIENT HOSPITAL CARE</b>		
Surgical/Anesthesia Services	100%	100%
Outpatient Diagnostic Services	100%	100%
<b>MATERNITY SERVICES</b>		
1 <sup>st</sup> Prenatal Visit	100% after copay	100% after copay for routine visits
Pre and Postnatal Care and Delivery	100%	100%
Routine Nursery Care	100%	100%
<b>MEDICAL EMERGENCIES</b> <i>(Use of ER)</i>		
Emergency Room	100% after \$50 ER copay <i>(waived if admitted)</i>	100% after \$50 ER copay <i>(waived if admitted)</i>
Urgent Care Center	100% after \$15 copay	100% after \$15 copay
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b> <i>(Pre-Authorization required for inpatient only)</i>		
Mental Health Inpatient	100%	100%
Mental Health Outpatient	\$15 copay	\$15 copay
Substance Abuse Inpatient	100%	100%
Substance Abuse Outpatient	\$15 copay	\$15 copay

*Percentage refers to allowed amount.*

*The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.*

# PRESCRIPTION DRUG BENEFITS

	PPO Prescription Drug Program**	HMO Prescription Drug Program**
<b>IN-NETWORK* PHARMACY</b> Up to a 30-day supply	\$10 Generic / \$20 Preferred Brand Name \$35 Non-Preferred Brand Name**	\$5 Generic / \$10 Preferred Brand Name \$25 Non-Preferred Brand Name**
<b>SMART90 PARTICIPATING PHARMACY**</b> Up to a 90-day supply**	\$20 Generic / \$40 Preferred Brand Name \$70 Non-Preferred Brand Name**	\$10 Generic / \$20 Preferred Brand Name \$50 Non-Preferred Brand Name**
<b>EXPRESS SCRIPTS PHARMACY</b> (Mail Order - Voluntary) Up to a 90-day supply**	\$20 Generic / \$40 Preferred Brand Name \$70 Non-Preferred Brand Name**	\$10 Generic / \$20 Preferred Brand Name \$50 Non-Preferred Brand Name**
<b>ROUTINE PREVENTIVE SERVICES</b>	\$0	\$0
<b>OUT-OF-POCKET</b>	\$3,000 Individual/\$6,000 Family	\$3,000 Individual/\$6,000 Family

\*To receive the in-network level of benefits, you must use a pharmacy in the Express Scripts network. \*\*A 90-day supply may also be purchased at a SMART90 pharmacy for eligible maintenance medications. The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

## HOME DELIVERY FROM THE EXPRESS SCRIPTS PHARMACY<sup>SM</sup>

By having your long-term medicine delivered, you'll get up to a 90-day supply for just two times a 30-day supply copay and shipping is free. You can refill by phone, online, with our app or sign up for our automatic refill program and we'll send your medicine to you when it's time.

To get started, call Express Scripts at the toll free number on the back of your member ID card, or sign in at [www.express-scripts.com](http://www.express-scripts.com). Register if it's your first visit. Just have your member ID or SSN handy).

### IF YOU HAVE A NEW PRESCRIPTION

**Get started by:**

- Contacting your doctor to request a 90-day prescription that he or she can ePrescribe directly to Express Scripts or print a form by selecting "Forms" or "Forms & Cards" from the menu under 'Benefits,' print a mail order form and follow the mailing instructions.
- Or call us and we'll contact your doctor for you.

Please allow 10 to 14 days for your first prescription order to be shipped.

### IF YOU HAVE A PRESCRIPTION

- Check Order Status online or using our app to view details and track shipping.
- Transfer retail prescriptions to home delivery. Just click Add to Cart for eligible prescriptions and check out. We'll contact your provider on your behalf and take care of the rest. Check Order Status to track your order.

**Refill and Renew Prescriptions for yourself and your family while online or while using our app. Just click Add to Cart for eligible prescriptions and check out. We'll contact your provider on your behalf, if renewals included, and take care of the rest.**

## PRESCRIPTION PROGRAMS

### SMART90

The Express Scripts SMART90 network provides members access to 90-day medications used to treat ongoing conditions at a select network of participating retail pharmacies. You still have access to retail pharmacies for 30-day supply medications. While you are not required to transition pharmacies, access to a 90-day fill is limited to participating pharmacies. To verify if your pharmacy allows a 90-day fill, please call Express Scripts member services at (877) 866-5859, or go to [www.Express-Scripts.com](http://www.Express-Scripts.com) to find a participating SMART90 pharmacy. To find out more information regarding the SMART90 program go to [www.hcpss.org/employees/benefits](http://www.hcpss.org/employees/benefits).

### ADVANCED UTILIZATION MANAGEMENT (AUM)

Express Scripts clinical review criteria requires that certain medications be subject to a clinical review prior to dispensing. Your physician should call Express Scripts at 800.417.1764 to arrange a review prior to a refill of any of these medications.

### MANDATORY GENERICS (DAW2)

If you choose a brand when a generic equivalent is available for a prescription that does not state Dispense as Written (DAW), you will pay your brand copayment plus the difference in cost between the brand name drug and the generic drug. If you use brands, you may want to ask your doctor whether generics are available and right for you. You can also see if there is a generic drug available for a brand name drug you take. Register or log in anytime at [www.Express-Scripts.com](http://www.Express-Scripts.com) and choose Price a Medication from the menu under Prescriptions. Enter your drug name and click Search.

### VACCINE COVERAGE

Howard County's pharmacy benefit includes coverage of common vaccines, such as, flu, shingles, or measles at the retail pharmacy. Contact your network pharmacy in advance to inquire about vaccine availability, age restrictions, and current vaccination schedules. You can also log in at [www.Express-Scripts.com](http://www.Express-Scripts.com) and click Prescriptions, and then Find a Pharmacy.

# DENTAL BENEFITS

## DENTAL PLAN CARRIER CHANGES FOR PLAN YEAR 2021:

As a result of the competitive bidding process, effective January 1, 2021 the dental plan contracts have been awarded to two new carriers. The new Dental PPO plan will now be offered through CIGNA, and the new Dental Maintenance Organization (DMO) plan will be offered through Aetna.

## COVERAGE(S) OFFERED THROUGH AETNA

### AETNA DMO

Aetna DMO is a dental maintenance organization (DMO). Aetna DMO offers a list of participating dentists for your care. It is important that you review your choices of Primary Care Dentist (PCD) in your area to make sure that this is the right plan for your dental needs. A PCD selection will not be mandatory during enrollment process. However, in order to use your DMO benefits a PCD is required. Once you enroll, Aetna will send you a “Welcome Kit” in the mail The Welcome Kit will include a reminder of the mandatory PCD election and a sample ID card. Once the Welcome Kit is received, employees should call the Aetna Customer Service line at 877-238-6200 Monday through Friday 8:00am to 6:00pm or login to the member website at <https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020> to select your PCD and/or for additional assistance. Once a PCD is elected from the Aetna network, employees can set-up a dentist appointment to see their provider. There is no deductible to meet, no annual dollar maximums, and no claim forms for you to file.

**Your selection of PCD must be made prior to the 15th of the month, in order to take effect the first of the next month.**

The Aetna DMO fee schedule is listed below. To view complete AETNA DMO Patient charge schedule for dental services go to [www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020](http://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020).

BENEFITS	Aetna DMO In-Network Only
Deductible	\$0
Maximum Benefit per Calendar Year	Unlimited
<b>PROFESSIONAL SERVICES</b>	<b>Plan Pays</b>
Preventive Care (Exams, Cleanings & X-rays)	100%*
Restorative Fillings	Copays for covered procedures range from \$22- \$80*
Crowns and Bridges	Copays for covered procedures range from \$375- \$513*
Endodontic (Root Canals)	Copays for covered procedures range from \$100- \$485*
Periodontics	Copays for covered procedures range from \$60- \$445*
Prosthetics	Copays for covered procedures range from \$257- \$719*
Orthodontics	\$3000 for 24 month standard fully banded case* * Must be a licensed orthodontist *Extra charges may apply for Invisalign
Emergency Care	24/7 coverage Please obtain care from your PCD or if unable to do so please contact member services for assistance

To view Aetna DMO patient charge schedule for dental services, go to [www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020](http://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020). The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

DISCOUNTS FOR HEALTHY LIVING THROUGH AETNA

Aetna dental members can make the most of their plan by taking advantage of several discounts and services to promote healthy living. These services include fitness and health coaches, activity trackers and blood pressure monitors, hearing aids, nutritional services and acupuncture, oral care products and kits, vision discounts, weight management programs and meal plans, and much more. For further information, visit your member website <https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020>.

**COVERAGE(S) OFFERED THROUGH CIGNA**

CIGNA PPO

CIGNA PPO allows eligible employees the freedom to visit any licensed dentist, but you will maximize plan value by taking advantage of our large nationwide network. CIGNA PPO dentists generally offer the lowest contracted rates and greatest cost savings.

	CIGNA PPO In-Network & Out-of-Network
<b>BENEFITS &amp; COVERED SERVICES</b>	
Diagnostic & Preventive Benefits <i>(Oral Examinations, Routine Cleanings, X-rays, Fluoride treatment, Space Maintainers, Sealants)</i>	100%
Calendar Year Deductible	\$25 Ind/ \$75 Fam
PPO Annual Maximum	\$2,000
<b>BASIC BENEFITS</b>	
Endodontics <i>(Root Canals)</i>	80%
Periodontics <i>(Gum Treatment)</i>	80%
Oral Surgery <i>(Incisions, Excisions, Surgical Removal of Tooth including Simple Extractions)</i>	80%
Major Benefits <i>(Inlays, Onlays and Cast Restorations)</i>	50%
Fillings	90%
Prosthodontics <i>(Bridges, Dentures, Implants)</i>	50%
Crowns	60%
Orthodontic Benefit <i>(Children only to the end of the month they reach age 19)</i>	50%
Orthodontic Maximum	\$1,200 Lifetime
Other – Denture Repair	Services covered at 80%

*For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule. For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Allowable Charge. The dentist may balance bill up to their usual fees.*

*The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.*

### DISCOUNTS ON HEARING AIDS AND LASIK SERVICES FROM CIGNA

CIGNA Dental members are eligible to receive a discount from Amplifon on hearing aids. You will also have access to a national network of hearing aid professionals. Call (877) 822-7095 to schedule your hearing exam with a local participating provider near you or visit [www.amplifonusa.com/healthyrewards](http://www.amplifonusa.com/healthyrewards).

CIGNA has partnered with LasikPlus, and other participating U.S. laser network providers, to offer members access to discounts on LASIK services. To learn more call (800) 870-3470 to speak to find a provider near you.

### OTHER CIGNA HEALTHY REWARDS

By using your CIGNA ID card, eligible employees have access to discounts on health programs and products including Nutritional Meal Delivery Services, Fitness Memberships and Devices, Alternative Medicine, Yoga Products and Virtual Workouts. For more information on these offerings, login to [www.mycigna.com](http://www.mycigna.com) or call (800) 870- 3470.

# VISION BENEFITS

HCPSS offers eligible employees a comprehensive vision plan through Vision Service Providers (VSP), providing you the option to see a VSP provider or a non-VSP providers. ID cards are not required. Below is a summary of your benefits.

**Vision Benefit Frequency: Once Every Calendar Year**

	COPAY	Coverage with COSTCO / VISIONWORKS	NON VSP DOCTOR SERVICES
<b>BENEFITS</b>			
WellVision Exam® <i>focuses on your eye health and overall wellness</i>	No copay	No copay	Covered up to \$52
<b>Prescription Glasses</b>			
• Lenses			
- Single Vision	\$20 copay	\$20 copay	Covered up to \$55
- Bifocal	\$20 copay	\$20 copay	Covered up to \$75
- Trifocal	\$20 copay	\$20 copay	Covered up to \$100
- Lenticular	\$20 copay	\$20 copay	Covered up to \$125
- Frames	\$130 allowance for frame of your choice / 20% off amount over your allowance	\$130 allowance for frame of your choice / 20% off amount over your allowance	Covered up to \$70
<b>Contact Lens Care (medically necessary)</b>			
• Contact Lens Exam (fitting & evaluation)	\$20 copay for contact materials and up to \$60 copay for fitting and evaluation	\$20 copay for contact materials and up to \$60 copay for fitting and evaluation	Covered up to \$210
• Contact Lenses	\$130 allowance for contacts (copay does not apply)	\$130 allowance for contacts (copay does not apply)	Covered up to \$105

\*Patients choosing contacts use their eligibility for a frame and lenses. Materials are provided at the customary fees. Your VSP doctor must get prior approval from VSP for medically necessary contact lenses.

The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

## EXTRA SAVINGS & DISCOUNTS

Prescription Glasses	<ul style="list-style-type: none"> <li>Average 35-40% savings on lens options like progressives and scratch-resistant an anti-reflective coatings</li> <li>30% off additional glasses and sunglasses, including lens options within the same day or 20% off any VSP doctors within 12 months of your last exam</li> </ul>
Contacts	<ul style="list-style-type: none"> <li>15% off costs of contact lens exam (fitting and evaluation)</li> </ul>
Laser Vision Correction**	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price from contracted facilities</li> <li>After your surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>

\*\*Laser vision correction (PRK and LASIK surgery) is available through contracted laser centers. Must see a VSP doctor for a referral. Call 888-354-4434 for information.

**Like shopping online?** Go to [eyeconic.com](http://eyeconic.com) and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

**QUALITY VISION CARE YOU NEED.**  
You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

**GET YOUR PERFECT PAIR**

**EXTRA \$50 + UP TO 40%**

TO SPEND ON FEATURED FRAME BRANDS\* | SAVINGS ON LENS ENHANCEMENTS

bebe
CALVIN KLEIN
COLE HAAN
FLEXON

LACOSTE
NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](http://VSP.COM/OFFERS).



## TO FIND A PARTICIPATING VSP PROVIDER –

Visit [www.vsp.com](http://www.vsp.com) or call 800-877-7195

**For Non-VSP Doctor Appointment Only** – Sign on to [www.vsp.com](http://www.vsp.com), select the VSP Member Reimbursement Form and following the instruction. If you don't have internet access, send the following to VSP:

- Itemized receipt listing services received
- Name, address and phone number of non-VSP provider
- Insured member's name, unique ID number, address and phone number
- Patient's name, date of birth, address, phone number and relationship to insured
- Reference Howard County Public Schools

Submit your claims to VSP within six months. Keep copies of the claims and send the originals to:

**VSP**  
P.O. Box 997105  
Sacramento, CA 95899-7105

## DISCOUNTS ON HEARING AIDS FROM VSP

VSP eligible employees can receive a discount from TruHearing on hearing aids. Members can save up to \$2,400 on a pair of hearing aids with the program. You will have access to a national network of more than 4,500 licensed hearing aid professionals. Call (877) 396-7194 to schedule your hearing exam with a local participating provider.

## LASER VISION CORRECTION

VSP eligible employees will receive a discount on Laser Vision Correction surgery. You can receive an average of 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

# FLEXIBLE SPENDING ACCOUNTS (FSA'S)

HCPSS offers a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account through Navia Benefit Solutions

## HEALTH CARE FSA

- Used to reimburse your qualified out-of-pocket medical expenses
- Plan year is January 1, 2021 – March 15, 2022
- Your Health Care FSA plan offers a grace period allowing you to incur services for an additional 2 ½ months after your plan is over (through March 15, 2022). All Health Care FSA services must be incurred on or before March 15, 2022 in order to apply to this plan year.
- Annual minimum contribution \$100, annual maximum contribution \$2,750
- Last day to submit 2020 claims is April 30, 2022. Claims submitted after 04/30/2022 will be denied.
- If your employment terminates (voluntary or involuntary) you must submit your claims within 120 days after your termination date. The dates of service must be on or before your termination date.

## DEPENDENT CARE FSA

- Used to reimburse you for qualified expenses you have for dependent care for children up to the age of 13 or for other dependents you report for federal income tax purposes who are incapable of self-care, if such care is needed to allow you or your spouse to work.
- Plan year is January 1, 2021– December 31, 2021
- Annual minimum contribution \$100, annual maximum contribution \$5,000 per household.
- Last day to submit 2021 claims is April 30, 2022. Claims submitted after 04/30/2022 will be denied.
- If your employment terminates (voluntary or involuntary) you must submit your claims within 120 days after your termination date. The dates of service must be on or before your termination date.

The IRS requires that all funds set aside each plan year must be used by year end or they will be forfeited and not refunded.

## ONLINE AND MOBILE CLAIMS:

Submit claims through your online account by registering your account through the Navia website; [www.naviabenefits.com](http://www.naviabenefits.com) (Company ID - HWC) or the mobile application Flexi App for the fastest claim processing times.

# LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

HCPSS offers Basic Term Life and Accident Death & Dismemberment, as well as Voluntary Supplemental Life Insurance and Voluntary Whole Life Insurance.

## BASIC TERM LIFE INSURANCE, OFFERED THROUGH METLIFE

- Offered at no cost to the Employees
- Amount of basic term life insurance is equal to your current annual salary (minimum \$10,000 and a maximum of \$250,000), rounded to the nearest \$1,000

## ACCIDENTAL DEATH & DISMEMBERMENT, OFFERED THROUGH METLIFE

- Offered at no cost to the Employees
- Provides benefits beyond your disability or life insurance for losses due to covered accidents
- Amount of AD&D insurance is equal to your basic term life insurance amount

## FUNERAL PLANNING GUIDE

The guide highlights details of pertinent information including: how to plan for funeral costs, the death claim process, personal funeral preferences and more . An electronic version of the guide is available at <https://www.hcpss.org/employees/benefits/>.

## WILLSCENTER.COM

Employees with basic life have access to [WillsCenter.com](https://www.willscenter.com), which is an online will support service that provides reference materials .

## VOLUNTARY SUPPLEMENTAL LIFE INSURANCE, OFFERED THROUGH METLIFE

- You may elect coverage in amounts of 1 to 5 times your annual salary to a maximum of \$500,000
- Evidence of Insurability is required for all coverage requests above \$50,000 or 1 times Basic Yearly Earning
- New Hires are eligible for the guaranteed issue amount of one times salary up to \$50,000 (whichever is less) if enrolled within 30 days of date of hire
- You may elect Dependent Life coverage (\$10,000 Spouse/ \$5,000 for each child) if you have enrolled in Supplemental Life insurance for yourself. Evidence of insurability is required for your dependents.
- Employee pays for cost of coverage
- Converting Your Group Life Insurance Policy

Conversion allows you to “convert” your group life coverage, in the same or a lesser amount, to an individual life insurance policy. This policy will be issued without the need for a medical exam, provided you apply for and pay the premium within the application period. MetLife would like to help you understand conversion and other options available to you. We have arranged for financial professionals with Massachusetts Mutual Life Insurance Company (MassMutual) to help explain your options, if you choose, since MetLife cannot provide you with individual guidance. If you have any questions, you can arrange a meeting with a local MassMutual financial professional by calling 877- 275-6387 Monday-Friday 9:00 a.m. to 6:00 p.m. (ET).

## VOLUNTARY WHOLE LIFE INSURANCE WITH OPTIONAL LONG-TERM CARE RIDER AND ACCIDENT COVERAGE, OFFERED THROUGH VOYA

- Employees may apply for the amount of coverage that \$20 per week will purchase for their age up to \$100,000 with two health questions asked. Additional coverage available with underwriting requirements
- Spouses may apply for the amount of coverage that \$5 per week will purchase for their age with a minimum coverage of \$5,000 with two health questions asked. Additional coverage available with underwriting requirements
- Children/Grandchildren may apply for an individual policy in amounts of \$12,500, \$15,000, \$20,000 or \$25,000 with two health questions asked

Employee pays for cost of coverage

## COUNSELING AND SUPPORT SERVICES

HCPSS offers counseling and support services through Guidance Resources. Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Guidance Resources provides support, resources and information for personal and work-life issues. Guidance Resources is company- sponsored, confidential and provided at no charge to you and your dependents.

- **Confidential Counseling** - Employees and family members can receive up to six free counseling sessions (including assessment, follow-up and referral services) per person, per episode, per year at no cost to you and your dependents
- Call Anytime 1-888-532-7874 TDD 1-800-697-0353
- **Free Online Will Preparation** - Estate Guidance lets you quickly and easily create a will online; specify your wishes for your property, provide funeral and burial instructions, choose a guardian for your children.
- **Financial Information and Resources** - Getting out of debt, Retirement Planning, Credit card or loan problems, Estate Planning, Saving for College, Tax Questions
- **Legal Support and resources** - Refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about; Divorce and family law, Debt and Bankruptcy, Real Estate Transactions, Contract etc. Work Life Solutions - Delegate your “to-do-list”. Work Life specialists will do the research for you, providing qualified referrals and customized resources for Child and elder care, Moving and relocation, College planning, Pet care, home repair etc.
- **Guidance Resources Online Support** – Guidance Resources online is your one stop for information, tools and support.

**Log on for:** Timely articles, Help Sheets, tutorials, trainings

**Website:** [guidanceresources.com](http://guidanceresources.com). **Company Web ID :** HCPSS

# CATASTROPHIC INSURANCE

HCPSS offers a variety of Catastrophic Insurance coverages. Voluntary Critical Illness, Voluntary Accident Insurance, Voluntary Short-Term Disability and Voluntary Long-Term Disability provided by The Hartford.

## VOLUNTARY CRITICAL ILLNESS COVERAGE

- Provides a lump-sum benefit payment to you if you or a covered family member is diagnosed with a covered critical illness, such as cancer, heart attack, stroke or renal failure (end stage)
- Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis. Your amounts options are \$5,000, \$15,000, \$30,000 or \$50,000 for Employees
- You may enroll your spouse for 50% of your elected coverage amount and your child(ren) for \$5,000
- Guaranteed acceptance
- Employee pays for cost of coverage.
- [Watch Critical Illness Video](#)
- [My Tomorrow](#) - an interactive educational tool designed to help you make smart, affordable benefits choices.

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active Employee who works at least 17.5 hours per week on a regularly scheduled basis and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.<sup>3</sup>

### WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

## BENEFITS & FEATURES

COVERED ILLNESSES	BENEFIT AMOUNTS
<b>Cancer Conditions</b>	
<ul style="list-style-type: none"> <li>• Invasive Cancer*</li> <li>• Non-invasive Cancer</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of coverage amount</li> <li>• 25% of coverage amount</li> </ul>
<b>Vascular Conditions</b>	
<ul style="list-style-type: none"> <li>• Heart Attack*; Heart Transplant*; Stroke*</li> <li>• Coronary Artery Bypass Graft</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of coverage amount</li> <li>• 25% of coverage amount</li> </ul>
<b>Other Specified Conditions</b>	
<ul style="list-style-type: none"> <li>• End Stage Renal Failure; Major Organ Transplant*</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of coverage amount</li> </ul>
ADDITIONAL BENEFITS	BENEFIT AMOUNTS
<ul style="list-style-type: none"> <li>• Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)</li> <li>• Second Opinion Cancer</li> <li>• Prosthesis/Wig</li> <li>• Health Screening Benefit</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of original benefit amount</li> <li>• \$500 per diagnosis</li> <li>• \$500 one time</li> <li>• \$50 one time</li> </ul>
FEATURES	DETAILS
<ul style="list-style-type: none"> <li>• Coverage Maximum – Primary Insured &amp; Spouse</li> <li>• Coverage Maximum – Child(ren)</li> </ul>	<ul style="list-style-type: none"> <li>• 500% of coverage amount</li> <li>• 300% of coverage amount</li> </ul>
Ability Assist® EAP2– 24/7/265 access to help for financial, legal or emotional issues	
HealthChampion <sup>SM2</sup> – Administrative and clinical support following serious illness or injury	

<sup>2</sup>HealthChampion<sup>SM</sup> and Ability Assist® are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. Ability Assist is a registered trademark and HealthChampion is a service mark of ComPsych Corporation.

<sup>3</sup>The Critical Illness policy is guaranteed issue, but does contain a Pre-Existing Condition Limitation. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

## VOLUNTARY ACCIDENT INSURANCE

- Provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident
- Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s)
- Guaranteed issue, no health questions asked
- Employee pays for cost of coverage
- [Watch Accident Video](#)
- [My Tomorrow](#) - an interactive educational tool designed to help you make smart, affordable benefits choices

## COVERAGE INFORMATION

### WHO IS ELIGIBLE?

- You are eligible for this insurance if you are an active Employee who works at least 17.5 hours per week on a regularly scheduled basis and are less than age 80.
- Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

PLAN INFORMATION		CUSTOM PLAN
• Coverage Type		• Off-job only
BENEFITS		CUSTOM PLAN
EMERGENCY, HOSPITAL & TREATMENT CARE		
• Accident Follow-Up	• Up to 3 visits per accident	• \$60
• Acupuncture/Chiropractic Care/PT	• Up to 10 visits each per accident	• \$50
• Ambulance – Air	• Once per accident	• \$600
• Ambulance – Ground	• Once per accident	• \$120
• Blood/Plasma/Platelets	• Once per accident	• \$360
• Child Care	• Up to 30 days per accident while insured is confined	• \$25
• Daily Hospital Confinement	• Up to 365 days per lifetime	• \$250
• Daily ICU Confinement	• Up to 30 days per accident	• \$500
• Diagnostic Exam	• Once per accident	• \$100
• Emergency Dental	• Once per accident	• Up to \$450
• Emergency Room	• Once per accident	• \$180
• Hospital Admission	• Once per accident	• \$1,000
• Initial Physician Office Visit	• Once per accident	• \$60
• Lodging	• Up to 30 nights per lifetime	• \$120
• Medical Appliance	• Once per accident	• \$120
• Rehabilitation Facility	• Up to 15 days per lifetime	• \$50
• Transportation	• Up to 3 trips per accident	• \$360
• Urgent Care	• Once per accident	• \$60
• X-ray	• Once per accident	• \$75

<sup>2</sup>HealthChampionSM and Ability Assist® services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych

PLAN INFORMATION		CUSTOM PLAN
<ul style="list-style-type: none"> <li>Coverage Type</li> </ul>		<ul style="list-style-type: none"> <li>Off-job only</li> </ul>
BENEFITS		CUSTOM PLAN
<b>SPECIFIED INJURY &amp; SURGERY</b>		
<ul style="list-style-type: none"> <li>Abdominal/Thoracic Surgery</li> <li>Arthroscopic Surgery</li> <li>Burn</li> <li>Burn – Skin Graft</li> <li>Concussion</li> <li>Dislocation</li> <li>Eye Injury</li> <li>Fracture</li> <li>Knee Cartilage</li> <li>Laceration</li> <li>Ruptured Disc</li> <li>Tendon/Ligament/Rotator Cuff</li> </ul>	<ul style="list-style-type: none"> <li>Once per accident</li> <li>Once per accident</li> <li>Once per accident</li> <li>Once per accident for third degree burn(s)</li> <li>Up to 3 per year</li> <li>Once per joint per lifetime</li> <li>Once per accident</li> <li>Once per bone per accident</li> <li>Once per accident</li> <li>Once per accident</li> <li>Once per accident</li> <li>Up to 2 per accident</li> </ul>	<ul style="list-style-type: none"> <li>\$1,200</li> <li>\$120</li> <li>Up to \$12,000</li> <li>25% of burn benefit</li> <li>\$120</li> <li>Up to \$4,800</li> <li>Up to \$240</li> <li>Up to \$6,000</li> <li>Up to \$600</li> <li>Up to \$480</li> <li>\$480</li> <li>Up to \$720</li> </ul>
<b>FEATURES</b>		
<ul style="list-style-type: none"> <li>Ability Assist® EAP<sup>2</sup> – 24/7/265 access to help for financial, legal or emotional issues</li> <li>HealthChampion<sup>SM2</sup> – Administrative &amp; clinical support following serious illness or injury</li> </ul>		<ul style="list-style-type: none"> <li>Included</li> <li>Included</li> </ul>

<sup>2</sup>HealthChampion<sup>SM</sup> and Ability Assist<sup>®</sup> services are provided through The Hartford by ComPsych<sup>®</sup>. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych

**AM I GUARANTEED COVERAGE?**

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.

**WHEN DOES THIS INSURANCE END?**

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

**CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?**

Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

# DISABILITY INSURANCE

HCPSS offers Voluntary Disability Benefits through The Hartford.

## VOLUNTARY SHORT-TERM DISABILITY

- Weekly benefit is 60% of your regular weekly earning
- Maximum weekly benefit is \$2,500
- Minimum weekly benefit is \$15
- 14 - day elimination period, benefits commence on the 15th day for injury/15th day for sickness
- Guarantee Issue, no health questions if you elect during your new hire eligibility period
- Employee pays for cost of coverage
- [Watch Disability Video](#)
- [My Tomorrow](#) - an interactive educational tool designed to help you make smart, affordable benefits choices.

## COVERAGE INFORMATION

You may enroll for the following short-term disability benefit: 60% of your weekly earnings to a maximum weekly benefit of \$2,500.

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active Employee working 30 hours per week on a regularly scheduled basis.

### WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Typically, disability means that due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% of your pre-disability weekly earnings.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your health. This coverage is subject to a pre-existing condition limitation, which is detailed on the Limitations & Exclusions sheet.

### WHEN DOES MY BENEFIT BECOME PAYABLE?

For disabilities caused by sickness, benefits begin after you are disabled for 14 days.

For disabilities caused by injury, benefits begin after you are disabled for 14 days.

### HOW LONG WILL I RECEIVE BENEFITS?

Benefits will be payable for 13 weeks or until you are no longer disabled, whichever occurs first.

### WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.



## VOLUNTARY LONG-TERM DISABILITY

- A choice of plans which can replace 50% or 60% of your monthly income loss
- Maximum monthly benefit is \$6,500
- 90-day elimination period
- Guarantee Issue, no health questions if you elect during your new hire eligibility period
- Employee pays for cost of coverage
- [Watch Disability Video](#)
- [My Tomorrow](#) - an interactive educational tool designed to help you make smart, affordable benefits choices

## COVERAGE INFORMATION

COVERAGE LEVEL	BENEFIT PERCENTAGE	MAXIMUM	BENEFIT STARTS (ELIMINATION PERIOD)
OPTION 1	50%	\$6,500	After 90 days disabled
OPTION 2	60%	\$6,500	After 90 days disabled

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active Employee who works at least 30 hours per week on a regularly scheduled basis.

### WHEN DOES MY BENEFIT BECOME PAYABLE?

You must be disabled for 90 days before the benefit becomes payable. This is referred to as your elimination period

### HOW LONG WILL I RECEIVE BENEFITS?

If you become disabled prior to age 63, benefits may continue for as long as you remain disabled or until you reach your Social Security Normal Retirement Age. If your disability occurs at age 63 or above, the number of payments may reduce.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your health.

This coverage is subject to a pre-existing condition limitation, which is detailed on the Limitations & Exclusions sheet.

### WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

### HOW LONG WILL I RECEIVE BENEFITS?

If you become disabled prior to age 63, benefits may continue for as long as you remain disabled or until you reach your Social Security Normal Retirement Age. If your disability occurs at age 63 or above, the number of payments may reduce.

# VOLUNTARY BENEFITS THROUGH LEGALSHIELD

## LEGALSHIELD PLAN

- Access to a quality law firm 24/7, for covered personal situations (real estate, speeding tickets, Will preparation, and beyond)
- Individual or family coverage is available. Employees may select the plan(s) that best fit their household and can begin enrollment immediately upon completing the simple online enrollment at: <http://www.legalshield.com/info/hcpss>.
- Employee pays for cost of coverage
- Detailed information regarding the plans offered through HCPSS, including benefits, rates, and FAQ's, as well as how to enroll are provided via the link provided on HCPSS website. <http://www.legalshield.com/info/hcpss> )

**NOTE:** Any action, proceeding or dispute related to Named Member's employment is excluded from coverage under the membership contract.

## IDSHIELD PLAN

- Provides monitoring, consultation and restoration for the member, spouse domestic partners, and minor children.
- Plus a \$5 million service guarantee towards complete restoration of Medical, Criminal, Social Security, DMV and financial identity theft issues are included.
- Individual or family coverage is available. Employees may select the plan(s) that best fit their household and can begin enrollment immediately upon completing the simple online enrollment at: <http://www.legalshield.com/info/hcpss>
- Employee pays for cost of coverage
- Detailed information regarding the plans offered through HCPSS, including benefits, rates, and FAQ's, as well as how to enroll are provided via the link provided on HCPSS website. <http://www.legalshield.com/info/hcpss>.

**NOTE:** Any action, proceeding or dispute related to Named Member's employment is excluded from coverage under the membership contract.

To learn more about HCPSS Benefit offerings,  
go to [www.hcpss.org/employees/benefits](http://www.hcpss.org/employees/benefits).

# HCPSS 2021 ANNUAL BENEFIT COSTS

Rate Chart for Active Full-Time/Part-Time Employees

## MEDICAL COSTS

### HIRE DATE ON OR BEFORE 6/30/2011

2.15% Increase for all plan coverages

	TOTAL COST Plan Year	YOUR COST Plan Year	YOUR COST Per Pay Period	BENEFIT CREDITS Plan Year	BENEFIT CREDITS Per Pay Period
<b>MEDICAL COVERAGE THROUGH THE SCHOOL SYSTEM</b>		<i>Deductions are based on 20 pay periods</i>			
Aetna Open Choice PPO					
• Employee	\$8,352.00	\$1,086.00	\$54.30	\$420.00	\$21.00
• Employee + Child(ren)	\$16,269.00	\$2,115.00	\$105.75	\$420.00	\$21.00
• Employee + Spouse	\$18,311.00	\$2,380.00	\$119.00	\$420.00	\$21.00
• Family	\$26,187.00	\$3,404.00	\$170.20	\$420.00	\$21.00
Open Access Aetna Select HMO					
• Employee	\$6,807.00	\$885.00	\$44.25	\$420.00	\$21.00
• Employee + Child(ren)	\$13,263.00	\$1,724.00	\$86.20	\$420.00	\$21.00
• Employee + Spouse	\$14,924.00	\$1,940.00	\$97.00	\$420.00	\$21.00
• Family	\$21,342.00	\$2,775.00	\$138.75	\$420.00	\$21.00
BlueChoice HMO Open Access					
• Employee	\$7,109.00	\$924.00	\$46.20	\$420.00	\$21.00
• Employee + Child(ren)	\$14,221.00	\$1,849.00	\$92.45	\$420.00	\$21.00
• Employee + Spouse	\$15,644.00	\$2,034.00	\$101.70	\$420.00	\$21.00
• Family	\$22,964.00	\$2,985.00	\$149.25	\$420.00	\$21.00

### HIRE DATE ON OR AFTER 7/01/2011

2.15% increase for all plan coverages

	TOTAL COST Plan Year	YOUR COST Plan Year	YOUR COST Per Pay Period	BENEFIT CREDITS Plan Year	BENEFIT CREDITS Per Pay Period
<b>MEDICAL COVERAGE THROUGH THE SCHOOL SYSTEM</b>		<i>Deductions are based on 20 pay periods</i>			
Aetna Open Choice PPO					
• Employee	\$8,352.00	\$1,253.00	\$62.65	\$420.00	\$21.00
• Employee + Child(ren)	\$16,269.00	\$2,440.00	\$122.00	\$420.00	\$21.00
• Employee + Spouse	\$18,311.00	\$2,747.00	\$137.35	\$420.00	\$21.00
• Family	\$26,187.00	\$3,928.00	\$196.40	\$420.00	\$21.00
Open Access Aetna Select HMO					
• Employee	\$6,807.00	\$1,021.00	\$51.05	\$420.00	\$21.00
• Employee + Child(ren)	\$13,263.00	\$1,989.00	\$99.45	\$420.00	\$21.00
• Employee + Spouse	\$14,924.00	\$2,239.00	\$111.95	\$420.00	\$21.00
• Family	\$21,342.00	\$3,201.00	\$160.05	\$420.00	\$21.00
BlueChoice HMO Open Access					
• Employee	\$7,109.00	\$1,066.00	\$53.30	\$420.00	\$21.00
• Employee + Child(ren)	\$14,221.00	\$2,133.00	\$106.65	\$420.00	\$21.00
• Employee + Spouse	\$15,644.00	\$2,347.00	\$117.35	\$420.00	\$21.00
• Family	\$22,964.00	\$3,445.00	\$172.25	\$420.00	\$21.00

# HCPSS 2021 ANNUAL BENEFIT COSTS

## Rate Chart for Active Full-Time/Part-Time Employees DENTAL COSTS

CIGNA – PPO <i>4.8% decrease for all coverages</i>	Annual Rates	Per Pay Period 20 Pay Periods
Employee	\$372.00	\$18.60
Employee + Child(ren)	\$602.00	\$30.10
Employee + Spouse	\$858.00	\$42.90
Family	\$1,158.00	\$57.90
<b>AETNA DMO</b> <i>3.1% decrease for all coverages</i>		
Employee	\$136.00	\$6.80
Employee + Child(ren)	\$304.00	\$15.20
Employee + Spouse	\$231.00	\$11.55
Family	\$428.00	\$21.40

## VISION COSTS

VSP VISION <i>1.9% increase for all coverages</i>	Annual Rates	Per Pay Period 20 Pay Periods
Employee	\$84.00	\$4.20
Employee + Child(ren)	\$114.00	\$5.70
Employee + Spouse	\$168.00	\$8.40
Family	\$213.00	\$10.65

## SHORT-TERM DISABILITY RATES

Rates are based on the Employee’s age and increase as you enter each new age category. If your salary changes, your payroll deduction may change.

Per Payroll Rates Based on 20 Annual Deductions	
Age	Your Cost
< 40	\$0.162
40-49	\$0.114
50-59	\$0.144
60+	\$0.210

$$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times .06 \times \text{Rate Above} = \$ \text{Per Pay Cost}^*$$

## LONG-TERM DISABILITY RATES

Rates are based on the Employee’s age and increase as you enter each new age category. If your salary changes, your payroll deduction may change.

Per Payroll Rates Based on 20 Annual Deductions		
Benefit Option	Age	Your Cost
50% BENEFIT TO \$6,500	< 30	\$0.042
	30-34	\$0.069
	35-39	\$0.089
	40-44	\$0.142
	45-49	\$0.192
	50-54	\$0.293
	55-59	\$0.382
60+	\$0.382	

Per Payroll Rates Based on 20 Annual Deductions		
Benefit Option	Age	Your Cost
60% BENEFIT TO \$6,500	< 30	\$0.064
	30-34	\$0.104
	35-39	\$0.134
	40-44	\$0.214
	45-49	\$0.290
	50-54	\$0.442
	55-59	\$0.577
60+	\$0.577	

$$\frac{\text{Annual Salary}}{12} = \text{Monthly Salary} \times \frac{\text{Rate Above}}{100} = \$ \text{Per Pay Cost}$$

**\*Important Note:** Your cost will change if your salary changes within the Benefits Plan Year.

# HCPSS 2021 ANNUAL BENEFIT COSTS

## RATE CHART FOR ACTIVE FULL-TIME/PART-TIME EMPLOYEES

### CRITICAL ILLNESS RATES

EMPLOYEE COVERAGE AMOUNT	PER PAYROLL RATES BASED ON 20 ANNUAL DEDUCTIONS			
	Employee	Employee + Spouse	Employee + Child(ren)	Family
<b>\$5,000</b>				
18-29	\$0.94	\$1.62	\$1.73	\$2.54
30-39	\$1.41	\$2.34	\$2.08	\$3.13
40-49	\$2.56	\$4.12	\$3.16	\$4.82
50-59	\$4.66	\$7.38	\$5.24	\$8.07
60-69	\$8.48	\$13.28	\$9.06	\$13.96
70-79	\$15.02	\$23.30	\$15.61	\$23.99
<b>\$15,000</b>				
18-29	\$1.84	\$2.96	\$2.63	\$3.88
30-39	\$3.18	\$4.97	\$3.85	\$5.75
40-49	\$6.46	\$9.97	\$7.07	\$10.69
50-59	\$12.66	\$19.57	\$13.25	\$20.26
60-69	\$24.04	\$37.08	\$24.62	\$37.76
70-79	\$43.66	\$67.09	\$44.24	\$67.77
<b>\$30,000</b>				
18-29	\$3.20	\$4.96	\$4.00	\$5.89
30-39	\$5.84	\$8.92	\$6.52	\$9.71
40-49	\$12.32	\$18.77	\$12.92	\$19.48
50-59	\$24.68	\$37.85	\$25.27	\$38.54
60-69	\$47.36	\$72.77	\$47.95	\$73.46
70-79	\$86.60	\$132.77	\$87.19	\$133.45
<b>\$50,000</b>				
18-29	\$5.01	\$7.64	\$5.80	\$8.56
30-39	\$9.38	\$14.19	\$10.06	\$14.98
40-49	\$20.12	\$30.49	\$20.74	\$31.21
50-59	\$40.69	\$62.23	\$41.28	\$62.92
60-69	\$78.48	\$120.37	\$79.07	\$121.05
70-79	\$143.87	\$220.34	\$144.46	\$221.02

\*Critical Illness rates based on attained age of the Employee and will increase as he/she enters each new age category. If elected, spouse coverage amount is 50% of Employee's coverage amount and child(ren) coverage amount is \$5,000

### ACCIDENT PLAN RATES

COVERAGE LEVEL	Per Payroll Rates Based on 20 Annual Deductions
	Your Cost
Employee Only	\$3.75
Employee + Spouse	\$5.96
Employee + Child(ren)	\$6.19
Family	\$9.80

BENEFITS	COVERAGE LEVEL	PER MONTH RATE
<b>LEGAL PLAN</b>		
	• Individual Coverage	\$16.95 per month
	• Family Coverage	\$18.95 per month
<b>IDENTITY THEFT</b>		
	• Individual Coverage	\$8.95 per month
	• Family Coverage	\$18.95 per month
<b>COMBINED COVERAGE</b>		
	• Individual Coverage	\$33.90 per month
	• Family Coverage	\$25.90 per month

## QUESTIONS ABOUT YOUR BENEFITS

Benefits Support Call Center (KELLY) representatives are available to answer benefit questions.

### CALL CENTER HOURS

Monday – Friday: 8:30AM to 5:30PM

### CONTACT INFORMATION

Phone: (443) 589-1940

Toll Free: (855) 245-9479

Additionally, you may email questions to [hcpssbenefits@kellyway.com](mailto:hcpssbenefits@kellyway.com) or [benefits@hcpss.org](mailto:benefits@hcpss.org)

### A FINAL WORD

In this guide, we describe your employee benefits in a clear, simple, and concise manner. Complete descriptions of the benefits provided through HCPSS are contained in the corresponding contracts and plan documents. If there is any disagreement between this guide and the wording of the corresponding contract or plan document, the contract or plan document will govern. HCPSS reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. This guide does not constitute a guarantee of employment.

## KEY CONTACT INFORMATION

### CareFirst BlueChoice HMO (Medical)

[www.carefirst.com](http://www.carefirst.com) / (800) 628-8549

Hospital Precertification // (866) 773-2884

Mental Health & Substance Abuse // (800) 245-7013

Davis Vision // [www.davisvision.com](http://www.davisvision.com)

(800) 783-5602

### Aetna Open Choice PPO (Medical)

<https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020>

(888) 502-3862

### Open Access Aetna Select HMO (Medical)

<https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020>

(888) 502-3862

### Vision Service Plan (VSP)

[www.vsp.com](http://www.vsp.com) / (800) 877-7195

### CIGNA PPO (Dental)

[www.mycigna.com](http://www.mycigna.com) / (800) 244-6224

### Aetna DMO (Dental)

<https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020>

(877) 238-6200

### Express Scripts (Prescription)

[www.express-scripts.com](http://www.express-scripts.com) / (877) 866-5859

### HCPSS Benefits Support Center

[hcpssbenefits@kellyway.com](mailto:hcpssbenefits@kellyway.com)

(443) 589-1940 / (855) 245-9479

### Guidance Resources - HCPSS Staff Counseling and Support Services

[www.guidanceresources.com](http://www.guidanceresources.com) / (888) 532-7874

*Designed & Prepared by:*



**KELLY** | Benefit Strategies  
*The Business of Better*

A Division of Kelly & Associates Insurance Group, Inc.

[kellyway.com](http://kellyway.com)

Kelly & Associates Insurance Group, Inc (KELLY) provides administrative services that include: billing, enrollment and call center service for insurance benefits. The administration of benefits by KELLY does not guarantee coverage. Billing and collecting premiums or sending payroll deduction files, does not constitute coverage being bound. Please refer to specific insurance carrier contract for rules requiring evidence of insurability (EOI) or other underwriting requirements regarding final insurance carrier approval. KELLY is not an insurer and is not responsible for paying insurance benefit claims relative to KELLY's involvement with billing and collecting insurance premiums.

\*This booklet summary is only intended as a brief summary of your benefits. Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts.