



2019 Benefits Enrollment Guide for Retirees



**Howard
County**
Public School System



CONTENTS

Benefits

Eligible Retiree	4
Dependents	4
Age Limits	4
Changes to Benefits Coverage Due to Qualifying Event.....	5
A Few Words About Medicare	5
Prescription Drug Coverage and Medicare.....	6

Benefits

Medical	8-9
Prescription Drug	10
Dental	11
Vision	12
Life Insurance	13

Monthly Premium Cost

For Retirees Who Retired On or Before 07/01/2010	14-16
For Retirees Who Retired On or After 07/02/2010	17-19

Retiree Health Benefits – Eligibility Criteria	20
---	----

Dental & Vision Rates	21
--	----

Key Contact Information	24
--------------------------------------	----

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.

ELIGIBLE RETIREE

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). 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.

CHANGES TO BENEFITS COVERAGE DUE TO 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 an 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).

Retirees

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

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

REMEMBER:

KEEP THIS CREDITABLE COVERAGE NOTICE. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

MEDICAL BENEFITS

HCPSS offers you a choice of three medical plans:

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.

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.

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.

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.

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.

	AETNA PPO In-Network	AETNA PPO Out-of-Network	AETNA HMO Nationwide In-Network Only	BLUECHOICE HMO* Regional In-Network Only (MD, DC, & N. VA)
BENEFITS				
Calendar Year Deductible	\$0 Ind. / \$0 Fam.	\$100 Ind. / \$300 Fam.	\$0 Ind. / \$0 Fam.	\$0 Ind. / \$0 Fam.
Calendar Year Out-of-Pocket Maximum	\$500 Ind. / \$1,500 Fam. <i>(includes copays)</i>	\$1,000 Ind. / \$3,000 Fam. <i>(includes copays & deductibles)</i>	\$2,000 Ind. / \$6,000 Fam. <i>(includes copays)</i>	\$2,000 Ind. / \$6,000 Fam.
Coinsurance	100%	Unlimited	100%	100%
Lifetime Maximum	Unlimited	Unlimited	None	None
PROFESSIONAL SERVICES				
Primary Care Office Visit	\$15 copay	80% after deductible	\$10 copay	\$10 copay
Specialist Office Visit	\$20 copay	80% after deductible	\$15 copay	\$15 copay
Gynecology Office Visit	\$15 copay <i>(well women visit)</i> \$20 copay <i>(all other visits)</i>	80% after deductible	\$10 copay <i>(well women visit)</i> \$15 copay <i>(all other visits)</i>	\$10 copay <i>(well women visit)</i> \$15 copay <i>(all other visits)</i>
Diagnostic Tests	Included with PCP or Specialist copayment	80% after deductible	Included with PCP or Specialist copayment	100% after copay
Diagnostic Tests <i>(performed by lab or other testing facility & billed separately from office visit)</i>	100%	80% after deductible	100%	100%
Physical Therapy Office Visit	100% <i>(120 visits combined with Occupational Therapy)</i>	80% after deductible <i>(120 visits combined with Occupational Therapy)</i>	100% after copay <i>(120 visits combined with Occupational Therapy)</i>	100% after copay <i>(30 visits per condition per calendar year)</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>	100% after copay <i>(120 visits combined with Physical Therapy)</i>	100% after copay <i>(30 visits per condition per calendar year)</i>
Speech Therapy Office Visit	100% no copay <i>(maximum 60 visits)</i>	80% after deductible <i>(maximum 60 visits)</i>	100% after copay <i>(maximum 60 visits)</i>	100% after copay <i>(30 visits per condition per calendar year)</i>

	AETNA PPO In-Network	AETNA PPO* Out-of-Network	AETNA HMO Nationwide In-Network Only	BLUECHOICE HMO* Regional In-Network Only (MD, DC, & N. VA)
PREVENTIVE CARE				
Well Child Visit/Immunization	\$15 copay	80% after deductible	\$10 copay	\$10 copay
Routine Adult Physical	\$15 copay	80% after deductible	\$10 copay	\$10 copay
Routine Gynecological Exam <i>(one exam per calendar year)</i>	\$15 copay	80% after deductible	\$10 copay	\$10 copay
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	100% when included with routine GYN exam	100% when included with routine GYN exam
Routine Mammogram	100% <i>(Baseline between ages 35-39. One per calendar year age 40 & over)</i>	80% after deductible <i>(Baseline between ages 35-39. One per calendar year age 40 & over)</i>	\$10 copay <i>(Baseline between ages 35-39. One per calendar year age 40 & over)</i>	100% unlimited visits
INPATIENT HOSPITAL CARE				
Room and Board <i>(Pre-Authorization required)</i>	100%	80% after deductible	100%	100%
Physician/Surgical Services	100%	80% after deductible	100%	100%
Intensive Care Unit/ Critical Care Unit	100%	80% after deductible	100%	100%
Maternity/Nursing/ Birthing Center	100%	80% after deductible	100%	100%
OUTPATIENT HOSPITAL CARE				
Surgical/Anesthesia Services	100%	80% after deductible	100%	100%
Outpatient Diagnostic Services	100%	80% after deductible	100%	100%
MATERNITY SERVICES				
1 st Prenatal Visit	100% after copay	80% after deductible	100% after copay	100% after copay
Pre and Postnatal Care and Delivery	100%	80% after deductible	100%	100%
Routine Nursery Care	100%	80% after deductible	100%	100%
MEDICAL EMERGENCIES <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>	100% after \$50 ER copay <i>(waived if admitted)</i>	100% after \$50 ER copay <i>(waived if admitted)</i>
Urgent Care Center	100% after \$25 copay	80% after deductible	100% after \$15 copay	100% after \$15 copay
MENTAL HEALTH AND SUBSTANCE ABUSE <i>(Pre-Authorization required for inpatient only)</i>				
Mental Health Inpatient	100%	80% after deductible	100%	100%
Mental Health Outpatient	\$20 copay	80% after deductible	\$15 copay	\$15 copay
Substance Abuse Inpatient	100%	80% after deductible	100%	100%
Substance Abuse Outpatient	\$20 copay	80% after deductible	\$15 copay	\$15 copay

Percentage refers to allowed amount.

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

PRESCRIPTION DRUG BENEFITS

	PPO Prescription Drug Program	HMO Prescription Drug Program
In-Network* Pharmacy 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
Express Scripts Pharmacy (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

*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. 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 PHARMACYSM

By having your long-term medicine delivered, you'll get up to a 90-day supply for just one copay. With a 90-day supply, you'll typically pay less. Also, standard 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. 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.

DENTAL BENEFITS

HCPSS offers you a choice of two dental plans:

CIGNA Dental Care DHMO, is a dental health maintenance organization (DHMO). You must select and seek services from your DHMO facility. No benefits are available if non-participating dentists are used. There is no deductible to meet, no annual dollar maximums, and no claim forms for you to file.

Delta Dental PPO, allows you the freedom to visit any licensed dentist, but you will maximize plan value by taking advantage of our large nationwide network. Delta Dental PPO dentists generally offer the lowest contracted rates and greatest cost savings. Delta Dental Premier dentists are your next best bet, with contracted rates that help you save.

	CIGNA DENTAL DHMO In-Network Only	DELTA DENTAL PPO In-Network** & Out-of-Network**
Benefits		Benefits & Covered Services*
Deductible	\$0	Diagnostic & Preventive Benefits <i>(Oral Examinations, Routine Cleanings, X-rays, Fluoride treatment, Space Maintainers, Sealants)</i>
Maximum Benefit per Calendar Year	Unlimited	100%
Professional Services	Plan Pays	Basic Benefits <i>(Fillings, Posterior Composites)</i>
Preventive Care <i>(Exams, Cleanings & X-rays)</i>	100%*	90%
Restorative Fillings	Copays for covered procedures range from \$23-\$140*	Major Benefits <i>(Inlays, Onlays and Cast Restorations)</i>
Crowns and Bridges	Copays for covered procedures range from \$425-\$520*	50%
Endodontic <i>(Root Canals)</i>	Copays for covered procedures range from \$375-\$680*	Endodontics <i>(Root Canals)</i>
Periodontics	Copays for covered procedures range from \$75-\$640*	80%
Prosthetics	Copays for covered procedures range from \$43-\$780*	Periodontics <i>(Gum Treatment)</i>
Orthodontics	Copayments vary from case to case Maximum benefit of 24 months*	Oral Surgery <i>(Incisions, Excisions, Surgical Removal of Tooth including Simple Extractions)</i>
Emergency Care	\$65 (\$77 after regularly scheduled hours)	80%
		Prosthetics <i>(Bridges, Dentures, Implants)</i>
		Crowns
		Orthodontic Benefit <i>(Children only to the end of the calendar year they reach age 19)</i>
		Orthodontic Maximum
		\$1,200 Lifetime
		Other – Denture Repair
		Services covered at 80%

*To view patient charge schedule, go to <https://hcpss.hrintouch.com>. Click on Dental, select CIGNA Dental DHMO.

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.

*Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

**Fees are based on PPO fees for PPO dentists and PPO fees for out-of-PPO dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

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

VISION BENEFITS

HCPSS offers 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

Benefits	COPAY	Coverage with COSTCO / VISIONWORKS	NON VSP DOCTOR SERVICES
WellVision Exam® <i>focuses on your eye health and overall wellness</i>	No copay	No copay	Covered up to \$52
Prescription Glasses			
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
Contact Lens Care <i>(medically necessary)*</i>			
Contact Lens Exam <i>(fitting & evaluation)</i>	\$20 copay up to \$60	\$20 copay up to \$60	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"> • Average 35-40% savings on lens options like progressives and scratch-resistant an anti-reflective coatings • 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
Contacts	<ul style="list-style-type: none"> • 15% off costs of contact lens exam (fitting and evaluation)
Laser Vision Correction**	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price from contracted facilities • After your surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

**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.

To Find A Participating VSP Provider – Visit www.vsp.com or call 800-877-7195

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

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

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

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

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.

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 as of 07/01/2018 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/.

WillsCenter.com

Retirees with basic life have access to 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/

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

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

MONTHLY PREMIUM COST FOR PLAN YEAR											Medicare eligible with 30+ years
5.10% Increase for all plan coverages, except for Parent/Child(ren) and Family Coverage only for Blue Choice with a 7.65% Increase											
Consecutive Years of Service with Howard County Public Schools	10	11	12	13	14	15	16-19	20+			
% of Board Contribution (Retiree Only)	50%	55%	60%	65%	70%	75%	80%	90%	100%		
BlueChoice											
Retiree Under 65	\$522.04	\$261.02	\$208.82	\$182.71	\$156.61	\$130.51	\$104.41	\$52.20			
Retiree Under 65 and 1 child	\$1,044.36	\$783.34	\$731.14	\$705.03	\$678.93	\$652.83	\$626.73	\$574.52			
Retiree Under 65 and 2+ children	\$1,044.36	\$783.34	\$731.14	\$705.03	\$678.93	\$652.83	\$626.73	\$574.52			
Retiree Under 65 and Spouse Under 65	\$1,148.92	\$887.90	\$835.70	\$809.59	\$783.49	\$757.39	\$731.29	\$679.08			
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,686.46	\$1,425.44	\$1,373.24	\$1,347.13	\$1,321.03	\$1,294.93	\$1,268.83	\$1,216.62			
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,686.46	\$1,425.44	\$1,373.24	\$1,347.13	\$1,321.03	\$1,294.93	\$1,268.83	\$1,216.62			
Retiree Under 65 and Spouse Over 65	\$949.78	\$688.76	\$636.56	\$610.45	\$584.35	\$558.25	\$532.15	\$479.94			
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,472.10	\$1,211.08	\$1,158.88	\$1,132.77	\$1,106.67	\$1,080.57	\$1,054.47	\$1,002.26			
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,592.16	\$1,331.14	\$1,278.94	\$1,252.83	\$1,226.73	\$1,200.63	\$1,174.53	\$1,122.32			
Retiree Over 65	\$427.74	\$213.87	\$171.10	\$149.71	\$128.32	\$106.94	\$85.55	\$42.77	\$0.00		
Retiree Over 65 and 1 child	\$950.06	\$736.19	\$693.42	\$672.03	\$650.64	\$629.26	\$607.87	\$565.09	\$522.32		
Retiree Over 65 and 2+ children	\$950.06	\$736.19	\$693.42	\$672.03	\$650.64	\$629.26	\$607.87	\$565.09	\$522.32		
Retiree Over 65 and Spouse Under 65	\$949.78	\$735.91	\$693.14	\$671.75	\$650.36	\$628.98	\$607.59	\$564.81	\$522.04		
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,472.10	\$1,258.23	\$1,215.46	\$1,194.07	\$1,172.68	\$1,151.30	\$1,129.91	\$1,087.13	\$1,044.36		
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,592.16	\$1,378.29	\$1,335.52	\$1,314.13	\$1,292.74	\$1,271.36	\$1,249.97	\$1,207.19	\$1,164.42		
Retiree Over 65 and Spouse Over 65	\$855.48	\$641.61	\$598.84	\$577.45	\$556.06	\$534.68	\$513.29	\$470.51	\$427.74		
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,393.02	\$1,179.15	\$1,136.38	\$1,114.99	\$1,093.60	\$1,072.22	\$1,050.83	\$1,008.05	\$965.28		
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,393.02	\$1,179.15	\$1,136.38	\$1,114.99	\$1,093.60	\$1,072.22	\$1,050.83	\$1,008.05	\$965.28		

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

MONTHLY PREMIUM COST FOR PLAN YEAR												Medicare eligible with 30+ years
5.10% Increase for all plan coverages, except for Parent/Child(ren) and Family Coverage only for Blue Choice with a 7.65% Increase												
Monthly Premium Cost	10	11	12	13	14	15	16-19	20+				
	50%	55%	60%	65%	70%	75%	80%	90%	100%			
Consecutive Years of Service with Howard County Public Schools												
Board Contribution (Retiree Only)												
Aetna HMO												
Retiree Under 65	\$499.93	\$249.97	\$224.97	\$199.97	\$174.98	\$149.98	\$124.98	\$99.99	\$49.99			
Retiree Under 65 and 1 child	\$974.01	\$724.05	\$699.05	\$674.05	\$649.06	\$624.06	\$599.06	\$574.07	\$524.07			
Retiree Under 65 and 2+ children	\$974.01	\$724.05	\$699.05	\$674.05	\$649.06	\$624.06	\$599.06	\$574.07	\$524.07			
Retiree Under 65 and Spouse Under 65	\$1,096.02	\$846.06	\$821.06	\$796.06	\$771.07	\$746.07	\$721.07	\$696.08	\$646.08			
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,567.43	\$1,317.47	\$1,292.47	\$1,267.47	\$1,242.48	\$1,217.48	\$1,192.48	\$1,167.49	\$1,117.49			
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,567.43	\$1,317.47	\$1,292.47	\$1,267.47	\$1,242.48	\$1,217.48	\$1,192.48	\$1,167.49	\$1,117.49			
Retiree Under 65 and Spouse Over 65	\$909.87	\$659.91	\$634.91	\$609.91	\$584.92	\$559.92	\$534.92	\$509.93	\$459.93			
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,383.95	\$1,133.99	\$1,108.99	\$1,083.99	\$1,059.00	\$1,034.00	\$1,009.00	\$984.01	\$934.01			
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,383.95	\$1,133.99	\$1,108.99	\$1,083.99	\$1,059.00	\$1,034.00	\$1,009.00	\$984.01	\$934.01			
Retiree Over 65	\$409.94	\$204.97	\$184.47	\$163.98	\$143.48	\$122.98	\$102.49	\$81.99	\$40.99	\$0.00		
Retiree Over 65 and 1 child	\$884.02	\$679.05	\$658.55	\$638.06	\$617.56	\$597.06	\$576.57	\$556.07	\$515.07	\$474.08		
Retiree Over 65 and 2+ children	\$884.02	\$679.05	\$658.55	\$638.06	\$617.56	\$597.06	\$576.57	\$556.07	\$515.07	\$474.08		
Retiree Over 65 and Spouse Under 65	\$909.87	\$704.90	\$684.40	\$663.91	\$643.41	\$622.91	\$602.42	\$581.92	\$540.92	\$499.93		
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,383.95	\$1,178.98	\$1,158.48	\$1,137.99	\$1,117.49	\$1,096.99	\$1,076.50	\$1,056.00	\$1,015.00	\$974.01		
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,383.95	\$1,178.98	\$1,158.48	\$1,137.99	\$1,117.49	\$1,096.99	\$1,076.50	\$1,056.00	\$1,015.00	\$974.01		
Retiree Over 65 and Spouse Over 65	\$819.88	\$614.91	\$594.41	\$573.92	\$553.42	\$532.92	\$512.43	\$491.93	\$450.93	\$409.94		
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,291.29	\$1,086.32	\$1,065.82	\$1,045.33	\$1,024.83	\$1,004.33	\$983.84	\$963.34	\$922.34	\$881.35		
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,291.29	\$1,086.32	\$1,065.82	\$1,045.33	\$1,024.83	\$1,004.33	\$983.84	\$963.34	\$922.34	\$881.35		

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

MONTHLY PREMIUM COST FOR PLAN YEAR											Medicare eligible with 30+ years
5.10% Increase for all plan coverages, except for Parent/Child(ren) and Family Coverage only for Blue Choice with a 7.65% Increase											
Consecutive Years of Service with Howard County Public Schools	Monthly Premium Cost	10	11	12	13	14	15	16-19	20+		
Board Contribution (Retiree Only)	50%	60%	55%	60%	65%	70%	75%	80%	90%	100%	
Aetna PPO											
Retiree Under 65	\$613.35	\$306.68	\$276.01	\$245.34	\$214.67	\$184.01	\$153.34	\$122.67	\$61.34		
Retiree Under 65 and 1 child	\$1,194.81	\$888.14	\$857.47	\$826.80	\$796.13	\$765.47	\$734.80	\$704.13	\$642.80		
Retiree Under 65 and 2+ children	\$1,194.81	\$888.14	\$857.47	\$826.80	\$796.13	\$765.47	\$734.80	\$704.13	\$642.80		
Retiree Under 65 and Spouse Under 65	\$1,344.73	\$1,038.06	\$1,007.39	\$976.72	\$946.05	\$915.39	\$884.72	\$854.05	\$792.72		
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,923.14	\$1,616.47	\$1,585.80	\$1,555.13	\$1,524.46	\$1,493.80	\$1,463.13	\$1,432.46	\$1,371.13		
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,923.14	\$1,616.47	\$1,585.80	\$1,555.13	\$1,524.46	\$1,493.80	\$1,463.13	\$1,432.46	\$1,371.13		
Retiree Under 65 and Spouse Over 65	\$1,137.35	\$830.68	\$800.01	\$769.34	\$738.67	\$708.01	\$677.34	\$646.67	\$585.34		
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,718.81	\$1,412.14	\$1,381.47	\$1,350.80	\$1,320.13	\$1,289.47	\$1,258.80	\$1,228.13	\$1,166.80		
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,718.81	\$1,412.14	\$1,381.47	\$1,350.80	\$1,320.13	\$1,289.47	\$1,258.80	\$1,228.13	\$1,166.80		
Retiree Over 65	\$524.00	\$262.00	\$235.80	\$209.60	\$183.40	\$157.20	\$131.00	\$104.80	\$52.40	\$0.00	
Retiree Over 65 and 1 child	\$1,105.46	\$843.46	\$817.26	\$791.06	\$764.86	\$738.66	\$712.46	\$686.26	\$633.86	\$581.46	
Retiree Over 65 and 2+ children	\$1,105.46	\$843.46	\$817.26	\$791.06	\$764.86	\$738.66	\$712.46	\$686.26	\$633.86	\$581.46	
Retiree Over 65 and Spouse Under 65	\$1,137.35	\$875.35	\$849.15	\$822.95	\$796.75	\$770.55	\$744.35	\$718.15	\$665.75	\$613.35	
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,718.81	\$1,456.81	\$1,430.61	\$1,404.41	\$1,378.21	\$1,352.01	\$1,325.81	\$1,299.61	\$1,247.21	\$1,194.81	
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,718.81	\$1,456.81	\$1,430.61	\$1,404.41	\$1,378.21	\$1,352.01	\$1,325.81	\$1,299.61	\$1,247.21	\$1,194.81	
Retiree Over 65 and Spouse Over 65	\$1,048.00	\$786.00	\$759.80	\$733.60	\$707.40	\$681.20	\$655.00	\$628.80	\$576.40	\$524.00	
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,626.41	\$1,364.41	\$1,338.21	\$1,312.01	\$1,285.81	\$1,259.61	\$1,233.41	\$1,207.21	\$1,154.81	\$1,102.41	
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,626.41	\$1,364.41	\$1,338.21	\$1,312.01	\$1,285.81	\$1,259.61	\$1,233.41	\$1,207.21	\$1,154.81	\$1,102.41	

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.

MONTHLY PREMIUM COST FOR PLAN YEAR					
5.10% Increase for all plan coverages, except for Parent/Child(ren) and Family Coverage only for Blue Choice with a 7.65% Increase					
	Monthly Premium Cost	15–19	20–24	25+	Grandfathered Medicare Eligible Retirees with 30+ years
		50%	75%	90%	100%
Effective 07/01/2018 Cumulative Years of Service with Howard County Public Schools					
Board Contribution (Retiree Only)					
BlueChoice					
Retiree Under 65	\$522.04	\$272.08	\$147.09	\$72.10	
Retiree Under 65 and 1 child	\$1,044.36	\$794.40	\$669.41	\$594.42	
Retiree Under 65 and 2+ children	\$1,044.36	\$794.40	\$669.41	\$594.42	
Retiree Under 65 and Spouse Under 65	\$1,148.92	\$898.96	\$773.97	\$698.98	
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,686.46	\$1,436.50	\$1,311.51	\$1,236.52	
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,686.46	\$1,436.50	\$1,311.51	\$1,236.52	
Retiree Under 65 and Spouse Over 65	\$949.78	\$699.82	\$574.83	\$499.84	
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,472.10	\$1,222.14	\$1,097.15	\$1,022.16	
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,592.16	\$1,342.20	\$1,217.21	\$1,142.22	
Retiree Over 65	\$427.74	\$222.77	\$120.29	\$58.79	\$17.80
Retiree Over 65 and 1 child	\$950.06	\$745.09	\$642.61	\$581.11	\$540.12
Retiree Over 65 and 2+ children	\$950.06	\$745.09	\$642.61	\$581.11	\$540.12
Retiree Over 65 and Spouse Under 65	\$949.78	\$744.81	\$642.33	\$580.83	\$539.84
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,472.10	\$1,267.13	\$1,164.65	\$1,103.15	\$1,062.16
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,592.16	\$1,387.19	\$1,284.71	\$1,223.21	\$1,182.22
Retiree Over 65 and Spouse Over 65	\$855.48	\$650.51	\$548.03	\$486.53	\$445.54
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,393.02	\$1,188.05	\$1,085.57	\$1,024.07	\$983.08
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,393.02	\$1,188.05	\$1,085.57	\$1,024.07	\$983.08

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

MONTHLY PREMIUM COST FOR PLAN YEAR					
5.10% Increase for all plan coverages, except for Parent/Child(ren) and Family Coverage only for Blue Choice with a 7.65% Increase					
	Monthly Premium Cost	15-19	20-24	25+	Grandfathered Medicare Eligible Retirees with 30+ years
		50%	75%	90%	100%
Effective 07/01/2018 Cumulative Years of Service with Howard County Public Schools					
Board Contribution (Retiree Only)					
Aetna HMO					
Retiree Under 65	\$499.93	\$249.97	\$124.98	\$49.99	
Retiree Under 65 and 1 child	\$974.01	\$724.05	\$599.06	\$524.07	
Retiree Under 65 and 2+ children	\$974.01	\$724.05	\$599.06	\$524.07	
Retiree Under 65 and Spouse Under 65	\$1,096.02	\$846.06	\$721.07	\$646.08	
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,567.43	\$1,317.47	\$1,192.48	\$1,117.49	
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,567.43	\$1,317.47	\$1,192.48	\$1,117.49	
Retiree Under 65 and Spouse Over 65	\$909.87	\$659.91	\$534.92	\$459.93	
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,383.95	\$1,133.99	\$1,009.00	\$934.01	
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,383.95	\$1,133.99	\$1,009.00	\$934.01	
Retiree Over 65	\$409.94	\$204.97	\$102.49	\$40.99	\$0.00
Retiree Over 65 and 1 child	\$884.02	\$679.05	\$576.57	\$515.07	\$474.08
Retiree Over 65 and 2+ children	\$884.02	\$679.05	\$576.57	\$515.07	\$474.08
Retiree Over 65 and Spouse Under 65	\$909.87	\$704.90	\$602.42	\$540.92	\$499.93
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,383.95	\$1,178.98	\$1,076.50	\$1,015.00	\$974.01
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,383.95	\$1,178.98	\$1,076.50	\$1,015.00	\$974.01
Retiree Over 65 and Spouse Over 65	\$819.88	\$614.91	\$512.43	\$450.93	\$409.94
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,291.29	\$1,086.32	\$983.84	\$922.34	\$881.35
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,291.29	\$1,086.32	\$983.84	\$922.34	\$881.35

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

MONTHLY PREMIUM COST FOR PLAN YEAR					
5.10% Increase for all plan coverages, except for Parent/Child(ren) and Family Coverage only for Blue Choice with a 7.65% Increase					
	Monthly Premium Cost	15-19	20-24	25+	Grandfathered Medicare Eligible Retirees with 30+ years
		50%	75%	90%	100%
Board Contribution (Retiree Only)					
Aetna PPO					
Retiree Under 65	\$613.35	\$363.39	\$238.40	\$163.41	
Retiree Under 65 and 1 child	\$1,194.81	\$944.85	\$819.86	\$744.87	
Retiree Under 65 and 2+ children	\$1,194.81	\$944.85	\$819.86	\$744.87	
Retiree Under 65 and Spouse Under 65	\$1,344.73	\$1,094.77	\$969.78	\$894.79	
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,923.14	\$1,673.18	\$1,548.19	\$1,473.20	
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,923.14	\$1,673.18	\$1,548.19	\$1,473.20	
Retiree Under 65 and Spouse Over 65	\$1,137.35	\$887.39	\$762.40	\$687.41	
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,718.81	\$1,468.85	\$1,343.86	\$1,268.87	
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,718.81	\$1,468.85	\$1,343.86	\$1,268.87	
Retiree Over 65	\$524.00	\$319.03	\$216.55	\$155.05	\$114.06
Retiree Over 65 and 1 child	\$1,105.46	\$900.49	\$798.01	\$736.51	\$695.52
Retiree Over 65 and 2+ children	\$1,105.46	\$900.49	\$798.01	\$736.51	\$695.52
Retiree Over 65 and Spouse Under 65	\$1,137.35	\$932.38	\$829.90	\$768.40	\$727.41
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,718.81	\$1,513.84	\$1,411.36	\$1,349.86	\$1,308.87
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,718.81	\$1,513.84	\$1,411.36	\$1,349.86	\$1,308.87
Retiree Over 65 and Spouse Over 65	\$1,048.00	\$843.03	\$740.55	\$679.05	\$638.06
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,626.41	\$1,421.44	\$1,318.96	\$1,257.46	\$1,216.47
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,626.41	\$1,421.44	\$1,318.96	\$1,257.46	\$1,216.47

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. 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

Delta Dental – PPO

1.1% decrease for all plan coverages

	MONTHLY RATES
Individual	\$36.69
Parent/Child(ren)	\$56.72
Employee/Spouse	\$79.13
Family	\$105.30

Cigna DHMO

No change in rates for all plan coverages

Individual	\$11.66
Parent/Child(ren)	\$26.15
Employee/Spouse	\$19.82
Family	\$36.81

Vision Costs

VSP Vision

1.0% increase for all plan coverages

	MONTHLY RATES
Individual	\$6.84
Parent/Child(ren)	\$9.32
Employee/Spouse	\$13.70
Family	\$17.40

For additional information regarding benefit plans, visit 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	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
HCPSS Benefits Support Center	hcpssbenefits@kellyway.com / (443) 589-1940 / (855) 245-9479
Vision Service Plan (VSP)	www.vsp.com / (800) 877-7195
Retirement	Email: Ann_Fersht@hcpss.org / (410) 313-6612
<i>Questions about your retirement</i>	
Social Security Information (SSA)	(800) 772-1213
<i>Change of address, General Medicare Part A or B eligibility or premiums</i>	
Medicare Help Life	www.medicare.gov / (800) MEDICARE (633-4227)
<i>Request new ID card, Ordering Medicare publications, General Medicare information</i>	

Designed & Prepared by:



A Division of Kelly & Associates Insurance Group, Inc.
kellyway.com

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

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