



A guide to your 2019 Employee Benefits



**Howard
County**
Public School System



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Plan Year: January 1, 2019 – December 31, 2019

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 Participant who does not qualify as a Dependent under subsections b and c, solely because the child is not primarily dependent upon the Participant for support so long as over half of the support of the child is received by the child from the Participant 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 dependent 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 with instructions on how to submit verification materials.

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).

BENEFIT CREDITS

HCPSS employees electing a Medical Plan will receive benefit credits in the amount of \$420 per year.

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 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 accident or 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.
- Employees must log on to Workday to make any change requests to existing coverage(s) due to a qualifying event, within 30 days of the qualifying event date
- Employees must log on to Workday to make any change requests to existing coverage(s) due to a qualifying event, within 30 days of the qualifying event date.

Grandfathered Status Under the Patient Protection and Affordable Care Act

HCPSS health plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plans may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be reviewed at the Employee Benefits Security Administration, U.S. Department of Labor at www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

YOUR HCPSS BENEFITS AT-A-GLANCE

	HEALTH INSURANCE
<p>Aetna Medical Plans</p> <p>For detailed benefit information, click here</p> <p>www.aetna.com</p>	<p>Aetna 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.</p> <ul style="list-style-type: none"> • Plan pays 100% for most in-network covered services after a copay • No in-network deductible requirement <p>Aetna 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.</p> <ul style="list-style-type: none"> • Plan pays 100% for most in-network covered services after a copay • No deductible requirement <p>Great Discounts</p> <ul style="list-style-type: none"> • Enjoy savings on products and services that can help your well-being: gym memberships, hearing products, weight-loss programs, massages, vitamins and more. These discounts are not insurance. So there are no claims and no referrals. And, there are no limits to how often you can use your discount. It's on the spot savings that your family members on your health plan can use too. Questions? Call Member Services at 1-888-502-3862. <p>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 (non-DEA prescriptions), 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 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.</p>
<p>BlueCross Blue Shield Medical Plan</p> <p>For detailed benefit information, click here</p> <p>www.carefirst.com</p>	<p>BlueChoice HMO Open Access – an HMO Plan with no referrals required. Provides access to more than 37,000 providers, specialists, 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.</p> <ul style="list-style-type: none"> • In-network coverage only • Plan pays 100% for most in-network covered services after a copay • No deductible requirement • For information regarding Away From Home Care, go to www.hcpss.org/f/employees/benefits/carefirst-hmo-away-from-home.pdf <p>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.</p>
<p>Prescription Plan</p> <p>For detailed benefit information, click here</p> <p>www.express-scripts.com</p>	<p>Express Scripts – Retail or Mail Order. Express Scripts mail order program is voluntary. You can either receive maintenance medications via retail pharmacy or through the mail order program for the same co-pay amounts. Visit Express-Scripts.com to sign up, or call the toll-free number on your ID card.</p> <ul style="list-style-type: none"> • Included with all medical plans • National network of over 50,000 pharmacies • Voluntary Home Delivery (mail order) program <ul style="list-style-type: none"> - Receive up to a 90-day supply for one copay - Free standard shipping - Refill by phone, online with the app or sign up for the automatic refill program

YOUR HCPSS BENEFITS AT-A-GLANCE

	HEALTH INSURANCE
<p>Dental Plans</p> <p>For detailed benefit information, click here</p> <p>www.deltadentalins.com</p>	<p>Cigna Dental DHMO – a dental health maintenance organization where you must select and seek services from your DHMO facility.</p> <ul style="list-style-type: none"> • In-network coverage only, no benefits are available if non-participating dentists are used. • Required to select a primary dentist • No deductible or annual dollar maximums • No claim forms to file <p>Delta Dental PPO – a dental preferred provider plan.</p> <ul style="list-style-type: none"> • Ability to see providers in the Delta network or outside of the Delta network • No requirement to select a primary dentist • No deductible for Diagnostic/Preventive, Basic Restorative, or Orthodontics • The maximum benefit paid per calendar year is \$2,000 for Premier and PPO dentists and is \$1,500 for non-participating dentists per person.
<p>Vision Plan</p> <p>For detailed benefit information, click here</p> <p>www.vsp.com</p>	<p>EXCLUSIVE MEMBER EXTRAS: \$2,500+ IN ADDITIONAL SAVINGS!</p> <ul style="list-style-type: none"> • VISION <ul style="list-style-type: none"> - Rebates and savings on glasses, sunglasses, and contact lenses - Discounts on laser vision surgery - Extra \$20 to spend on featured frame brands • HEALTH <ul style="list-style-type: none"> - Save up to 60% on a pair of digital hearing aids with TruHearing3 - Telehealth, prescription drugs, and diabetic care services • LIFESTYLE <ul style="list-style-type: none"> - Movie tickets, theme parks, travel, and lodging <p>Vision Service Plan (VSP)</p> <ul style="list-style-type: none"> • Ability to see providers in the VSP network or outside of the VSP network • Coverage for well vision exam, prescription glasses, and contact lenses • ID cards are not required
<p>Flexible Spending Accounts</p> <p>For detailed benefit information, click here</p> <p>www.naviabenefits.com</p> <p>Company Code: HWC</p>	<p>Navia Benefit Solutions</p> <p>Health Care FSA</p> <ul style="list-style-type: none"> • Used to reimburse your qualified out-of-pocket medical expenses • Plan year is January 1, 2019 – March 15, 2020 • 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, 2020). All health care FSA services must be incurred on or before March 15, 2020 in order to apply to this plan year. • Annual minimum contribution \$100, annual maximum contribution \$2,650 • Last date to submit 2019 claims is April 30, 2020. Claims submitted after 04/30/2020 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. <p>Dependent Care FSA</p> <ul style="list-style-type: none"> • 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, 2019 – December 31, 2019 • Annual minimum contribution \$100, annual maximum contribution \$5,000 per household. • Last date to submit 2018 claims is April 30, 2020. Claims submitted after 04/30/2020 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. <p>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.</p> <p>Online and mobile claims: Submit claims through your online account by registering your account through the Navia website; www.naviabenefits.com or the mobile application Flexi App for the fastest claim processing times.</p>

YOUR HCPSS BENEFITS AT-A-GLANCE

LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE	
Basic Term Life Insurance <i>For detailed benefit information, click here</i> www.metlife.com	MetLife <ul style="list-style-type: none"> 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 Coverage <i>For detailed benefit information, click here</i> www.metlife.com	MetLife <ul style="list-style-type: none"> 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
VOLUNTARY Supplemental Life Insurance <i>For detailed benefit information, click here</i> www.metlife.com	MetLife <ul style="list-style-type: none"> 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 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 <i>For detailed benefit information, click here</i>	VOYA <ul style="list-style-type: none"> 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

YOUR HCPSS BENEFITS AT-A-GLANCE

EMPLOYEE ASSISTANCE PROGRAM

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

- Confidential Counseling - Up to 6 sessions per issue per year at no cost for you and your dependents
- Call Anytime 1-888-532-7874 TDD 1-800-697-0353
- 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 - GuidanceResources online is your one stop for information, tools and support. Log on for: Timely articles, HelpSheets, tutorials, trainings

website: guidanceresources.com
Company Web ID : HCPSS

Employee Assistance Program through Guidance Resources

For detailed benefit information, click [here](#)

YOUR HCPSS BENEFITS AT-A-GLANCE

VOLUNTARY

Critical Illness Coverage

For detailed benefit information, click [here](#)

CATASTROPHIC INSURANCE

The Hartford

- 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.

Benefits & Features

COVERED ILLNESSES	BENEFIT AMOUNTS
Cancer Conditions	
<ul style="list-style-type: none"> • Invasive Cancer* • Non-invasive Cancer 	<ul style="list-style-type: none"> • 100% of coverage amount • 25% of coverage amount
Vascular Conditions	
<ul style="list-style-type: none"> • Heart Attack*; Heart Transplant*; Stroke* • Coronary Artery Bypass Graft 	<ul style="list-style-type: none"> • 100% of coverage amount • 25% of coverage amount
Other Specified Conditions	
<ul style="list-style-type: none"> • End Stage Renal Failure; Major Organ Transplant* 	<ul style="list-style-type: none"> • 100% of coverage amount
ADDITIONAL BENEFITS	BENEFIT AMOUNTS
<ul style="list-style-type: none"> • Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*) • Second Opinion Cancer • Prosthesis/Wig • Health Screening Benefit 	<ul style="list-style-type: none"> • 100% of original benefit amount • \$500 per diagnosis • \$500 one time • \$50 one time
FEATURES	DETAILS
<ul style="list-style-type: none"> • Coverage Maximum – Primary Insured & Spouse • Coverage Maximum – Child(ren) 	<ul style="list-style-type: none"> • 500% of coverage amount • 300% of coverage amount

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

HealthChampion^{SM2} – 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.

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.

YOUR HCPSS BENEFITS AT-A-GLANCE

VOLUNTARY

Accident Insurance

For detailed benefit information, click [here](#)

CATASTROPHIC INSURANCE

The Hartford

- 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

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

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

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.

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 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.

YOUR HCPSS BENEFITS AT-A-GLANCE

DISABILITY INSURANCE

The Hartford

- 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.

Voluntary Short Term Disability

For detailed benefit information, click [here](#)

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.

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.

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.

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.

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.

YOUR HCPSS BENEFITS AT-A-GLANCE

Voluntary Long Term Disability

For detailed benefit information, click [here](#)

DISABILITY INSURANCE

The Hartford

- 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

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.

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.

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.

YOUR HCPSS BENEFITS AT-A-GLANCE

VOLUNTARY BENEFITS THROUGH LEGALSHIELD	
LegalShield Plan For detailed benefit information, click here	<ul style="list-style-type: none"> • 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 <p><i>NOTE: Any action, proceeding or dispute related to Named Member's employment is excluded from coverage under the membership contract.</i></p>
IDShield Plan For detailed benefit information, click here	<ul style="list-style-type: none"> • 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. <p><i>NOTE: Any action, proceeding or dispute related to Named Member's employment is excluded from coverage under the membership contract.</i></p>

LEARN MORE ABOUT YOUR BENEFIT OFFERINGS

You can learn more about the HCPSS benefit offerings by visiting www.hcpss.org/employees/benefits/.

HCPSS 2019 ANNUAL BENEFIT COSTS

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

Medical Costs

Hire Date On or Before 6/30/2011

5.10% Increase for all plan coverages, except for Parent/Child(ren) and Family Coverage only for Blue Choice with a 7.65% Increase

	TOTAL COST Plan Year	YOUR COST Plan Year	YOUR COST Per Pay Period	BENEFIT CREDITS Plan Year	BENEFIT CREDITS Per Pay Period
No Medical Coverage Through School System		\$0.00	\$0.00	\$0.00	\$0.00
With Medical Coverage Through the School System		<i>Deductions are based on 20 pay periods</i>			
Aetna Open Choice PPO					
Individual	\$7,691.00	\$1,000.00	\$49.99	\$420.00	\$21.00
Parent/Child(ren)	\$14,983.00	\$1,948.00	\$97.39	\$420.00	\$21.00
Employee/Spouse	\$16,863.00	\$2,192.00	\$109.61	\$420.00	\$21.00
Family	\$24,116.00	\$3,135.00	\$156.76	\$420.00	\$21.00
Open Access Aetna Select HMO					
Individual	\$6,269.00	\$815.00	\$40.75	\$420.00	\$21.00
Parent/Child(ren)	\$12,214.00	\$1,588.00	\$79.39	\$420.00	\$21.00
Employee/Spouse	\$13,744.00	\$1,787.00	\$89.34	\$420.00	\$21.00
Family	\$19,655.00	\$2,555.00	\$127.76	\$420.00	\$21.00
BlueChoice HMO Open Access					
Individual	\$6,547.00	\$851.00	\$42.55	\$420.00	\$21.00
Parent/Child	\$13,097.00	\$1,703.00	\$85.13	\$420.00	\$21.00
Employee/Spouse	\$14,407.00	\$1,873.00	\$93.65	\$420.00	\$21.00
Family	\$21,148.00	\$2,749.00	\$137.46	\$420.00	\$21.00

Hire Date On or After 7/01/2011

5.10% Increase for all plan coverages, except for Parent/Child(ren) and Family Coverage only for Blue Choice with a 7.65% Increase

	TOTAL COST Plan Year	YOUR COST Plan Year	YOUR COST Per Pay Period	BENEFIT CREDITS Plan Year	BENEFIT CREDITS Per Pay Period
No Medical Coverage Through School System		\$0.00	\$0.00	\$0.00	\$0.00
With Medical Coverage Through the School System		<i>Deductions are based on 20 pay periods</i>			
Aetna Open Choice PPO					
Individual	\$7,691.00	\$1,154.00	\$57.68	\$420.00	\$21.00
Parent/Child(ren)	\$14,983.00	\$2,247.00	\$112.37	\$420.00	\$21.00
Employee/Spouse	\$16,863.00	\$2,529.00	\$126.47	\$420.00	\$21.00
Family	\$24,116.00	\$3,617.00	\$180.87	\$420.00	\$21.00
Open Access Aetna Select HMO					
Individual	\$6,269.00	\$940.00	\$47.02	\$420.00	\$21.00
Parent/Child(ren)	\$12,214.00	\$1,832.00	\$91.61	\$420.00	\$21.00
Employee/Spouse	\$13,744.00	\$2,062.00	\$103.08	\$420.00	\$21.00
Family	\$19,655.00	\$2,948.00	\$147.41	\$420.00	\$21.00
BlueChoice HMO Open Access					
Individual	\$6,547.00	\$982.00	\$49.10	\$420.00	\$21.00
Parent/Child	\$13,097.00	\$1,965.00	\$98.23	\$420.00	\$21.00
Employee/Spouse	\$14,407.00	\$2,161.00	\$108.06	\$420.00	\$21.00
Family	\$21,148.00	\$3,172.00	\$158.61	\$420.00	\$21.00

HCPSS 2019 ANNUAL BENEFIT COSTS

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

Dental Costs

Delta Dental – PPO <i>1.1% decrease for all plan coverages</i>	Annual Rates	Per Pay Period 20 Pay Periods
Individual	\$391.00	\$19.57
Parent/Child(ren)	\$632.00	\$31.61
Employee/Spouse	\$902.00	\$45.09
Family	\$1,216.00	\$60.79
Cigna DHMO <i>No change in rates for all plan coverages</i>		
Individual	\$140.00	\$7.00
Parent/Child(ren)	\$314.00	\$15.69
Employee/Spouse	\$238.00	\$11.89
Family	\$442.00	\$22.09

Vision Costs

VSP Vision <i>1.0% increase for all plan coverages</i>	Annual Rates	Per Pay Period 20 Pay Periods
Individual	\$82.00	\$4.10
Parent/Child(ren)	\$112.00	\$5.59
Employee/Spouse	\$164.00	\$8.22
Family	\$209.00	\$10.44

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 2019 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	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	\$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 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

You may also email questions to: hcpssbenefits@kellyway.com

HOWARD COUNTY PUBLIC SCHOOL SYSTEM

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

This notice is related to employees and dependents that become covered under the Howard County Public School System benefit plan. (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is:

Howard County Public School System

10910 Route 108

Ellicott City, MD 21042 410-313-6710

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in the notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happen:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his /her gross misconduct;
4. Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose your coverage under the Plan because any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his /her gross misconduct;
4. The parent-employee becomes enrolled in Medicare (Part A, Part B, or both); or
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Available?

The plan will offer COBRA continuation to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event. In addition, if the Plan provides retiree health coverage, then commencement of a proceeding in a bankruptcy with respect to the employer is also a qualifying event where the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 30 days after the qualifying event occurs. You must send this notice to:

COBRA Administration : Jasper and Company

Phone: 410-268-1003

Email : COBRA@JasperandCo.com

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries through our COBRA Administrator, Jasper & Company. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin either (1) on the date of the qualifying event or (2) on the date that Plan coverage would otherwise have been lost, depending on the nature of the Plan.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. This notice should be sent to:

Jasper & Company, Inc.

P.O. Box 3218 • Annapolis, MD 21403

410-268-1003 • COBRA@JasperandCo.com

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 30 days of the second qualifying event. This notice must be sent to:**

Jasper & Company, Inc.

P.O. Box 3218 • Annapolis, MD 21403

410-268-1003 • COBRA@JasperandCo.com

Trade Act of 2002

If you qualify for Trade Adjustment Assistance (TAA) as defined by the Trade Act of 2002, then you will be provided with an additional 60-day enrollment period, with continuation coverage beginning on the date of such TAA approval.

If You Have Questions

If you have questions about your COBRA continuation coverage, you should contact Jasper & Company, Inc. or you may contact the nearest Regional or District Office of the U.S Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator and COBRA Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Administrator Contact Information

Howard County Public School System 10910 Route 108
Ellicott City, MD 21042 • 410-313-6710

COBRA Administrator Contact Information

Jasper & Company, Inc.
P.O. Box 3218 • Annapolis, MD 21403
410-268-1003 • COBRA@JasperandCo.com

FURTHER BENEFIT INFORMATION

Visit your online benefits portal to view:

- Summary of Benefits and Coverage
- Carrier Summaries and Details
- Marketplace and Subsidy Notice
- Important Medicare information about your Prescription Drug Plan
- And other Legal Notices...

You may also request a free paper copy of any of these notices by contacting the KELLY Call Center at the phone number listed on the next page.

KEY CONTACT INFORMATION

Navia Benefit Solutions

Health Care Spending Account / Dependent Care Account
www.naviabenefits.com / (800) 669-3539

CareFirst BlueChoice HMO

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

www.aetna.com / (888) 502-3862

Open Access Aetna Select HMO

www.aetna.com / (888) 502-3862

Vision Service Plan (VSP)

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

Delta Dental

www.deltadentalins.com / (800) 932-0783

Cigna Dental

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

Express Scripts

www.express-scripts.com / (877) 866-5859

The Hartford Voluntary Benefits–Critical Illness & Accident
(877)-248-5077

VOYA

Whole Life with Long Term Care Rider
(800) 621-0067

Voluntary Benefits
(800) 537-5024

The Hartford

Short Term & Long Term Disability
(800) 549-6514

MetLife

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

Conversion
(877) 275-6387

Will Preparation
(800) 821-6400

Benefits Support Center (KELLY)

hcpssbenefits@kellyway.com
(443) 589-1940 / (855) 245-9479

Virgin Pulse

www.virginpulse.com/hcpss / (866) 852-6898

COBRA Administration: Jasper & Company

COBRA@JasperandCo.com / (410) 268-1003

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.



KELLY
The Business of Better

Benefit Strategies

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