



HOWARD COUNTY PUBLIC SCHOOL SYSTEM

2017 Benefits Enrollment Guide for Retirees



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Plan Year: January 1, 2017 – December 31, 2017

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

Employees with at least 15 years of consecutive 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).
- Employees must log on to the HRIntouch website; <https://hcpss.hrintouch.com> to make any changes to existing coverage(s) due to a qualifying event, within 30 days of the qualifying event date.

Retirees – To make 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 so that the Benefits Office can assign the premium reduction to your current premium. The premium reduction will be applied the first of the month following receipt of Medicare Part B card.



Prescription Drug Coverage and Medicare

Important notice from HCPSS about your Prescription Drug Coverage and Medicare for calendar year 2017: Please read this notice carefully and keep it with your health insurance information. This notice has information about your current prescription drug coverage with HCPSS and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

As you may know, federal legislation created a new prescription drug plan under Medicare called Medicare Part D, which became available as of January 1, 2006. With the introduction of Medicare Part D, employers have several alternatives related to the prescription drug benefits they offer to retirees. Employers can:

- Continue to offer a prescription drug plan for Medicare eligible participants and apply for the Federal subsidy for those participants who do not enroll in Medicare Part D.
- Eliminate the school system sponsored prescription drug plan for Medicare eligible individuals.
- Coordinate the school system prescription drug plan for Medicare participants with Medicare Part D (similar to what is done in medical plans with Medicare Parts A and B).

Howard County Public Schools will continue to offer a prescription drug plan for Medicare eligible participants, and as a result it will not be necessary for you to enroll in Medicare Part D for 2017. The prescription drug plans currently offered by the school system are at least as good as the standard Medicare Part D benefits (or better).

Enrollment in Medicare Part D will not provide you with any additional benefits and you will not have to pay a Medicare Part D premium.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Each year you will have the opportunity to enroll in the Medicare prescription drug plan between October 15 and December 7. As long as your prescription drug benefits offered by HCPSS are as good as the Medicare prescription drug plans, you will not need to enroll in the Medicare coverage.

If you enroll in a separate Medicare prescription drug plan, you will lose coverage for prescription benefits under the HCPSS medical/prescription plan. If you are covering a spouse on your HCPSS medical/prescription plan, enrolling in a Medicare prescription drug plan will terminate your spouse's prescription coverage through HCPSS, even if she/he is not eligible for Medicare.

You should also know that if you drop or lose your coverage with HCPSS and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

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.

For more information about this notice or your current 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 prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see 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.
- For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at (800) 772-1213 (TTY (800) 325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare, which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Summary:

- Because you currently have prescription drug coverage as good or better than the Medicare prescription coverage, you do not need to enroll in the Medicare coverage at this time.
- If you enroll in the Medicare prescription drug coverage, you and covered dependents can no longer be enrolled in the HCPSS' prescription plan.
- If you enroll in a Medicare prescription drug plan, you must send written notification to the HCPSS Benefits Office.
- Save this important notice and the information you receive from Medicare.

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 Family	\$100 Ind / \$300 Family	\$0 Ind / \$0 Family	\$0 Ind / \$0 Family
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				
1st 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>(Preauthorization 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

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 <i>(Mail Order - Voluntary)</i> 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.

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	<i>Copays for covered procedures range from \$23-\$140*</i>	Major Benefits <i>(Inlays, Onlays and Cast Restorations)</i>
Crowns and Bridges	<i>Copays for covered procedures range from \$425-\$520*</i>	50%
Endodontic <i>(Root Canals)</i>	<i>Copays for covered procedures range from \$375-\$680*</i>	Endodontics <i>(Root Canals)</i>
Periodontics	<i>Copays for covered procedures range from \$75-\$640*</i>	80%
Prosthetics	<i>Copays for covered procedures range from \$43-\$780*</i>	Periodontics <i>(Gum Treatment)</i>
Orthodontics	Copayments vary from case to case <i>Maximum benefit of 24 months*</i>	Oral Surgery <i>(Incisions, Excisions, Surgical Removal of Tooth including Simple Extractions)</i>
Emergency Care	\$65 <i>(\$77 after regularly scheduled hours)</i>	80%
		Prosthodontics <i>(Bridges, Dentures, Implants)</i>
		50%
		Crowns
		60%
		Orthodontic Benefit <i>(Children only to the end of the calendar year they reach age 19)</i>
		50%
		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.

*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.



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

	COPAY	Coverage with COSTCO / VISIONWORKS	NON VSP DOCTOR SERVICES
Benefits			
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.

	EXTRA SAVINGS & DISCOUNTS
Prescription Glasses	<ul style="list-style-type: none"> Average 35-40% savings on lens options like progressives and scratch-resistant 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 consecutive years of service is eligible for life insurance through MetLife.

Benefit Amount

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

Basic Yearly Earnings

The yearly salary or wage you receive for work done for the HCPSS. It does not include bonuses, commissions or overtime pay. The amount of insurance is rounded to the nearest \$1,000 multiple, unless the amount equals a \$1,000 multiple.

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.

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

	10	11	12	13	14	15	16-19	20+	Medicare Eligible Retirees with Over 30 Years
Consecutive Years of Service with Howard County Public Schools									
Board Contribution (Retiree Only)	50%	55%	60%	65%	70%	75%	80%	90%	100%
BlueChoice									
Retiree Under 65	\$496.71	\$223.52	\$198.68	\$173.85	\$149.01	\$124.18	\$99.34	\$49.67	
Retiree Under 65 and 1 child	\$970.14	\$696.95	\$672.11	\$647.28	\$622.44	\$597.61	\$572.77	\$523.10	
Retiree Under 65 and 2+ children	\$1,566.61	\$1,293.42	\$1,268.58	\$1,243.75	\$1,218.91	\$1,194.08	\$1,169.24	\$1,119.57	
Retiree Under 65 and Spouse Under 65	\$1,093.17	\$819.98	\$795.14	\$770.31	\$745.47	\$720.64	\$695.80	\$646.13	
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,566.61	\$1,293.42	\$1,268.58	\$1,243.75	\$1,218.91	\$1,194.08	\$1,169.24	\$1,119.57	
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,566.61	\$1,293.42	\$1,268.58	\$1,243.75	\$1,218.91	\$1,194.08	\$1,169.24	\$1,119.57	
Retiree Under 65 and Spouse Over 65	\$903.69	\$630.50	\$605.66	\$580.83	\$555.99	\$531.16	\$506.32	\$456.65	
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,377.12	\$1,103.93	\$1,079.09	\$1,054.26	\$1,029.42	\$1,004.59	\$979.75	\$930.08	
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,476.88	\$1,203.69	\$1,178.85	\$1,154.02	\$1,129.18	\$1,104.35	\$1,079.51	\$1,029.84	
Retiree Over 65	\$406.98	\$183.14	\$162.79	\$142.44	\$122.09	\$101.75	\$81.40	\$40.70	\$0.00
Retiree Over 65 and 1 child	\$880.41	\$656.57	\$636.22	\$615.87	\$595.52	\$575.18	\$554.83	\$514.13	\$473.43
Retiree Over 65 and 2+ children	\$1,476.88	\$1,253.04	\$1,232.69	\$1,212.34	\$1,191.99	\$1,171.65	\$1,151.30	\$1,110.60	\$1,069.90
Retiree Over 65 and Spouse Under 65	\$903.69	\$679.85	\$659.50	\$639.15	\$618.80	\$598.46	\$578.11	\$537.41	\$496.71
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,377.12	\$1,153.28	\$1,132.93	\$1,112.58	\$1,092.23	\$1,071.89	\$1,051.54	\$1,010.84	\$970.14
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,476.88	\$1,273.39	\$1,232.69	\$1,212.34	\$1,191.99	\$1,171.65	\$1,151.30	\$1,110.60	\$1,069.90
Retiree Over 65 and Spouse Over 65	\$813.96	\$590.12	\$569.77	\$549.42	\$529.07	\$508.73	\$488.38	\$447.68	\$406.98
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,287.40	\$1,063.56	\$1,043.21	\$1,022.86	\$1,002.51	\$982.17	\$961.82	\$921.12	\$880.42
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,287.40	\$1,063.56	\$1,043.21	\$1,022.86	\$1,002.51	\$982.17	\$961.82	\$921.12	\$880.42

For Retirees Who Retired On or Before 07/01/2010

		MONTHLY PREMIUM COST FOR PLAN YEAR										Medicare Eligible Retirees with Over 30 Years
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	\$475.67	\$214.05	\$190.27	\$166.48	\$142.70	\$118.92	\$95.13	\$47.57				
Retiree Under 65 and 1 child	\$926.75	\$665.13	\$641.35	\$617.56	\$593.78	\$570.00	\$546.21	\$498.65				
Retiree Under 65 and 2+ children	\$926.75	\$665.13	\$641.35	\$617.56	\$593.78	\$570.00	\$546.21	\$498.65				
Retiree Under 65 and Spouse Under 65	\$1,042.84	\$781.22	\$757.44	\$733.65	\$709.87	\$686.09	\$662.30	\$614.74				
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,491.37	\$1,229.75	\$1,205.97	\$1,182.18	\$1,158.40	\$1,134.62	\$1,110.83	\$1,063.27				
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,491.37	\$1,229.75	\$1,205.97	\$1,182.18	\$1,158.40	\$1,134.62	\$1,110.83	\$1,063.27				
Retiree Under 65 and Spouse Over 65	\$865.72	\$604.10	\$580.32	\$556.53	\$532.75	\$508.97	\$485.18	\$437.62				
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,316.80	\$1,055.18	\$1,031.40	\$1,007.61	\$983.83	\$960.05	\$936.26	\$888.70				
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,316.80	\$1,055.18	\$1,031.40	\$1,007.61	\$983.83	\$960.05	\$936.26	\$888.70				
Retiree Over 65	\$390.05	\$175.52	\$156.02	\$136.52	\$117.02	\$97.51	\$78.01	\$39.01	\$0.00			
Retiree Over 65 and 1 child	\$841.13	\$626.60	\$607.10	\$587.60	\$568.10	\$548.59	\$529.09	\$490.09	\$451.08			
Retiree Over 65 and 2+ children	\$841.13	\$626.60	\$607.10	\$587.60	\$568.10	\$548.59	\$529.09	\$490.09	\$451.08			
Retiree Over 65 and Spouse Under 65	\$865.72	\$651.19	\$631.69	\$612.19	\$592.69	\$573.18	\$553.68	\$514.68	\$475.67			
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,316.80	\$1,102.27	\$1,082.77	\$1,063.27	\$1,043.77	\$1,024.26	\$1,004.76	\$965.76	\$926.75			
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,316.80	\$1,102.27	\$1,082.77	\$1,063.27	\$1,043.77	\$1,024.26	\$1,004.76	\$965.76	\$926.75			
Retiree Over 65 and Spouse Over 65	\$780.10	\$565.57	\$546.07	\$526.57	\$507.07	\$487.56	\$468.06	\$429.06	\$390.05			
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,228.63	\$1,014.10	\$994.60	\$975.10	\$955.60	\$936.09	\$916.59	\$877.59	\$838.58			
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,228.63	\$1,014.10	\$994.60	\$975.10	\$955.60	\$936.09	\$916.59	\$877.59	\$838.58			

For Retirees Who Retired On or Before 07/01/2010

MONTHLY PREMIUM COST FOR PLAN YEAR

	Monthly Premium Cost	10	11	12	13	14	15	16-19	20+	Medicare Eligible Retirees with Over 30 Years
		50%	55%	60%	65%	70%	75%	80%	90%	
Consecutive Years of Service with Howard County Public Schools										
Board Contribution (Retiree Only)										
Aetna PPO										
Retiree Under 65	\$583.59	\$291.80	\$262.62	\$233.44	\$204.26	\$175.08	\$145.90	\$116.72	\$58.36	
Retiree Under 65 and 1 child	\$1,136.83	\$845.04	\$815.86	\$786.68	\$757.50	\$728.32	\$699.14	\$669.96	\$611.60	
Retiree Under 65 and 2+ children	\$1,136.83	\$845.04	\$815.86	\$786.68	\$757.50	\$728.32	\$699.14	\$669.96	\$611.60	
Retiree Under 65 and Spouse Under 65	\$1,279.48	\$987.69	\$958.51	\$929.33	\$900.15	\$870.97	\$841.79	\$812.61	\$754.25	
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,829.82	\$1,538.03	\$1,508.85	\$1,479.67	\$1,450.49	\$1,421.31	\$1,392.13	\$1,362.95	\$1,304.59	
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,829.82	\$1,538.03	\$1,508.85	\$1,479.67	\$1,450.49	\$1,421.31	\$1,392.13	\$1,362.95	\$1,304.59	
Retiree Under 65 and Spouse Over 65	\$1,082.16	\$790.37	\$761.19	\$732.01	\$702.83	\$673.65	\$644.47	\$615.29	\$556.93	
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,635.40	\$1,343.61	\$1,314.43	\$1,285.25	\$1,256.07	\$1,226.89	\$1,197.71	\$1,168.53	\$1,110.17	
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,635.40	\$1,343.61	\$1,314.43	\$1,285.25	\$1,256.07	\$1,226.89	\$1,197.71	\$1,168.53	\$1,110.17	
Retiree Over 65	\$498.57	\$249.29	\$224.36	\$199.43	\$174.50	\$149.57	\$124.64	\$99.71	\$49.86	\$0.00
Retiree Over 65 and 1 child	\$1,051.81	\$802.53	\$777.60	\$752.67	\$727.74	\$702.81	\$677.88	\$652.95	\$603.10	\$553.24
Retiree Over 65 and 2+ children	\$1,051.81	\$802.53	\$777.60	\$752.67	\$727.74	\$702.81	\$677.88	\$652.95	\$603.10	\$553.24
Retiree Over 65 and Spouse Under 65	\$1,082.16	\$832.88	\$807.95	\$783.02	\$758.09	\$733.16	\$708.23	\$683.30	\$633.45	\$583.59
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,635.40	\$1,386.12	\$1,361.19	\$1,336.26	\$1,311.33	\$1,286.40	\$1,261.47	\$1,236.54	\$1,186.69	\$1,136.83
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,635.40	\$1,386.12	\$1,361.19	\$1,336.26	\$1,311.33	\$1,286.40	\$1,261.47	\$1,236.54	\$1,186.69	\$1,136.83
Retiree Over 65 and Spouse Over 65	\$997.14	\$747.86	\$722.93	\$698.00	\$673.07	\$648.14	\$623.21	\$598.28	\$548.43	\$498.57
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,547.48	\$1,298.20	\$1,273.27	\$1,248.34	\$1,223.41	\$1,198.48	\$1,173.55	\$1,148.62	\$1,098.77	\$1,048.91
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,547.48	\$1,298.20	\$1,273.27	\$1,248.34	\$1,223.41	\$1,198.48	\$1,173.55	\$1,148.62	\$1,098.77	\$1,048.91

For Retirees Who Retired On or After 07/02/2010

Retiree eligibility

Retirees with at least 15 years of consecutive 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	MONTHLY PREMIUM COST FOR PLAN YEAR				Grandfathered Medicare Eligible Retirees with Over 30 years
		15–19 50%	20–24 75%	25+ 90%	100%	
Consecutive Years of Service with Howard County Public Schools						
Board Contribution (Retiree Only)						
BlueChoice						
Retiree Under 65	\$496.71	\$258.88	\$139.96	\$68.61		
Retiree Under 65 and 1 child	\$970.14	\$732.31	\$613.39	\$542.04		
Retiree Under 65 and 2+ children	\$1,566.61	\$1,328.78	\$1,209.86	\$1,138.51		
Retiree Under 65 and Spouse Under 65	\$1,093.17	\$855.34	\$736.42	\$665.07		
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,566.61	\$1,328.78	\$1,209.86	\$1,138.51		
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,566.61	\$1,328.78	\$1,209.86	\$1,138.51		
Retiree Under 65 and Spouse Over 65	\$903.69	\$665.86	\$546.94	\$475.59		
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,377.12	\$1,139.29	\$1,020.37	\$949.02		
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,476.88	\$1,239.05	\$1,120.13	\$1,048.78		
Retiree Over 65	\$406.98	\$211.96	\$114.44	\$55.94	\$16.93	
Retiree Over 65 and 1 child	\$880.41	\$685.39	\$587.87	\$529.37	\$490.36	
Retiree Over 65 and 2+ children	\$1,476.88	\$1,281.86	\$1,184.34	\$1,125.84	\$1,086.83	
Retiree Over 65 and Spouse Under 65	\$903.69	\$708.67	\$611.15	\$552.65	\$513.64	
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,377.12	\$1,182.10	\$1,084.58	\$1,026.08	\$987.07	
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,476.88	\$1,281.86	\$1,184.34	\$1,125.84	\$1,086.83	
Retiree Over 65 and Spouse Over 65	\$813.96	\$618.94	\$521.42	\$462.92	\$423.91	
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,287.40	\$1,092.38	\$994.86	\$936.36	\$897.35	
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,287.40	\$1,092.38	\$994.86	\$936.36	\$897.35	

For Retirees Who Retired On or After 07/02/2010

MONTHLY PREMIUM COST FOR PLAN YEAR						
	Monthly Premium Cost	15-19	20-24	25+	Grandfathered Medicare Eligible Retirees with Over 30 years	
		50%	75%	90%	100%	
Consecutive Years of Service with Howard County Public Schools						
Board Contribution (Retiree Only)						
Aetna HMO						
Retiree Under 65	\$475.67	\$237.84	\$118.92	\$47.57		
Retiree Under 65 and 1 child	\$926.75	\$688.92	\$570.00	\$498.65		
Retiree Under 65 and 2+ children	\$926.75	\$688.92	\$570.00	\$498.65		
Retiree Under 65 and Spouse Under 65	\$1,042.84	\$805.01	\$686.09	\$614.74		
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,491.37	\$1,253.54	\$1,134.62	\$1,063.27		
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,491.37	\$1,253.54	\$1,134.62	\$1,063.27		
Retiree Under 65 and Spouse Over 65	\$865.72	\$627.89	\$508.97	\$437.62		
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,316.80	\$1,078.97	\$960.05	\$888.70		
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,316.80	\$1,078.97	\$960.05	\$888.70		
Retiree Over 65	\$390.05	\$195.03	\$97.51	\$39.01	\$0.00	
Retiree Over 65 and 1 child	\$841.13	\$646.11	\$548.59	\$490.09	\$451.08	
Retiree Over 65 and 2+ children	\$841.13	\$646.11	\$548.59	\$490.09	\$451.08	
Retiree Over 65 and Spouse Under 65	\$865.72	\$670.70	\$573.18	\$514.68	\$475.67	
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,316.80	\$1,121.78	\$1,024.26	\$965.76	\$926.75	
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,316.80	\$1,121.78	\$1,024.26	\$965.76	\$926.75	
Retiree Over 65 and Spouse Over 65	\$780.10	\$585.08	\$487.56	\$429.06	\$390.05	
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,228.63	\$1,033.61	\$936.09	\$877.59	\$838.58	
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,228.63	\$1,033.61	\$936.09	\$877.59	\$838.58	



For Retirees Who Retired On or After 07/02/2010

MONTHLY PREMIUM COST FOR PLAN YEAR					
	Monthly Premium Cost	15-19	20-24	25+	Grandfathered Medicare Eligible Retirees with Over 30 years
		50%	75%	90%	100%
Consecutive Years of Service with Howard County Public Schools					
Board Contribution (Retiree Only)					
Aetna PPO					
Retiree Under 65	\$583.59	\$345.76	\$226.84	\$155.49	
Retiree Under 65 and 1 child	\$1,136.83	\$899.00	\$780.08	\$708.73	
Retiree Under 65 and 2+ children	\$1,136.83	\$899.00	\$780.08	\$708.73	
Retiree Under 65 and Spouse Under 65	\$1,279.48	\$1,041.65	\$922.73	\$851.38	
Retiree Under 65 and Spouse Under 65 and 1 child	\$1,829.82	\$1,591.99	\$1,473.07	\$1,401.72	
Retiree Under 65 and Spouse Under 65 and 2+ children	\$1,829.82	\$1,591.99	\$1,473.07	\$1,401.72	
Retiree Under 65 and Spouse Over 65	\$1,082.16	\$844.33	\$725.41	\$654.06	
Retiree Under 65 and Spouse Over 65 and 1 child	\$1,635.40	\$1,397.57	\$1,278.65	\$1,207.30	
Retiree Under 65 and Spouse Over 65 and 2+ children	\$1,635.40	\$1,397.57	\$1,278.65	\$1,207.30	
Retiree Over 65	\$498.57	\$303.55	\$206.03	\$147.53	\$108.52
Retiree Over 65 and 1 child	\$1,051.81	\$856.79	\$759.27	\$700.77	\$661.76
Retiree Over 65 and 2+ children	\$1,051.81	\$856.79	\$759.27	\$700.77	\$661.76
Retiree Over 65 and Spouse Under 65	\$1,082.16	\$887.14	\$789.62	\$731.12	\$692.11
Retiree Over 65 and Spouse Under 65 and 1 child	\$1,635.40	\$1,440.38	\$1,342.86	\$1,284.36	\$1,245.35
Retiree Over 65 and Spouse Under 65 and 2+ children	\$1,635.40	\$1,440.38	\$1,342.86	\$1,284.36	\$1,245.35
Retiree Over 65 and Spouse Over 65	\$997.14	\$802.12	\$704.60	\$646.10	\$607.09
Retiree Over 65 and Spouse Over 65 and 1 child	\$1,547.48	\$1,352.46	\$1,254.94	\$1,196.44	\$1,157.43
Retiree Over 65 and Spouse Over 65 and 2+ children	\$1,547.48	\$1,352.46	\$1,254.94	\$1,196.44	\$1,157.43



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

Employees with at least 15 years of consecutive service with HCPSS, are retiring with the Maryland State Retirement and Pension System, and 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	MONTHLY RATES
Individual	\$35.64
Parent/Child(ren)	\$55.09
Husband/Wife	\$76.86
Family	\$102.28

Cigna DHMO	MONTHLY RATES
Individual	\$11.18
Parent/Child(ren)	\$25.07
Husband/Wife	\$19.00
Family	\$35.29

Vision Costs

VSP Vision	MONTHLY RATES
Individual	\$6.60
Parent/Child(ren)	\$8.99
Husband/Wife	\$13.21
Family	\$16.79

For additional information regarding benefit plans, visit www.hcpss.org/retiree-benefits/.



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
- Questions about your retirement*

- Social Security Information (SSA)** (800) 772-1213
- Change of address, General Medicare Part A or B eligibility or premiums*

- Medicare Help Life** www.medicare.gov / (800) MEDICARE (633-4227)
- Request new ID card, Ordering Medicare publications, General Medicare information*

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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.