



A Guide to Your 2024
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 & COBRA	4
NOTICE OF CREDITABLE COVERAGE.....	5-6
MEDICAL	7-12
PRESCRIPTION	13-15
DENTAL	16-17
VISION	18-19
FLEXIBLE SPENDING ACCOUNTS	20
BASIC TERM LIFE INSURANCE	21
ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE	21
VOLUNTARY SUPPLEMENTAL LIFE INSURANCE	21
VOLUNTARY WHOLE LIFE INSURANCE WITH OPTIONAL LONG-TERM CARE RIDER AND ACCIDENT COVERAGE	22
COUNSELING AND SUPPORT SERVICES	22
VOLUNTARY CRITICAL ILLNESS COVERAGE	23
VOLUNTARY ACCIDENT INSURANCE	24
VOLUNTARY SHORT-TERM DISABILITY	26
VOLUNTARY LONG-TERM DISABILITY	27
LEGALSHIELD PLAN	28
IDSHIELD PLAN	28
ANNUAL BENEFIT COSTS	29-33
KEY CONTACT INFORMATION	34

PLAN YEAR: JANUARY 1, 2024 – DECEMBER 31, 2024

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.

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 mental 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;

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 Impact, 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.
- 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. For birth you will have 60 days from the qualifying event date to add your newborn child(ren) to your existing policy, Proof of Qualifying Event must be uploaded on Workday.

COBRA CONTINUATION COVERAGE NOTICE

If you are actively enrolled in the Medical, Dental, or Vision plans prior to your termination with HCPSS, you will have the opportunity to continue your enrollment through Consolidated Omnibus Budget Reconciliation Act (COBRA) administered by Flexible Benefits Administration. Please contact your Human Resources Team for more information related to COBRA benefits. Please reference the website: www.hcpss.org/employees/benefits

NOTICE OF CREDITABLE COVERAGE

Important Notice from Howard County Public School Systems

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Howard County Public School Systems and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Howard County Public School Systems has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Plan Sponsor coverage will not be affected. Before choosing whether to enroll in a Medicare prescription drug plan, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

You could choose to:

1. Keep your medical and prescription drug coverage through the Plan Sponsor, and not enroll in a Medicare prescription drug plan yet.

This choice is available to you because the prescription drug coverage that is offered to you as part of the overall package of medical benefits provided by the Plan Sponsor is "creditable"—meaning that, on average, it is at least as good as the standard Medicare prescription drug coverage.

2. Keep your medical and prescription drug coverage through the Plan Sponsor, but also enroll in a Medicare prescription drug plan now.

Under this choice, you will be paying premiums for both the Medicare prescription drug plan you select and for medical and prescription drug coverage through Plan Sponsor. You will continue to receive medical and prescription drug coverage through Plan Sponsor. The benefits (if any) that you receive for the Medicare prescription drug plan you select will depend on the cost and type of prescription drugs that you use, the covered of the plan you choose, and the prescription drug coverage provided under Plan Sponsor's plan. If you enroll in a Medicare prescription drug plan, you must notify the Plan Sponsor so that benefits can be coordinated with the benefits you receive through the Medicare prescription drug plan.

- 3 . Enroll in a Medicare prescription drug plan now and drop your medical and prescription drug coverage through Plan Sponsor.

Under this choice, you will have prescription drug coverage only through the Medicare prescription drug plan that you have selected. However, you will also be dropping ALL of your medical coverage through Plan Sponsor—not just the prescription drug coverage—any you may not be able to re-enroll or otherwise get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Howard County Public School Systems and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Howard County Public School Systems changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 01, 2024
Name of Entity/Sender:	Howard County Public School Systems
Contact—Position/Office:	Nasrene Mirjafary - Benefits Coordinator
Office Address:	10910 Clarksville Pike Ellicott City, Maryland 21042-6106 United States
Phone Number:	(410) 312-1272

MEDICAL BENEFITS

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

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. 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. Have your CareFirst member ID card handy.

You are also eligible to receive vision discounts through CareFirst on hearing relating items through TruHearing, Beltone, Croakies, HearUSA, and Start Hearing.

STAYING HEALTHY DURING PREGNANCY PROGRAM

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) want to help you maintain the best possible health throughout your pregnancy. There are many programs and tools available to help you prepare for the healthiest arrival. Such as an online pregnancy center, 24 hour healthcare advice line, high risk pregnancy support, and more.

COVERAGE(S) OFFERED THROUGH AETNA

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.

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.

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 VisionSM 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-2024>.

MANAGE A HEALTH CONDITION WITH AETNA HEALTH CONNECTIONSSM 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.

AETNA MATERNITY PROGRAM

Get help from the time you start planning a family, through your pregnancy as well after your baby is born. The Aetna Maternity Program is designed to help you make choices for a healthy pregnancy, cope with post partum depression and more. Log in to your member website at [aetna.com](https://www.aetna.com) and look under "Stay Healthy."

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

	OPEN ACCESS AETNA SELECT HMO Nationwide In-Network Only	BLUECHOICE HMO* Regional In-Network Only (MD, DC, & N. VA)
BENEFITS		
Calendar Year Deductible	\$0 Ind. / \$0 Fam.	\$0 Ind. / \$0 Fam.
Calendar Year Out-of-Pocket Maximum	\$2,000 Ind. / \$6,000 Fam. (includes copays)	\$2,000 Ind. / \$6,000 Fam.
Coinsurance	100%	100%
Lifetime Maximum	None	None
PROFESSIONAL SERVICES		
Primary Care Office Visit	\$10 copay	\$10 copay
Specialist Office Visit	\$20 copay	\$20 copay
Gynecology Office Visit	\$0 copay (well women visit) \$20 copay (all other visits)	\$0 copay (well women visit) \$20 copay (all other visits)
Diagnostic Tests	Included with PCP or Specialist copayment	100% after copay
Diagnostic Tests	100%	100%
Tests (performed by lab or other testing facility & billed separately from office visit)	100% after copay (120 visits combined with Occupational Therapy)	100% after copay (30 visits*/condition/year/combined with OT/ST)
Physical Therapy Office Visit	100% after copay (120 visits combined with Physical Therapy)	100% after copay (30 visits*/condition/year/combined with OT/ST)
Occupational Therapy Office Visit	100% after copay (maximum 60 visits)	100% after copay (30 visits*/condition/year/combined with OT/ST)
Speech Therapy Office Visit	100% after copay	100% after copay
Habilitative Therapy (Physical, Speech, Occupational)	100% after copay	100% after copay
PREVENTIVE CARE		
Well Child Visit/Immunization	100% no copay	100% no copay
Routine Adult Physical	100% no copay	100% no copay
Routine Gynecological Exam (one exam per calendar year)	100% no copay	100% no copay
Routine Pap Smear (one exam per calendar year)	100% when included with routine GYN exam	100% when included with routine GYN exam
Routine Mammogram	\$10 copay (Baseline between ages 35-39. One per calendar year age 40 & over)	100% unlimited visits

*Prior Authorization is required for additional visits after the initial approval of the office visits. For more information on prior authorization please contact member services on the back of your ID card.

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

	OPEN ACCESS AETNA SELECT HMO Nationwide In-Network Only	BLUECHOICE HMO Regional In-Network Only (MD, DC, & N. VA)
INPATIENT HOSPITAL CARE		
Room and Board (Pre-Authorization required)	100%	100%
Physician/Surgical Services	100%	100%
Intensive Care Unit/ Critical Care Unit	100%	100%
Maternity/Nursing/ Birthing Center	100%	100%
OUTPATIENT HOSPITAL CARE		
Surgical/Anesthesia Services	100%	100%
Outpatient Diagnostic Services	100%	100%
MATERNITY SERVICES		
1 st Prenatal Visit	100% after copay	100% after copay for routine visits
Pre and Postnatal Care and Delivery	100%	100%
Routine Nursery Care	100%	100%
MEDICAL EMERGENCIES (Use of ER)		
Emergency Room	100% after \$50 ER copay (waived if admitted)	100% after \$50 ER copay (waived if admitted)
Urgent Care Center	100% after \$20 copay	100% after \$20 copay
MENTAL HEALTH AND SUBSTANCE ABUSE (Pre-Authorization required for inpatient only)		
Mental Health Inpatient	100%	100%
Mental Health Outpatient	\$20 copay	\$20 copay
Substance Abuse Inpatient	100%	100%
Substance Abuse Outpatient	\$20 copay	\$20 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.

Schedule of Benefits for Aetna Open Choice PPO

	AETNA PPO In-Network	AETNA PPO Out-of-Network
BENEFITS		
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 & deductibles)</i>
Coinsurance	100%	Unlimited
Lifetime Maximum	Unlimited	Unlimited
PROFESSIONAL SERVICES		
Primary Care Office Visit	\$15 copay	80% after deductible
Specialist Office Visit	\$25 copay	80% after deductible
Gynecology Office Visit	\$0 copay <i>(well women visit)</i> \$25 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 & 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	80% after deductible
Habilitative Therapy <i>(Physical, Speech, Occupational)</i>	100% no copay	80% after deductible
PREVENTIVE CARE		
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 & over)</i>	80% after deductible <i>(Baseline between ages 35-39. One per calendar year age 40 & over)</i>

Schedule of Benefits for Aetna Open Choice PPO

	AETNA PPO In-Network	AETNA PPO Out-of-Network
INPATIENT HOSPITAL CARE		
Room and Board (Pre-Authorization required)	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
OUTPATIENT HOSPITAL CARE		
Surgical/Anesthesia Services	100%	80% after deductible
Outpatient Diagnostic Services	100%	80% after deductible
MATERNITY SERVICES		
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
MEDICAL EMERGENCIES (Use of ER)	100% after \$50 ER copay (waived if admitted)	100% after \$50 ER copay (waived if admitted)
Emergency Room		
Urgent Care Center	100% after \$25 copay	80% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE (Pre-Authorization required for inpatient only)		80% after deductible
Mental Health Inpatient	100%	
Mental Health Outpatient	\$25 copay	80% after deductible
Substance Abuse Inpatient	100%	80% after deductible
Substance Abuse Outpatient	\$25 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:

Medical plans offered by HCPSS are not grand-fathered 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/hcpss or www.aetnaresource.com/p/HCPSS-Open-Enrollment-2024.

PRESCRIPTION DRUG BENEFITS

CVS Caremark will continue to manage your prescription benefits on behalf of Howard County Public School System. CVS Caremark offers affordable medication pricing, thousands of network pharmacy choices (including home delivery) and personalized support for you and your family. If you are enrolling in the Medical Plan, you will be automatically enrolled in the corresponding Pharmacy Plan administered by CVS Caremark. To help with questions you may have about the pharmacy plan, you and your family members can reach out to our designated call center. To contact the call center, please reach out to CVS Caremark at the toll-free number (866) 561-6894. Once you have elected to enroll into the Medical and Rx Plan, you will begin to receive onboarding information from CVS Caremark to help you navigate your new pharmacy plan.

Beginning January 1, 2024, the Prescription Drug Copay will be the same for both the PPO and HMO plan.

	PPO Prescription Drug Program**	HMO Prescription Drug Program**
IN-NETWORK* PHARMACY Up to a 30-day supply	\$5 Generic / \$10 Preferred Brand Name \$25 Non-Preferred Brand Name**	
IN-NETWORK* PHARMACY** Up to a 90-day supply**	\$10 Generic / \$20 Preferred Brand Name \$50 Non-Preferred Brand Name**	
CVS CAREMARK MAIL ORDER PHARMACY (Mail Order - Voluntary) Up to a 90-day supply**	\$10 Generic / \$20 Preferred Brand Name \$50 Non-Preferred Brand Name**	
PRESCRIPTION OUT-OF-POCKET	\$3,000 Individual/\$6,000 Family***	

*To receive the in-network level of benefits, you must use a pharmacy in the CVS Caremark network.

**A 90-day supply may also be purchased at a retail pharmacy for eligible medications.

*** The Out-Of-Pocket is shared with your major medical out-of-pocket expenses.

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. Pharmacy benefits will be elected alongside your medical election and will coincide with the plan type you choose.

Please note that your prescription plan may be subjected to formulary changes or tier changes throughout the year. You will be notified of these changes by CVS Caremark if applicable to your active prescriptions.

SAVE WITH A 90 – DAY SUPPLY

Maintenance Choice helps keep your medication as affordable as possible with 90-day supplies. But you may need to make a few changes to enjoy these savings. Make sure your medication is covered. Start filling medications you take regularly (such as asthma or high blood pressure medications) in 90-day supplies at CVS Pharmacy® or CVS Caremark® Mail Service Pharmacy.

PRESCRIPTION DRUG BENEFITS

HOME DELIVERY FROM THE CVS CAREMARK MAIL ORDER PROGRAM

Not only is delivery by mail a safe and secure way to get your Rx – you'll probably save money, too. You can refill by phone, online or with our app or sign up for our automatic refill program and we will send your medicine to you when it's time. By having your maintenance medicine delivered, you'll get up to a 90-day supply for just two times a 30-day supply copay and shipping is free.

To get started, call CVS Caremark at (866) 561-6894 or sign in at www.caremark.com and select "Start Rx Delivery by Mail". All Members will need to register using their Member ID on their ID card.

IF YOU HAVE A NEW PRESCRIPTION

Get started by:

- Contacting your prescriber to request a 90-day prescription that he or she can ePrescribe directly to CVS Caremark Mail Order pharmacy 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 CVS Caremark using the toll-free number (866) 561-6894 to have a representative contact your doctor for you.
- Sign in at www.caremark.com and select "Prescriptions" then "Start Rx Delivery by Mail". Once you complete the Mail Order registration you can enter your drug information and prescriber information to have CVS Caremark reach out to your prescriber for a new prescription.

Please allow 10 to 14 days for your first prescription order to be shipped after January 1st, 2024. If you are newly enrolling into the plan.

IF YOU HAVE A PRESCRIPTION

- Check Order Status online at www.caremark.com or using the CVS Caremark app to view details and track shipping.
- Transfer retail prescriptions to home delivery. visit www.caremark.com/RxDelivery

Refill and Renew Prescriptions for yourself and your family while online at www.caremark.com or while using the CVS Caremark app. CVS Caremark will contact your provider on your behalf when prescription renewals are needed and take care of the rest.

IF YOU HAVE MORE QUESTIONS

- Check online at [Caremark Help Center](#) to get answers to some of your frequently asked questions.

PRESCRIPTION PROGRAMS

UTILIZATION MANAGEMENT (UM)

Certain classes of drugs may require Prior Authorization to be covered or a quantity or dose duration limitation may apply. Please call CVS Caremark at the toll-free number on the back of your member ID card, visit the CVS Caremark app or login to www.caremark.com and choose Price a Medication from the menu under Prescriptions. Enter your drug name and click search to determine if the medication you have been prescribed is subject to prior authorization or quantity limits/dose durations.

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.caremark.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.caremark.com and click Prescriptions, and then Find a Pharmacy.

SPECIALTY PHARMACY SERVICES

CVS Specialty provides specialty pharmacy services for patients with certain complex and chronic conditions. CVS Specialty's website is www.cvsspecialty.com. CVS Specialty's phone number is 1-800-237-2767. CVS Specialty offers comprehensive therapy management solutions, including:

- Reimbursement services to review the patient's coverage and coordinate payment from the plan and/or patient, as appropriate.
- Confidential and convenient delivery with packaging and handling protocols designed so medication arrives with integrity intact.
- Clinical services to assist the patient – under the supervision of their prescriber – in implementing the prescribed course of treatment.
- Compliance programs to promote patient persistency and help the patient improve their quality of life.
- National Customer Support Center which provides patients with access to specialty trained pharmacists and registered nurses twenty-four (24) hours a day, seven (7) days a week.

CVS Specialty focuses on infused, injectable, and oral drugs that are very expensive and often have restrictions as determined by the FDA. These specialty drugs may be difficult to self-administer, have a potential for adverse reactions, and require temperature control or other specialized handling.

PRUDENTRX

The PrudentRx program, in coordination with CVS Specialty, is making it possible to get your specialty medications at no out-of-pocket cost for any covered specialty medication on our plan's designated specialty drug list when you fill your prescription at CVS Specialty Pharmacy. Eligible members will be contacted to enroll in PrudentRx.

DENTAL BENEFITS

HCPSS offers you a choice of two dental plans, Aetna DMO and Cigna PPO.

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-2024> 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-2024.

BENEFITS	Aetna DMO In-Network Only
Deductible	\$0
Maximum Benefit per Calendar Year	Unlimited
PROFESSIONAL SERVICES	Plan Pays
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	\$3,000 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-2024.

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-2024>.

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
BENEFITS & COVERED SERVICES	
Diagnostic & Preventive Benefits (Oral Examinations, Routine Cleanings, X-rays, Fluoride treatment, Space Maintainers, Sealants)	100% (2 cleanings per calendar year)
Calendar Year Deductible	\$25 Ind/ \$75 Fam
PPO Annual Maximum	\$2,000
BASIC BENEFITS	
Endodontics (Root Canals)	80%
Periodontics (Gum Treatment)	80%
Oral Surgery (Incisions, Excisions, Surgical Removal of Tooth including Simple Extractions)	80%
Major Benefits (Inlays, Onlays and Cast Restorations)	50%
Fillings	90%
Prosthodontics (Bridges, Dentures, Implants)	50%
Crowns	60%
Orthodontic Benefit (Children only to the end of the month they reach age 19)	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. 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 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.

BENEFITS	DESCRIPTION	COPAY	FREQUENCY
WellVision Exam	Focuses on your eyes and overall wellness	No Copay	Every Calendar Year
Essential Medical Eye Care	Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.	\$0 per screening	Available as needed
Additional Exams beyond routine care	Coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$20 Per Exam	
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$180 featured Frame Brands Allowance \$130 Visionworks frame allowance on any frame \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart / Sam's Club / Costco Frame Allowance 	\$20 Copay	Every Calendar Year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in prescription glasses	Every Calendar Year
Lenses enhancements	<ul style="list-style-type: none"> Standard Progressive lenses Premium Progressive lenses Custom Progressive lenses Average savings of 40% on other lenses enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every Calendar Year
Contacts (instead of Glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every Calendar Year
Extra Savings	<ul style="list-style-type: none"> Extra \$50 to spend on featured frame brands. Go to vsp.com/framebrands for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none"> Average 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 		

Out of Network Benefits	With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:		
Exam	Up to \$52	Progressive Lenses	Up to \$95
Frame	Up to \$70	Contacts	Up to \$105
Single Vision Lenses	Up to \$55		
Lined Bifocal Lenses	Up to \$75		
Lined Trifocal Lenses	Up to \$100		

TO FIND A PARTICIPATING VSP PROVIDER –

Visit www.vsp.com or call 800-877-7195

For Non-VSP Doctor Appointment Only – Sign on to 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.

EYECONIC

NEW! Save 20% on Ready-Made Blue Light Glasses

Get relief from digital eye strain and filter out high-energy blue and UV light with non-prescription blue light glasses for the whole family. Shop styles for men, women, and kids from \$69 on eyeconic.com. Plus, VSP® members save 20% - connect your benefits on eyeconic.com to see your savings.

Like shopping online? Go to 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 CALVINKLEIN COLE HAAN FLEXON
LACOSTE NINE WEST

SEE MORE BRANDS AT VSP.COM/OFFERS.



FLEXIBLE SPENDING ACCOUNTS (FSA'S)

HCPSS offers a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account through Navia Benefit Solutions. Flex Spending Accounts (FSAs) allow employees to set aside a sum of pre-tax dollars to use for expenses associated with medical and dependent care, as defined by IRS regulations.

HEALTH CARE FSA

- Used to reimburse your qualified out-of-pocket medical expenses
- Plan year is January 1, 2024 – March 15, 2025
- 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, 2025). All Health Care FSA services must be incurred on or before March 15, 2025 in order to apply to this plan year.
- Annual minimum contribution \$100, annual maximum contribution **\$3,050**
- Last day to submit 2024 claims for service dates through March 15, 2025 is April 30, 2025. Claims submitted after 04/30/2025 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, 2024 – March 15, 2025
- Annual minimum contribution \$100, annual maximum contribution **\$5,000** per household.
- Last day to submit 2024 claims for service dates through March 15, 2025 is April 30, 2025. Claims submitted after 04/30/2025 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 (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 up 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. **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](#)

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.³

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
Cancer Conditions	
• Invasive Cancer*	• 100% of coverage amount
• Non-invasive Cancer	• 25% of coverage amount
Vascular Conditions	
• Heart Attack*, Heart Transplant*, Stroke*	• 100% of coverage amount
• Coronary Artery Bypass Graft	• 25% of coverage amount
Other Specified Conditions	
• End Stage Renal Failure; Major Organ Transplant*	• 100% of coverage amount
ADDITIONAL BENEFITS	BENEFIT AMOUNTS
• Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	• 100% of original benefit amount
• Second Opinion Cancer	• \$500 per diagnosis
• Prosthesis/Wig	• \$500 one time
• Health Screening Benefit	• \$50 one time
FEATURES	DETAILS
• Coverage Maximum – Primary Insured & Spouse	• 500% of coverage amount
• Coverage Maximum – Child(ren)	• 300% of coverage amount

Ability Assist® EAP2– 24/7/265 access to help for financial, legal or emotional issues

HealthChampionSM – Administrative and clinical support following serious illness or injury

²HealthChampionSM 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.

³The 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
- To file an Accident claim, simply call The Hartford at 866-547-4205 or file online at TheHartford.com/benefits/myclaim
- [Watch Accident Video](#)

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

¹HealthChampionSM 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
• Coverage Type		• Off-job only
BENEFITS		CUSTOM PLAN
SPECIFIED INJURY & SURGERY		
• Abdominal/Thoracic Surgery	• Once per accident	• \$1,200
• Arthroscopic Surgery	• Once per accident	• \$120
• Burn	• Once per accident	• Up to \$12,000
• Burn – Skin Graft	• Once per accident for third degree burn(s)	• 25% of burn benefit
• Concussion	• Up to 3 per year	• \$120
• Dislocation	• Once per joint per lifetime	• Up to \$4,800
• Eye Injury	• Once per accident	• Up to \$240
• Fracture	• Once per bone per accident	• Up to \$6,000
• Knee Cartilage	• Once per accident	• Up to \$600
• Laceration	• Once per accident	• Up to \$480
• Ruptured Disc	• Once per accident	• \$480
• Tendon/Ligament/Rotator Cuff	• Up to 2 per accident	• Up to \$720
FEATURES		
• Ability Assist® EAP ² – 24/7/265 access to help for financial, legal or emotional issues		• Included
• HealthChampion ^{SM2} – Administrative & clinical support following serious illness or injury		• Included

²HealthChampionSM 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

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

Short-term disability insurance helps to replace a portion of your salary due to non-job-related injuries, illnesses, or other medical issues that prevent you from working for a limited time period, with the intention of returning back to work. The weekly benefit is 60% of your regular weekly earnings, not to exceed the maximum weekly benefit amount of \$2,500. You are eligible for the insurance if you are an active employee working 30 hours per week on a regularly scheduled basis.

In order to receive a benefit, you must be disabled for 14 days. If approved by The Hartford, benefits will begin on the 15th day of your absence. Short Term Disability benefits may be payable for up to 13 weeks if you continue to remain disabled. Short Term Disability benefit payments may be reduced by other income you receive or are eligible to receive due to your disability. For example, Social Security disability insurance or other employer-based disability benefits will most likely reduce the amount of Short Term Disability benefits you receive.

This coverage is guarantee issue coverage, meaning no health questions are asked if you elect during your new hire eligibility period. The plan does include a pre-existing condition limitation. If your disability is deemed to be pre-existing, meaning you received treatment within 12 months of your benefit effective date, your benefit will be limited to a 4 week duration.

To file a claim for Short Term Disability benefits, simply call The Hartford at 888-277-4767 or file online at thehartford.com/mybenefits.

[Watch Disability Video](#)

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

Similar to short-term disability insurance, long-term disability insurance helps to replace a portion of your salary due to non-job-related injuries, illnesses, or other medical issues that prevent you from working for a limited time period. You will have a choice of coverage levels to enroll in, which can replace either 50% or 60% of your monthly income loss, to a maximum monthly benefit of \$6,500, if you are unable to work due to illness or injury. You are eligible for this insurance if you are an active employee working 30 hours per week on a regularly scheduled basis.

In order to receive a benefit, you must be disabled for 90 days. If approved by The Hartford, benefits will begin on the 91st day of your absence. If you become disabled prior to age 63, long-term disability 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 be reduced. Long-term disability benefit payments will be reduced by other income you receive or are eligible to receive due to your disability. These offsets include, Social Security disability insurance payments, Workers' Compensation payments, other employer-based insurance coverage you may have and Unemployment benefits.

This coverage is guarantee issue coverage, meaning no health questions are asked, if you elect during your new hire eligibility period. The plan does include a pre-existing condition limitation. If your disability is deemed to be pre-existing, meaning you received treatment within 12 months of your benefit effective date, you may be excluded from benefits for that condition.

If you are enrolled for both short-term and long-term disability coverage and become disabled, the claims process is seamless. Your short-term claim will transition automatically to long-term once you are disabled for 90 days, and be reviewed for eligibility at that time. If you enroll for long-term disability coverage only, you will need to call The Hartford at 888-277-4767 to complete a paper claim form. You must be approved by The Hartford before benefits become payable.

[Watch Disability Video](#)

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.

HCPSS 2024 ANNUAL BENEFIT COSTS

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

MEDICAL COSTS

HIRE DATE ON OR BEFORE 6/30/2011

	TOTAL COST Plan Year	YOUR COST Plan Year	YOUR COST Per Pay Period	BENEFIT CREDITS Plan Year	BENEFIT CREDITS Per Pay Period
MEDICAL COVERAGE THROUGH THE SCHOOL SYSTEM	<i>Deductions are based on 20 pay periods</i>				
Open Access Aetna Select HMO					
• Employee	\$8,231.64	\$1,152.43	\$57.62	\$420.00	\$21.00
• Employee + Child(ren)	\$16,038.84	\$2,245.44	\$112.27	\$420.00	\$21.00
• Employee + Spouse	\$18,047.40	\$2,526.64	\$126.33	\$420.00	\$21.00
• Family	\$25,808.76	\$3,613.23	\$180.66	\$420.00	\$21.00
BlueChoice HMO Open Access					
• Employee	\$8,823.60	\$1,235.30	\$61.77	\$420.00	\$21.00
• Employee + Child(ren)	\$17,650.92	\$2,471.13	\$123.56	\$420.00	\$21.00
• Employee + Spouse	\$19,417.08	\$2,718.39	\$135.92	\$420.00	\$21.00
• Family	\$28,502.64	\$3,990.37	\$199.52	\$420.00	\$21.00
Aetna Open Choice PPO					
• Employee	\$10,100.04	\$1,414.01	\$70.70	\$420.00	\$21.00
• Employee + Child(ren)	\$19,674.00	\$2,754.36	\$137.72	\$420.00	\$21.00
• Employee + Spouse	\$22,143.36	\$3,100.07	\$155.00	\$420.00	\$21.00
• Family	\$31,667.64	\$4,433.47	\$221.67	\$420.00	\$21.00

HIRE DATE ON OR AFTER 07/01/2011 AND ON OR BEFORE 6/30/2021

	TOTAL COST Plan Year	YOUR COST Plan Year	YOUR COST Per Pay Period	BENEFIT CREDITS Plan Year	BENEFIT CREDITS Per Pay Period
MEDICAL COVERAGE THROUGH THE SCHOOL SYSTEM	<i>Deductions are based on 20 pay periods</i>				
Open Access Aetna Select HMO					
• Employee	\$8,231.64	\$1,234.75	\$61.74	\$420.00	\$21.00
• Employee + Child(ren)	\$16,038.84	\$2,405.83	\$120.29	\$420.00	\$21.00
• Employee + Spouse	\$18,047.40	\$2,707.11	\$135.36	\$420.00	\$21.00
• Family	\$25,808.76	\$3,871.31	\$193.57	\$420.00	\$21.00
BlueChoice HMO Open Access					
• Employee	\$8,823.60	\$1,323.54	\$66.18	\$420.00	\$21.00
• Employee + Child(ren)	\$17,650.92	\$2,647.64	\$132.38	\$420.00	\$21.00
• Employee + Spouse	\$19,417.08	\$2,912.56	\$145.63	\$420.00	\$21.00
• Family	\$28,502.64	\$4,275.40	\$213.77	\$420.00	\$21.00
Aetna Open Choice PPO					
• Employee	\$10,100.04	\$1,515.01	\$75.75	\$420.00	\$21.00
• Employee + Child(ren)	\$19,674.00	\$2,951.10	\$147.56	\$420.00	\$21.00
• Employee + Spouse	\$22,143.36	\$3,321.50	\$166.08	\$420.00	\$21.00
• Family	\$31,667.64	\$4,750.15	\$237.51	\$420.00	\$21.00

HCPSS 2024 ANNUAL BENEFIT COSTS

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

MEDICAL COSTS

HIRE DATE ON OR AFTER 07/01/2021

	TOTAL COST <i>Plan Year</i>	YOUR COST <i>Plan Year</i>	YOUR COST <i>Per Pay Period</i>	BENEFIT CREDITS <i>Plan Year</i>	BENEFIT CREDITS <i>Per Pay Period</i>
MEDICAL COVERAGE THROUGH THE SCHOOL SYSTEM	<i>Deductions are based on 20 pay periods</i>				
Open Access Aetna Select HMO					
• Employee	\$8,231.64	\$1,317.06	\$65.85	\$420.00	\$21.00
• Employee + Child(ren)	\$16,038.84	\$2,566.21	\$128.31	\$420.00	\$21.00
• Employee + Spouse	\$18,047.40	\$2,887.58	\$144.38	\$420.00	\$21.00
• Family	\$25,808.76	\$4,129.40	\$206.47	\$420.00	\$21.00
BlueChoice HMO Open Access					
• Employee	\$8,823.60	\$1,411.78	\$70.59	\$420.00	\$21.00
• Employee + Child(ren)	\$17,650.92	\$2,824.15	\$141.21	\$420.00	\$21.00
• Employee + Spouse	\$19,417.08	\$3,106.73	\$155.34	\$420.00	\$21.00
• Family	\$28,502.64	\$4,560.42	\$228.02	\$420.00	\$21.00
Aetna Open Choice PPO					
• Employee	\$10,100.04	\$1,616.01	\$80.80	\$420.00	\$21.00
• Employee + Child(ren)	\$19,674.00	\$3,147.84	\$157.39	\$420.00	\$21.00
• Employee + Spouse	\$22,143.36	\$3,542.94	\$177.15	\$420.00	\$21.00
• Family	\$31,667.64	\$5,066.82	\$253.34	\$420.00	\$21.00

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

DENTAL COSTS

CIGNA – PPO	Annual Rates	Per Pay Period 20 Pay Periods
Employee	\$493.80	\$24.69
Employee + Child(ren)	\$798.96	\$39.95
Employee + Spouse	\$1,138.80	\$56.94
Family	\$1,536.96	\$76.85

VISION COSTS

VSP VISION	Annual Rates	Per Pay Period 20 Pay Periods
Employee	\$82.68	\$4.13
Employee + Child(ren)	\$112.44	\$5.62
Employee + Spouse	\$165.48	\$8.27
Family	\$209.88	\$10.49

AETNA DMO	Annual Rates	Per Pay Period 20 Pay Periods
Employee	\$143.88	\$7.19
Employee + Child(ren)	\$322.80	\$16.14
Employee + Spouse	\$244.68	\$12.23
Family	\$454.20	\$22.71

HCPSS 2024 ANNUAL BENEFIT COSTS

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

$$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times 0.06 \times \text{Rate Above} = \$ \text{Per Pay Cost*}$$

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			Per Payroll Rates Based on 20 Annual Deductions		
Benefit Option	Age	Your Cost	Benefit Option	Age	Your Cost
50% BENEFIT TO \$6,500	< 30	\$0.042	60% BENEFIT TO \$6,500	< 30	\$0.064
	30-34	\$0.069		30-34	\$0.104
	35-39	\$0.089		35-39	\$0.134
	40-44	\$0.142		40-44	\$0.214
	45-49	\$0.192		45-49	\$0.290
	50-54	\$0.293		50-54	\$0.442
	55-59	\$0.382		55-59	\$0.577
	60+	\$0.382		60+	\$0.577

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

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

HCPSS 2024 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
\$5,000				
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
\$15,000				
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
\$30,000				
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
\$50,000				
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
LEGAL PLAN		
	• Individual Coverage	\$16.95 per month
	• Family Coverage	\$18.95 per month
IDENTITY THEFT		
	• Individual Coverage	\$8.95 per month
	• Family Coverage	\$18.95 per month
COMBINED COVERAGE		
	• Individual Coverage	\$33.90 per month
	• Family Coverage	\$25.90 per month

QUESTIONS ABOUT YOUR BENEFITS

Benefits Call Center are available to answer benefit questions.

CALL CENTER HOURS

Monday – Friday: 8:30AM to 4:30PM

CONTACT INFORMATION

Phone: (410) 313-7333; select option 1

Additionally, you may email questions to benefits@hcpss.org

A FINAL WORD

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

KEY CONTACT INFORMATION

CareFirst BlueChoice HMO (Medical)

www.carefirst.com / (800) 628-8549

Hospital Precertification // (866) 773-2884

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

Davis Vision // www.davisvision.com

(800) 783-5602

Aetna Open Choice PPO (Medical)

<https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2024>

(888) 502-3862

Open Access Aetna Select HMO (Medical)

<https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2024>

(888) 502-3862

CVS CareMark

www.caremark.com

(866) 561-6894 (CVS)

(800) 578-4403 (Prudent Rx)

(800) 237-2767 (Specialty Pharmacy)

Vision Service Plan (VSP)

www.vsp.com / (800) 877-7195

MetLife –

www.metlife.com / (800) 638-6420

Conversion (877) 275-6387

Will Preparation. (800) 821-6400

CIGNA PPO (Dental)

www.mycigna.com / (800) 244-6224

Aetna DMO (Dental)

<https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2024>

(877) 238-6200

Guidance Resources - HCPSS Staff Counseling and Support Services www.guidanceresources.com / (888) 532-7874

Legal Shield / ID Shield –

www.legalshield.com/info/hcpss / (202) 285-5810 / (410) 206-4868

The Hartford

www.thehartford.com / (800) 523-2233

VOYA

Whole Life with Long Term Care Rider

(800) 621-0067

Voluntary Benefits (800) 537-5024

Benefits Support Center

benefits@hcpss.org

(410) 313-7333; select option 1

[illegible]