



A Complete Guide to Your 2021  
**RETIREE EMPLOYEE BENEFITS**

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

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

## ELIGIBLE RETIREES

Effective 07/01/2018, employees with at least 15 years of cumulative service with HCPSS, are retiring with the Maryland State Retirement Pension System, and are enrolled in one of the school systems medical, dental, or vision plans at least one year prior to retirement date, are eligible for retiree health benefits. **(Retiree rehires from Howard County Public School System are not eligible for active employee benefits).**

## 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 Retiree’s home pending final adoption;
- c. Stepchildren who permanently reside in the Retiree’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 Retiree;
- f. Children for whom the Retiree is required to provide health care coverage under a recognized Qualified Medical Child Support Order

### DEPENDENT ELIGIBILITY VERIFICATION

Retirees who add new dependent(s) 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).

## AGE LIMITS

Dependent children are covered through the end of the birth month until age 26 for all medical, pharmacy, dental, and vision plans.

# CHANGES TO BENEFITS COVERAGE DUE TO A QUALIFYING EVENT

A Retiree may 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 Retiree, Spouse, or Dependent;
- The Retiree 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 Spouse, or Dependent of a Retiree, including a switch between part-time and full-time, if eligible;
- 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 Retiree receives coverage;
- You or your dependent(s) move to a new residence outside Maryland that is not included in your current plan's coverage area. Retiree and Retiree's 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 a Retiree's child. The Retiree can change his/ her election to provide coverage for the child if the order requires coverage under the Retiree's plan; or, the Retiree can make an election change to cancel coverage for the child if the order requires the former Spouse to provide coverage;
- Eligibility for Medicare or Medicaid (other than pediatric vaccines).

## RETIRES

To request any changes to existing coverage(s) due to a qualifying event, complete a Retiree Benefits Change Form and submit it to the Benefits Office, within 30 days of the qualifying event date.

# A FEW WORDS ABOUT MEDICARE

HCPSS requires Medicare enrollment as soon as a retiree/covered dependent is eligible for Medicare. Parts A & B must be elected.

## MEDICARE OVERVIEW

There are three parts to Medicare:

- **Hospital insurance** (also called “Part A” Medicare), which is financed by a portion of the payroll (FICA) tax that also pays for Social Security; and Must enroll if eligible.
- **Medical insurance** (also called “Part B” Medicare), which is partly financed by monthly premiums paid by individuals who choose to enroll. Must enroll if eligible.
- **Prescription drug insurance** (also called “Part D: Medicare), do not enroll unless you qualify for extra help for retirees on limited incomes. Please contact the benefit office if you meet the limited income criteria.

Any individual who is no longer actively employed and who does not enroll in Part B within 3 months after reaching age 65, must wait until the next Medicare general enrollment period (January 1 through March 31) to sign up. Coverage would begin the following July. The monthly premium increases 10% for each 12-month period the individual was eligible but did not enroll. (Note: If an individual age 65 or over is covered under a group health plan from a spouse’s employment, enrollment in Part B may be delayed without waiting for a general enrollment period or paying the 10% premium surcharge for late enrollment.)

All HCPSS medical plans (CareFirst BlueChoice HMO Open Access, Open Access Aetna Select HMO, and Aetna Open Choice PPO) require you and/or any covered Dependent(s) to enroll in Medicare Parts A and B upon meeting any the following Medicare eligibility requirements;

- Upon turning age 65; or
- Upon approval for Social Security Disability Income (SSDI), regardless of age.

All HCPSS medical plans will process all medical claims assuming Medicare payment, effective the date of you and/or any covered Dependent(s) become eligible for Medicare. In some cases, this may result in a retroactive adjustment to your medical claims processing.

A copy of the Medicare Part B card must be submitted to the Benefits Office upon becoming eligible for Medicare.

# IMPORTANT NOTICE 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 the Plan Sponsor 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. The Plan Sponsor has determined that the prescription drug coverage offered by the Company's 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 Are My Choices?**

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 the Plan Sponsor 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 Plan Sponsor. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Plan Sponsor changes. You also may request a copy of this notice at any time.

**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.

**About Medicare prescription drug coverage:**

- Visit [www.medicare.gov](http://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 (800)633-4227. TTY users should call (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](http://www.socialsecurity.gov), or call them at (800)772-1213, TTY (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).

# MEDICAL BENEFITS

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

## COVERAGE(S) OFFERED THROUGH AETNA

### AETNA'S OPEN CHOICE PPO

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

### OPEN ACCESS AETNA SELECT HMO

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

### *A Few Plan Highlights*

#### TELADOC

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

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

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

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

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

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

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

#### CALL OUR INFORMED HEALTH LINE

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



## COVERAGE'S THROUGH CAREFIRST BLUECROSS BLUESHIELD

### BLUECHOICE HMO OPEN ACCESS

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

### *A Few Plan Highlights*

#### CAREFIRST BLUECROSS BLUESHIELD VIDEO VISIT

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

#### CAREFIRST BLUECROSS BLUESHIELD BLUE365®

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

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

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

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

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

	<b>AETNA PPO In-Network</b>	<b>AETNA PPO* Out-of-Network</b>
<b>INPATIENT HOSPITAL CARE</b> Room and Board (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
<b>OUTPATIENT HOSPITAL CARE</b> Surgical/Anesthesia Services	100%	80% after deductible
Outpatient Diagnostic Services	100%	80% after deductible
<b>MATERNITY SERVICES</b> 1 <sup>st</sup> Prenatal Visit	100% after copay	80% after deductible
Pre and Postnatal Care and Delivery	100%	80% after deductible
Routine Nursery Care	100%	80% after deductible
<b>MEDICAL EMERGENCIES</b> (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 \$25 copay	80% after deductible
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b> (Pre-Authorization required for inpatient only) Mental Health Inpatient	100%	80% after deductible
Mental Health Outpatient	\$20 copay	80% after deductible
Substance Abuse Inpatient	100%	80% after deductible
Substance Abuse Outpatient	\$20 copay	80% after deductible

**(1)** Percentage refers to allowed amount. **(2)** The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

**Important Note:**

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

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

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

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

**(1)** Percentage refers to allowed amount. **(2)** The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

# PRESCRIPTION DRUG BENEFITS

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

**(1)** \*To receive the in-network level of benefits, you must use a pharmacy in the Express Scripts network. \*\*A 90-day supply may also be purchased at a retail pharmacy for eligible medications. **(2)** The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

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

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

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

### IF YOU HAVE A NEW PRESCRIPTION

**Get started by:**

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

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

### IF YOU HAVE A PRESCRIPTION

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

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

## PRESCRIPTION PROGRAMS

### SMART90

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

### ADVANCED UTILIZATION MANAGEMENT (AUM)

Express Scripts clinical review criteria requires that certain medications be subject to a clinical review prior to dispensing. Your physician should call Express Scripts at (800)417-1764 to arrange a review prior to a refill of any of these medications.

### MANDATORY GENERICS (DAW2)

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

### VACCINE COVERAGE

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

# DENTAL BENEFITS

## DENTAL PLAN CARRIER CHANGES FOR PLAN YEAR 2021:

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

## COVERAGE(S) OFFERED THROUGH AETNA

### AETNA DMO

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

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

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

	AETNA DMO In-Network Only
<b>BENEFITS</b>	
Deductible	\$0
Maximum Benefit per Calendar Year	Unlimited
<b>PROFESSIONAL SERVICES</b>	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* Orthodontia portion: * 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)

(1) To view patient charge schedule for dental services, go to, <https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020>.

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



**DISCOUNTS FOR HEALTHY LIVING THROUGH AETNA**

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

**COVERAGE(S) OFFERED THROUGH CIGNA**

**CIGNA DENTAL PPO**

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

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

**(1)** For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule. **(2)** 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. **(3)** The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

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

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

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

**OTHER CIGNA HEALTHY REWARDS**

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

# VISION BENEFITS

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

Vision Benefit Frequency: Once Every Calendar Year

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

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

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

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

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

### DISCOUNTS ON HEARING AIDS FROM VSP

VSP eligible Retirees 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 members 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.

### **To Find A Participating VSP Provider**

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

### **For Non-VSP Doctor Appointment Only**

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

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

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

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

**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**

TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE



NINE WEST

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



UP  
TO **40%**  
SAVINGS ON LENS  
ENHANCEMENTS



# LIFE INSURANCE

## ELIGIBILITY

An employee who retires as a member of the Maryland State Retirement and Pension Systems, with at least 10 cumulative years of service is eligible for life insurance through MetLife.

## BENEFIT AMOUNT

The lesser of one times your basic yearly earnings or \$250,000.

## BENEFIT REDUCTION

The insurance will be reduced by 10% on the date of retirement, and by an additional 10% of the original amount of insurance on each of the next four anniversaries of the date of retirement.

## 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 [www.hcpss.org/retiree-benefits/](http://www.hcpss.org/retiree-benefits/).

## WILLSCENTER.COM

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

### Learn More About Your Benefit Offerings

You can learn more about HCPSS Retiree Health benefit offerings by visiting [www.hcpss.org/employees/retiree-benefits/](http://www.hcpss.org/employees/retiree-benefits/)

# 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](mailto:hcpssbenefits@kellyway.com) or [benefits@hcpss.org](mailto:benefits@hcpss.org)

FOR RETIREES WHO RETIRED ON OR BEFORE 07/01/2010

MONTHLY PREMIUM COST FOR PLAN YEAR

3.65% increase across all plan coverages

Consecutive Years of Service with Howard County Public Schools % of Board Contribution (Retiree Only)	Monthly Premium	10	11	12	13	14	15	16 - 19	20 and Over	Medicare eligible with 30+ years
		50%	55%	60%	65%	70%	75%	80%	90%	
<b>BLUECHOICE</b>										
Retiree Under 65	583.30	291.65	262.49	233.32	204.16	174.99	145.83	116.66	58.33	
Retiree Under 65 and 1 child	1,166.91	875.26	846.10	816.93	787.77	758.60	729.44	700.27	641.94	
Retiree Under 65 and 2+ children	1,166.91	875.26	846.10	816.93	787.77	758.60	729.44	700.27	641.94	
Retiree Under 65 and Spouse Under 65	1,283.75	992.10	962.94	933.77	904.61	875.44	846.28	817.11	758.78	
Retiree Under 65 and Spouse Under 65 and 1 child	1,884.36	1,592.71	1,563.55	1,534.38	1,505.22	1,476.05	1,446.89	1,417.72	1,359.39	
Retiree Under 65 and Spouse Under 65 and 2+ children	1,884.36	1,592.71	1,563.55	1,534.38	1,505.22	1,476.05	1,446.89	1,417.72	1,359.39	
Retiree Under 65 and Spouse Over 65	1,061.23	769.58	740.42	711.25	682.09	652.92	623.76	594.59	536.26	
Retiree Under 65 and Spouse Over 65 and 1 child	1,644.84	1,353.19	1,324.03	1,294.86	1,265.70	1,236.53	1,207.37	1,178.20	1,119.87	
Retiree Under 65 and Spouse Over 65 and 2+ children	1,778.99	1,487.34	1,458.18	1,429.01	1,399.85	1,370.68	1,341.52	1,312.35	1,254.02	
Retiree Over 65	477.93	238.97	215.07	191.17	167.28	143.38	119.48	95.59	47.79	0.00
Retiree Over 65 and 1 child	1,061.54	822.58	798.68	774.78	750.89	726.99	703.09	679.20	631.40	583.61
Retiree Over 65 and 2+ children	1,061.54	822.58	798.68	774.78	750.89	726.99	703.09	679.20	631.40	583.61
Retiree Over 65 and Spouse Under 65	1,061.23	822.27	798.37	774.47	750.58	726.68	702.78	678.89	631.09	583.30
Retiree Over 65 and Spouse Under 65 and 1 child	1,644.84	1,405.88	1,381.98	1,358.08	1,334.19	1,310.29	1,286.39	1,262.50	1,214.70	1,166.91
Retiree Over 65 and Spouse Under 65 and 2+ children	1,778.99	1,540.03	1,516.13	1,492.23	1,468.34	1,444.44	1,420.54	1,396.65	1,348.85	1,301.06
Retiree Over 65 and Spouse Over 65	955.86	716.90	693.00	669.10	645.21	621.31	597.41	573.52	525.72	477.93
Retiree Over 65 and Spouse Over 65 and 1 child	1,556.47	1,317.51	1,293.61	1,269.71	1,245.82	1,221.92	1,198.02	1,174.13	1,126.33	1,078.54
Retiree Over 65 and Spouse Over 65 and 2+ children	1,556.47	1,317.51	1,293.61	1,269.71	1,245.82	1,221.92	1,198.02	1,174.13	1,126.33	1,078.54

FOR RETIREES WHO RETIRED ON OR BEFORE 07/01/2010

MONTHLY PREMIUM COST FOR PLAN YEAR											
3.65% increase across all plan coverages											
Consecutive Years of Service with Howard County Public Schools	Monthly Premium Cost	10	11	12	13	14	15	16-19	20+	Medicare eligible with 30+ years	
Board Contribution (Retiree Only)	50%	55%	60%	65%	70%	75%	80%	90%	100%		
<b>OPEN ACCESS/AETNA SELECT/HMO</b>											
Retiree Under 65	558.59	279.30	251.37	223.44	195.51	167.58	139.65	111.72	55.86		
Retiree Under 65 and 1 child	1,088.30	809.01	781.08	753.15	725.22	697.29	669.36	641.43	585.57		
Retiree Under 65 and 2+ children	1,088.30	809.01	781.08	753.15	725.22	697.29	669.36	641.43	585.57		
Retiree Under 65 and Spouse Under 65	1,224.64	945.35	917.42	889.49	861.56	833.63	805.70	777.77	721.91		
Retiree Under 65 and Spouse Under 65 and 1 child	1,751.36	1,472.07	1,444.14	1,416.21	1,388.28	1,360.35	1,332.42	1,304.49	1,248.63		
Retiree Under 65 and Spouse Under 65 and 2+ children	1,751.36	1,472.07	1,444.14	1,416.21	1,388.28	1,360.35	1,332.42	1,304.49	1,248.63		
Retiree Under 65 and Spouse Over 65	1,016.64	737.35	709.42	681.49	653.56	625.63	597.70	569.77	513.91		
Retiree Under 65 and Spouse Over 65 and 1 child	1,546.35	1,267.06	1,239.13	1,211.20	1,183.27	1,155.34	1,127.41	1,099.48	1,043.62		
Retiree Under 65 and Spouse Over 65 and 2+ children	1,546.35	1,267.06	1,239.13	1,211.20	1,183.27	1,155.34	1,127.41	1,099.48	1,043.62		
Retiree Over 65	458.05	229.03	206.12	183.22	160.32	137.42	114.51	91.61	45.81	0.00	
Retiree Over 65 and 1 child	987.76	758.74	735.83	712.93	690.03	667.13	644.22	621.32	575.52	529.71	
Retiree Over 65 and 2+ children	987.76	758.74	735.83	712.93	690.03	667.13	644.22	621.32	575.52	529.71	
Retiree Over 65 and Spouse Under 65	1,016.64	787.62	764.71	741.81	718.91	696.01	673.10	650.20	604.40	558.59	
Retiree Over 65 and Spouse Under 65 and 1 child	1,546.35	1,317.33	1,294.42	1,271.52	1,248.62	1,225.72	1,202.81	1,179.91	1,134.11	1,088.30	
Retiree Over 65 and Spouse Under 65 and 2+ children	1,546.35	1,317.33	1,294.42	1,271.52	1,248.62	1,225.72	1,202.81	1,179.91	1,134.11	1,088.30	
Retiree Over 65 and Spouse Over 65	916.10	687.08	664.17	641.27	618.37	595.47	572.56	549.66	503.86	458.05	
Retiree Over 65 and Spouse Over 65 and 1 child	1,442.82	1,213.80	1,190.89	1,167.99	1,145.09	1,122.19	1,099.28	1,076.38	1,030.58	984.77	
Retiree Over 65 and Spouse Over 65 and 2+ children	1,442.82	1,213.80	1,190.89	1,167.99	1,145.09	1,122.19	1,099.28	1,076.38	1,030.58	984.77	

FOR RETIREES WHO RETIRED ON OR BEFORE 07/01/2010

MONTHLY PREMIUM COST FOR PLAN YEAR											Medicare eligible with 30+ years
Monthly Premium Cost	10	11	12	13	14	15	16-19	20+	3.65% increase across all plan coverages		
Consecutive Years of Service with Howard County Public Schools	50%	55%	60%	65%	70%	75%	80%	90%	90%	100%	100%
Board Contribution (Retiree Only)											
<b>AETNA PPO</b>											
Retiree Under 65	685.32	342.66	308.39	274.13	239.86	205.60	171.33	137.06	68.53		
Retiree Under 65 and 1 child	1,335.02	992.36	958.09	923.83	889.56	855.30	821.03	786.76	718.23		
Retiree Under 65 and 2+ children	1,335.02	992.36	958.09	923.83	889.56	855.30	821.03	786.76	718.23		
Retiree Under 65 and Spouse Under 65	1,502.53	1,159.87	1,125.60	1,091.34	1,057.07	1,022.81	988.54	954.27	885.74		
Retiree Under 65 and Spouse Under 65 and 1 child	2,148.81	1,806.15	1,771.88	1,737.62	1,703.35	1,669.09	1,634.82	1,600.55	1,532.02		
Retiree Under 65 and Spouse Under 65 and 2+ children	2,148.81	1,806.15	1,771.88	1,737.62	1,703.35	1,669.09	1,634.82	1,600.55	1,532.02		
Retiree Under 65 and Spouse Over 65	1,270.81	928.15	893.88	859.62	825.35	791.09	756.82	722.55	654.02		
Retiree Under 65 and Spouse Over 65 and 1 child	1,920.51	1,577.85	1,543.58	1,509.32	1,475.05	1,440.79	1,406.52	1,372.25	1,303.72		
Retiree Under 65 and Spouse Over 65 and 2+ children	1,920.51	1,577.85	1,543.58	1,509.32	1,475.05	1,440.79	1,406.52	1,372.25	1,303.72		
Retiree Over 65	585.49	292.75	263.47	234.20	204.92	175.65	146.37	117.10	58.55	0.00	
Retiree Over 65 and 1 child	1,235.19	942.45	913.17	883.90	854.62	825.35	796.07	766.80	708.25	649.70	
Retiree Over 65 and 2+ children	1,235.19	942.45	913.17	883.90	854.62	825.35	796.07	766.80	708.25	649.70	
Retiree Over 65 and Spouse Under 65	1,270.81	978.07	948.79	919.52	890.24	860.97	831.69	802.42	743.87	685.32	
Retiree Over 65 and Spouse Under 65 and 1 child	1,920.51	1,627.77	1,598.49	1,569.22	1,539.94	1,510.67	1,481.39	1,452.12	1,393.57	1,335.02	
Retiree Over 65 and Spouse Under 65 and 2+ children	1,920.51	1,627.77	1,598.49	1,569.22	1,539.94	1,510.67	1,481.39	1,452.12	1,393.57	1,335.02	
Retiree Over 65 and Spouse Over 65	1,170.98	878.24	848.96	819.69	790.41	761.14	731.86	702.59	644.04	585.49	
Retiree Over 65 and Spouse Over 65 and 1 child	1,817.26	1,524.52	1,495.24	1,465.97	1,436.69	1,407.42	1,378.14	1,348.87	1,290.32	1,231.77	
Retiree Over 65 and Spouse Over 65 and 2+ children	1,817.26	1,524.52	1,495.24	1,465.97	1,436.69	1,407.42	1,378.14	1,348.87	1,290.32	1,231.77	

## FOR RETIREES WHO RETIRED ON OR AFTER 07/02/2010

### ELIGIBLE RETIREE

Effective 07/01/2018 employees with at least 15 years of cumulative service with HCPSS who have enrolled in medical, dental, and/or vision plans at least one year prior to retirement, and grandfathered retirees, are eligible for retiree health benefits through HCPSS.

Retirees who do not meet the eligibility requirements above will not be eligible for retiree health benefits through HCPSS, however they may elect to continue their health benefits under COBRA.

See *Retiree Health Benefits – Eligibility Criteria on page 17 for additional information.*

Effective 07/01/2018 Cumulative Years of Service with Howard County Public Schools Board Contribution (Retiree Only)	MONTHLY PREMIUM COST FOR PLAN YEAR				Grandfathered Medicare Eligible Retirees with 30+ years
	Monthly Premium Cost	15-19 50%	20-24 75%	25+ 90%	
<b>BLUECHOICE</b>					
Retiree Under 65	583.30	304.01	164.36	80.57	
Retiree Under 65 and 1 child	1,166.91	887.62	747.97	664.18	
Retiree Under 65 and 2+ children	1,166.91	887.62	747.97	664.18	
Retiree Under 65 and Spouse Under 65	1,283.75	1,004.46	864.81	781.02	
Retiree Under 65 and Spouse Under 65 and 1 child	1,884.36	1,605.07	1,465.42	1,381.63	
Retiree Under 65 and Spouse Under 65 and 2+ children	1,884.36	1,605.07	1,465.42	1,381.63	
Retiree Under 65 and Spouse Over 65	1,061.23	781.94	642.29	558.50	
Retiree Under 65 and Spouse Over 65 and 1 child	1,644.84	1,365.55	1,225.90	1,142.11	
Retiree Under 65 and Spouse Over 65 and 2+ children	1,778.99	1,499.70	1,360.05	1,276.26	
Retiree Over 65	477.93	248.91	134.39	65.69	19.88
Retiree Over 65 and 1 child	1,061.54	832.52	718.00	649.30	603.49
Retiree Over 65 and 2+ children	1,061.54	832.52	718.00	649.30	603.49
Retiree Over 65 and Spouse Under 65	1,061.23	832.21	717.69	648.99	603.18
Retiree Over 65 and Spouse Under 65 and 1 child	1,644.84	1,415.82	1,301.30	1,232.60	1,186.79
Retiree Over 65 and Spouse Under 65 and 2+ children	1,778.99	1,549.97	1,435.45	1,366.75	1,320.94
Retiree Over 65 and Spouse Over 65	955.86	726.84	612.32	543.62	497.81
Retiree Over 65 and Spouse Over 65 and 1 child	1,556.47	1,327.45	1,212.93	1,144.23	1,098.42
Retiree Over 65 and Spouse Over 65 and 2+ children	1,556.47	1,327.45	1,212.93	1,144.23	1,098.42

3.65% increase across all plan coverages



# FOR RETIREES WHO RETIRED ON OR AFTER 07/02/2010

	MONTHLY PREMIUM COST FOR PLAN YEAR				Grandfathered Medicare Eligible Retirees with 30+ years
	Monthly Premium Cost	15-19	20-24	25+	
Effective 07/01/2018 Cumulative Years of Service with Howard County Public Schools Board Contribution (Retiree Only) <small>3.65% increase across all plan coverages</small>					
<b>OPEN ACCESS AETNA SELECT HMO</b>					
Retiree Under 65	558.59	279.30	139.65	55.86	
Retiree Under 65 and 1 child	1,088.30	809.01	669.36	585.57	
Retiree Under 65 and 2+ children	1,088.30	809.01	669.36	585.57	
Retiree Under 65 and Spouse Under 65	1,224.64	945.35	805.70	721.91	
Retiree Under 65 and Spouse Under 65 and 1 child	1,751.36	1,472.07	1,332.42	1,248.63	
Retiree Under 65 and Spouse Under 65 and 2+ children	1,751.36	1,472.07	1,332.42	1,248.63	
Retiree Under 65 and Spouse Over 65	1,016.64	737.35	597.70	513.91	
Retiree Under 65 and Spouse Over 65 and 1 child	1,546.35	1,267.06	1,127.41	1,043.62	
Retiree Under 65 and Spouse Over 65 and 2+ children	1,546.35	1,267.06	1,127.41	1,043.62	
Retiree Over 65	458.05	229.03	114.51	45.81	0.00
Retiree Over 65 and 1 child	987.76	758.74	644.22	575.52	529.71
Retiree Over 65 and 2+ children	987.76	758.74	644.22	575.52	529.71
Retiree Over 65 and Spouse Under 65	1,016.64	787.62	673.10	604.40	558.59
Retiree Over 65 and Spouse Under 65 and 1 child	1,546.35	1,317.33	1,202.81	1,134.11	1,088.30
Retiree Over 65 and Spouse Under 65 and 2+ children	1,546.35	1,317.33	1,202.81	1,134.11	1,088.30
Retiree Over 65 and Spouse Over 65	916.10	687.08	572.56	503.86	458.05
Retiree Over 65 and Spouse Over 65 and 1 child	1,442.82	1,213.80	1,099.28	1,030.58	984.77
Retiree Over 65 and Spouse Over 65 and 2+ children	1,442.82	1,213.80	1,099.28	1,030.58	984.77

FOR RETIREES WHO RETIRED ON OR AFTER 07/02/2010

Effective 07/01/2018 Cumulative Years of Service with Howard County Public Schools Board Contribution (Retiree Only)	MONTHLY PREMIUM COST FOR PLAN YEAR <small>3.65% increase across all plan coverages</small>				Grandfathered Medicare Eligible Retirees with 30+ years
	Monthly Premium Cost	15-19	20-24	25+	
<b>AETNA PPO</b>					
Retiree Under 65	685.32	406.03	266.38	182.59	100%
Retiree Under 65 and 1 child	1,335.02	1,055.73	916.08	832.29	
Retiree Under 65 and 2+ children	1,335.02	1,055.73	916.08	832.29	
Retiree Under 65 and Spouse Under 65	1,502.53	1,223.24	1,083.59	999.80	
Retiree Under 65 and Spouse Under 65 and 1 child	2,148.81	1,869.52	1,729.87	1,646.08	
Retiree Under 65 and Spouse Under 65 and 2+ children	2,148.81	1,869.52	1,729.87	1,646.08	
Retiree Under 65 and Spouse Over 65	1,270.81	991.52	851.87	768.08	
Retiree Under 65 and Spouse Over 65 and 1 child	1,920.51	1,641.22	1,501.57	1,417.78	
Retiree Under 65 and Spouse Over 65 and 2+ children	1,920.51	1,641.22	1,501.57	1,417.78	
Retiree Over 65	585.49	356.47	241.95	173.25	127.44
Retiree Over 65 and 1 child	1,235.19	1,006.17	891.65	822.95	777.14
Retiree Over 65 and 2+ children	1,235.19	1,006.17	891.65	822.95	777.14
Retiree Over 65 and Spouse Under 65	1,270.81	1,041.79	927.27	858.57	812.76
Retiree Over 65 and Spouse Under 65 and 1 child	1,920.51	1,691.49	1,576.97	1,508.27	1,462.46
Retiree Over 65 and Spouse Under 65 and 2+ children	1,920.51	1,691.49	1,576.97	1,508.27	1,462.46
Retiree Over 65 and Spouse Over 65	1,170.98	941.96	827.44	758.74	712.93
Retiree Over 65 and Spouse Over 65 and 1 child	1,817.26	1,588.24	1,473.72	1,405.02	1,359.21
Retiree Over 65 and Spouse Over 65 and 2+ children	1,817.26	1,588.24	1,473.72	1,405.02	1,359.21

## RETIREE HEALTH BENEFITS—ELIGIBILITY CRITERIA

The chart below details the years of service and percentages paid by the Howard County Public Schools System (HCPSS) towards retiree insurance premiums.

Years of Service	15-20	20-24	25 and over
% of Board Contribution	50%	75%	90%

## ELIGIBILITY

Effective 07/01/2018 eligible employees with at least 15 years of cumulative service with HCPSS, are retiring with the Maryland State Retirement and Pension System, and were enrolled in medical, dental, and/or vision plans one year prior to their retirement date are eligible for retiree health benefits. See below for special provisions for Grandfathered Retirees.

### GRANDFATHERED RETIREES

The chart below details the years of service and percentages paid by the Howard County Public Schools System (HCPSS) towards retiree insurance premiums for grandfathered retirees.

Years of Service	10-19	20-24	25-29	Grandfathered Medicare Eligible Retirees with 30 years or more
% of Board Contribution	50%	75%	90%	100%

### GRANDFATHERED RETIREES—ELIGIBILITY

Employees with at least 10 years of consecutive service with HCPSS as of July 1, 2009, are retiring with the Maryland State Retirement and Pension System, and enrolled in a medical, dental, and/or vision plan one year prior to retirement date, are grandfathered for eligibility.

Employees hired between July 1, 1999 and June 30, 2009 who were 50 years old at the date of hire or turned 50 years old within the calendar year of hire, have at least 10 years of consecutive service with HCPSS, are retiring with the Maryland State Retirement and Pension System, and enrolled in a medical, dental, and/or vision plan one year prior to retirement date are grandfathered for eligibility.

Employees who had at least 25 years of consecutive service as of July 1, 2009, who retire with at least 30 consecutive years of service, are Medicare eligible, are retiring with the Maryland State Retirement and Pension System, and enrolled in a medical, dental, and/or vision plan one year prior to retirement date are grandfathered for eligibility to a maximum of 100%.

**Important Note: Employees, who do not meet the eligibility criteria above, will not be eligible to receive retiree health insurance benefits through HCPSS, however they may elect to continue their health benefits under COBRA.**

### OPT-OUT/OPT-IN PROVISION

Employees may elect a **one-time only** opt-out of HCPSS retiree health benefits at the time of retirement with the Maryland State Retirement and Pension System, provided that the employee maintained medical, dental, and/or vision coverage(s) one year prior to retirement date. Employees who chose to opt-out at the time of retirement will be allowed a **one-time only** opt-in to the HCPSS's retiree health benefits during a future open enrollment period or due to a qualifying event.

### BOARD CONTRIBUTION—BASIS OF SUBSIDY

Currently, the Board contribution percentage will be applied to the cost of retiree coverage of the Aetna HMO plan. Retirees may continue to select other plans offered, but will only receive the Board contribution based on the current premium rates for the Aetna HMO.

# DENTAL & VISION RATES

## DENTAL RATES

<b>CIGNA – PPO</b> <i>4.8% decrease for all coverages</i>	<b>MONTHLY RATES</b>
Individual	\$34.93
Parent/Child(ren)	\$54.00
Employee/Spouse	\$75.33
Family	\$100.25
<b>AETNA DHMO</b> <i>3.1% decrease for all coverages</i>	
Individual	\$11.30
Parent/Child(ren)	\$25.35
Employee/Spouse	\$19.21
Family	\$35.67

## VISION COSTS

<b>VSP VISION</b> <i>1.9% increase for all coverages</i>	<b>MONTHLY RATES</b>
Individual	\$6.97
Parent/Child(ren)	\$9.50
Employee/Spouse	\$13.96
Family	\$17.73

For additional information regarding benefit plans, visit [www.hcpss.org/retiree-benefits/](http://www.hcpss.org/retiree-benefits/).

## A FINAL WORD

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

## KEY CONTACT INFORMATION

### CareFirst BlueChoice HMO (Medical)

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

Hospital Precertification // (866) 773-2884

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

Davis Vision // [www.davisvision.com](http://www.davisvision.com) / (800) 783-5602

### Aetna Open Choice PPO (Medical)

<https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020> / (888) 502-3862

### Open Access Aetna Select HMO (Medical)

<https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020> / (888) 502-3862

### Vision Service Plan (VSP)

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

### CIGNA PPO (Dental)

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

### Aetna DMO (Dental)

<https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2020> / (877) 238-6200

### Express Scripts (Prescription)

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

### HCPSS Benefits Support Center

[hcpssbenefits@kellyway.com](mailto:hcpssbenefits@kellyway.com) / (443) 589-1940 / (855) 245-9479

### Social Security Information (SSA)

*Change of address, General Medicare Part A or B eligibility or premiums*

(800) 772-1213

### Medicare Help Life

*Request new ID card, Ordering Medicare publications, General Medicare information*

[www.medicare.gov](http://www.medicare.gov) / (800) MEDICARE (633-4227)

### Maryland State Retirement Agency and Pension

[www.sra.maryland.gov](http://www.sra.maryland.gov) / (410) 625-5555





*Designed & Prepared by:*



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

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