Howard County
Public School System

A Complete Guide to Your 2026

RETIREE EMPLOYEE BENEFITS

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BENEFITS

BENEFITS

MONTHLY PREMIUM COST

PLAN YEAR: JANUARY 1, 2026 – DECEMBER 31, 2026

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

ELIGIBLE RETIREES

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

DEPENDENTS

ELIGIBLE DEPENDENTS ARE:

a. A Spouse under a legal marriage recognized by the state of Maryland or other state in the U.S.;

b. An unmarried/married Dependent child regardless of student status until the end of the birth month in which he or she reaches age 26;

c. An unmarried/married Dependent child who is incapable of self-support because of mental or physical incapacity that began before the child reached age 26. Proof of incapacity must be received by HCPSS within 30 days after coverage would otherwise terminate. Additional proof of disability may be required from time to time;

THE TERM "DEPENDENT CHILD" MEANS ANY OF A PARTICIPANT'S:

a. Biological children;

b. Legally adopted children or children placed in the Retiree's home pending final adoption;

c. Stepchildren who permanently reside in the Retiree's household and are Dependent on the Employee for more than half of his or her support;

d. Foster children (provided the foster child is not a ward of the state);

e. Children who are under the legal guardianship of the Retiree;

f. Children for whom the Retiree is required to provide health care coverage under a recognized Qualified Medical Child Support Order

DEPENDENT ELIGIBILITY VERIFICATION

Retirees who add new dependent(s) to their health benefits plans during the open enrollment period and throughout the benefits calendar year as a result of a Qualifying Event will be required to provide verification of their newly enrolled dependent(s).

AGE LIMITS

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

CHANGES TO BENEFITS COVERAGE DUE TO A QUALIFYING EVENT

A Retiree may change his/her election if eligible during the Plan Year when any of the following changes occur due to a qualifying event, within 30 days of qualifying event.

- A change in employment status, including termination or commencement of employment of the Retiree, Spouse, or Dependent;
- The Retiree or Spouse has a significant change in health coverage attributable to the Spouse's employment;
- A reduction or increase in hours of employment by the Spouse, or Dependent of a Retiree, including a switch between part-time and full-time, if eligible;
- A change in legal marital status, including marriage, death of Spouse, divorce, legal separation, or annulment;
- A change in the number of Dependents, including birth, adoption,placement for adoption, or death of a Dependent;
- Your Dependent satisfies or ceases to satisfy the requirements for unmarried/married Dependents, due to attainment of age, or any similar circumstances as provided in the health plan under which the Retiree receives coverage;
- You or your dependent(s) move to a new residence outside Maryland that is not included in your current plan's coverage area. Retiree and Retiree's Dependents must be enrolled under one plan;
- A judgment, decree or order resulting from a divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order) that requires accident or health coverage for a Retiree's child. The Retiree can change his/ her election to provide coverage for the child if the order requires coverage under the Retiree's plan; or, the Retiree can make an election change to cancel coverage for the child if the order requires the former Spouse to provide coverage;
- Eligibility for Medicare or Medicaid (other than pediatric vaccines).

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 qualif ying 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.

NOTICE OF CREDITABLE COVERAGE

Important Notice from Howard County Public School Systems
About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join a Medicare Drug Plan?

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

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

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

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

You could choose to:

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	**January 01, 2026**
Name of Entity/Sender:	**Howard County Public School Systems**
Contact—Position/Office:	**Nasrene Mirjafary - Benefits Coordinator**
Office Address:	**10910 Clarksville Pike** **Ellicott City, Maryland 21042-6106** **United States**
Phone Number:	**(410) 312-1272**

MEDICAL BENEFITS

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

HEADWAY PROGRAM – BEHAVIORAL HEALTH PROGRAM

Headway offers an expansive behavioral health network and enhanced access to quality mental care. Headway is a tech-enabled solution to help show patients real time provider availability along with treatment areas and demographics. Go to www.headway.com through the website, members will be able to connect with a mental health provider. This benefit is open to the CareFirst and Aetna members.

Members MUST select their medical carrier prior to beginning search.

COVERAGE THROUGH CAREFIRST BLUECROSS BLUESHIELD

BLUECHOICE HMO OPEN ACCESS

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

A Few Plan Highlights

CAREFIRST BLUECROSS BLUESHIELD VIDEO VISIT

CareFirst BlueCross BlueShieldVideoVisit allows you and your family members to connect with a doctor whenever and wherever you want—without an appointment! VideoVisit 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 theVideoVisit 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 .

CLOSEKNIT

CareFirst has added Virtual Connect, a new virtual care benefit through CloseKnit. Pay $0 for virtual PCP and Mental Health visits through the CloseKnit program.This is convenient, anytime, anywhere 24/7/365 access to care near home or across the US, with same-day or scheduled virtual appointments. You will receive comprehensive care from a dedicated care team.

Coordination for in-person, specialty care may be available. To learn more and register, please go to closeknithealth.com.

CAREFIRST BLUECROSS BLUESHIELD BLUE365®

With the Blue365 wellness discount program, CareFirst members receive discounts on various items such as items through Reebok, Jenny Craig and various gym memberships.To take advantage of Blue365, register at www.carefirst.com/wellnessdiscounts.Have your CareFirst member ID card handy. You are also eligible to receive vision discounts through CareFirst on hearing relating items through TruHearing, Beltone, Croakies, HearUSA, and Start Hearing.

COVERAGE(S) OFFERED THROUGH AETNA

OPEN ACCESS AETNA SELECT HMO

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

AETNA'S OPEN CHOICE PPO

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

A Few Plan Highlights

TELADOC

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

DISCOUNTS ON HEARING AIDS AND VISION SERVICES FROM AETNA

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

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

For more detailed information regarding hearing aid discounts and vision discounts, log in to your member website at https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2026.

MANAGE A HEALTH CONDITION WITH AETNA HEALTH CONNECTIONS℠ DISEASE MANAGEMENT PROGRAM

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

CALL OUR INFORMED HEALTH LINE

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

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

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

	Open Access Aetna Select HMO Nationwide In-Network Only	BLUE CHOICE HMO* Regional In-Network Only (MD, DC, & N. VA)
INPATIENT HOSPITAL CARE		
Room and Board *(Pre-Authorization required)*	100%	100%
Physician/Surgical Services	100%	100%
Intensive Care Unit/ Critical Care Unit	100%	100%
Maternity/Nursing/ Birthing Center	100%	100%
OUTPATIENT HOSPITAL CARE		
Surgical/Anesthesia Services	100%	100%
Outpatient Diagnostic Services	100%	100%
MATERNITY SERVICES		
1st Prenatal Visit	100% after copay	100% after copay for routine visits
Pre and Postnatal Care and Delivery	100%	100%
Routine Nursery Care	100%	100%
MEDICAL EMERGENCIES *(Use of ER)*		
Emergency Room	100% after $50 ER copay *(waived if admitted)*	100% after $50 ER copay *(waived if admitted)*
Urgent Care Center	100% after $20 copay	100% after $20 copay
MENTAL HEALTH AND SUBSTANCE ABUSE *(Pre-Authorization required for inpatient only)*		
Mental Health Inpatient	100%	100%
Mental Health Outpatient	$20 copay 100%	$20 copay 100%
Substance Abuse Inpatient	$20 copay	$20 copay
Substance Abuse Outpatient		
INFERTILITY SERVICES		
Sterilization/Reverse Sterilization requires preauthorization	100% Reverse Sterilization is not covered	Reverse Sterilization is not covered
Artificial Insemination (AI)	$20 copay	50% AB - Limited to 6 attempts per live birth
In Vitro Fertilization (IVF)*– maximum of 3 IVF attempts/lifetime (Preauthorization Required)	50% of Allowed Benefit Maximum of 3 IVF attempts/lifetime $100,000 lifetime maximum	50% AB - Limited to 3 attempts per live birth up to a lifetime maximum of $100,000
OTHER SERVICES		
Hearing Aids	100%, No deductible, no copay. One maximum per 36 months, per ear, and $1,400 maximum per hearing aid, pay as billed, when dispensed by licensed audiologist. Balance billing may apply, up to the total charge	100% of Allowed Benefit to a maximum of $1,400, per aid/per hearing impaired ear; member may be balanced billed up to the total charge
Acupuncture	100%, no deductible, no copay	100% of Allowed Benefit no copay
Vision (Routine eye exam)	Routine eye exam covered at 100% after $20 copay. One exam every 12 months	Routine eye exam covered at 100% after a $10 copay. One exam per calendar year

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

Schedule of Benefits for Aetna Open Choice PPO

	AETNA PPO In-Network	AETNA PPO Out-of-Network
BENEFITS		
Calendar Year Deductible	$0 Ind. / $0 Fam.	$100 Ind. / $300 Fam.
Calendar Year Out-of-Pocket Maximum	$500 Ind. / $1,500 Fam. *(includes copays)*	$1,000 Ind. / $3,000 Fam. *(includes copays & deductibles)*
Coinsurance	100%	Unlimited
Lifetime Maximum	Unlimited	Unlimited
PROFESSIONAL SERVICES		
Primary Care Office Visit	$15 copay	80% after deductible
Specialist Office Visit	$25 copay	80% after deductible
Gynecology Office Visit	$0 copay *(well women visit)* $25 copay *(all other visits)*	80% after deductible
Diagnostic Tests	Included with PCP or Specialist copayment	80% after deductible
Diagnostic Tests *(performed by lab or other testing facility & billed separately from office visit)*	100%	80% after deductible
Physical Therapy Office Visit	100% *(120 visits combined with Occupational Therapy)*	80% after deductible *(120 visits combined with Occupational Therapy)*
Occupational Therapy Office Visit	100% *(120 visits combined with Physical Therapy)*	80% after deductible *(120 visits combined with Physical Therapy)*
Speech Therapy Office Visit	100% no copay *(maximum 60 visits)*	80% after deductible *(maximum 60 visits)*
Habilitative Therapy *(Physical, Speech, Occupational)*	100% no copay	80% after deductible
Acupuncture	100% no copay	80% after deductible
PREVENTIVE CARE		
Well Child Visit/Immunization	100% no copay	80% after deductible
Routine Adult Physical	100% no copay	80% after deductible
Routine Gynecological Exam *(one exam per calendar year)*	100% no copay	80% after deductible
Routine Pap Smear *(one exam per calendar year)*	100% when included with routine GYN exam	80% after deductible when included with routine GYN exam
Routine Mammogram	100% *(Baseline between ages 35-39. One per calendar year age 40 & over)*	80% after deductible *(Baseline between ages 35-39. One per calendar year age 40 & over)*

Schedule of Benefits for Aetna Open Choice PPO

	AETNA PPO In-Network	AETNA PPO* Out-of-Network
INPATIENT HOSPITAL CARE	100%	80% after deductible
Room and Board *(Pre-Authorization required)*	100%	80% after deductible
Physician/Surgical Services	100%	80% after deductible
Intensive Care Unit/ Critical Care Unit	100%	80% after deductible
Maternity/Nursing/ Birthing Center		
OUTPATIENT HOSPITAL CARE	100%	80% after deductible
Surgical/Anesthesia Services	100%	80% after deductible
Outpatient Diagnostic Services		
MATERNITY SERVICES 1st Prenatal Visit	100% after copay	80% after deductible
Pre and Postnatal Care and Delivery	100%	80% after deductible
Routine Nursery Care	100%	80% after deductible
MEDICAL EMERGENCIES *(Use of ER)* Emergency Room	100% after $50 ER copay *(waived if admitted)*	100% after $50 ER copay *(waived if admitted)*
Urgent Care Center	100% after $25 copay	80% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE *(Pre-Authorization required for inpatient only)* Mental Health Inpatient	100%	80% after deductible
Mental Health Outpatient	$25 copay	80% after deductible
Substance Abuse Inpatient	100%	80% after deductible
Substance Abuse Outpatient	$25 copay	80% after deductible
INFERTILITY SERVICES Sterilization/Reverse Sterilization requires preauthorization	100% Reverse Sterilization is not covered	80% after deductible. Reverse Sterilization is not covered
Artificial Insemination (AI)	100%, (subject to applicable copay)	80% after deductible, preauthorization required
In Vitro Fertilization (IVF)*– maximum of 3 IVF attempts/lifetime (Preauthorization Required)	100%, (subject to applicable copay) Maximum of 3 IVF attempts/lifetime; $100,000 lifetime maximum	80% after deductible, preauthorization required
OTHER SERVICES Hearing Aids	100%, No deductible, no copay. One maximum per 36 months, per ear, and $1,400 maximum per hearing aid, pay as billed, when dispensed by licensed audiologist. Balance billing may apply, up to the total charge.	80% after deductible, One maximum per 36 months, per ear, and $1,400 maximum per hearing aid, pay as billed, when dispensed by licensed audiologist. Balance billing may apply, up to total charge.
Acupuncture	100% no deductible, no copay	100% no deductible
Vision (Routine eye exam)	Routine eye exam covered at 100% after $25 copay. One exam every 12 months	Routine eye exam Not covered

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

Important Note: Medical plans offered by HCPSS are not grand-fathered under the Affordable Care Act (ACA). Therefore, routine preventive care services will be covered under the CareFirst and Aetna medical plans without acopay. To review a list of covered preventive care services, please visit https://www.carefirst.com/hcpss/ *or* https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2026.

PRESCRIPTION DRUG BENEFITS

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

Prescription Drug Copays will continue to be the same for both the PPO and HMO plans.

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

**To receive the in-network level of benefits, you must use a pharmacy in the CVS Caremark network.*
***A 90-day supply may also be purchased at a retail pharmacy for eligible medications.*
**** The Out-Of-Pocket is shared with your major medical out-of-pocket expenses.*

The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern. Pharmacy benefits will be elected alongside your medical election and will coincide with the plan type you choose.

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

PRESCRIPTION DRUG BENEFITS

HOME DELIVERY FROM THE CVS CAREMARK MAIL ORDER PROGRAM

Not only is delivery by mail a safe and secure way to get your Rx – you'll probably save money, too. You can refill by phone, online or with our app or sign up for our automatic refill program and we will send your medicine to you when it's time. By having your maintenance medicine delivered, you'll get up to a 90-day supply for just two times a 30-day supply copay and shipping is free. To get started, call CVS Caremark at (866) 561-6894 or sign in at www.caremark.com and select "Start Rx Delivery by Mail". All Members will need to register using their Member ID on their ID card.

IF YOU HAVE A NEW PRESCRIPTION YOU CAN GET STARTED BY

- Contacting your prescriber to request a 90-day prescription that he or she can ePrescribe directly to CVS Caremark Mail Order pharmacy or print a form by selecting "Forms" or "Forms & Cards" from the menu under 'Benefits,' print a mail order form and follow the mailing instructions.
- Or call CVS Caremark using the toll-free number (866) 561-6894 to have a representative contact your doctor for you.
- Sign in at www.caremark.com and select "Prescriptions" then "Start Rx Delivery by Mail". Once you complete the Mail Order registration you can enter your drug information and prescriber information to have CVS Caremark reach out to your prescriber for a new prescription.

Please allow 10 to 14 days for your first prescription order to be shipped after January 1st, 2026, if you are newly enrolling into the plan.

IF YOU HAVE A PRESCRIPTION

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

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

PRESCRIPTION PROGRAMS

UTILIZATION MANAGEMENT (UM)

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

MANDATORY GENERICS (DAW2)

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

VACCINE COVERAGE

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

SPECIALTY PHARMACY SERVICES

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

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

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

PRUDENTRX

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

PRESCRIPTION PROGRAMS

HINGE HEALTH

Struggling with joint or muscle pain? Reimagine Musculoskeletal care — automating the delivery of care. Hinge Health collaborates with CVS Health through the Point Solutions Management service offered by CVS Health, providing a digital solution for musculoskeletal (MSK) conditions such as back and joint pain. Hinge Health is able to deliver virtual, coach-led exercise therapy, support from physical therapists and health coaches, and customized care plans such as personalized exercise therapy sessions, wellness education, and one-on-one health coaching. Participants receive wearable sensors to guide their movements during exercise therapy. Users have access to a care team, including a physical therapist and a health coach, who provide support and track progress. Go to https://www.hingehealth.com/ for details.

TRANSFORM DIABETES CARE

Transform Diabetes care delivers a comprehensive diabetes care management solution. CVS Health® leverages advanced data and analytics to enhance diabetes care, enabling more personalized support. Through tailored communications and a wide range of channels, CVS Health delivers more effective and individualized diabetes care. By engaging members at every stage of their health journey, the approach aims to promote positive health outcomes while lowering overall costs. Transform Diabetes Care utilizes technology to identify care gaps, provide customized outreach, and drive meaningful member impact. Download the Health Optimizer app to help you monitor your A1C, blood pressure, and to keep you on track w/your care plan.

ZERIGO HEALTH DEVICE

The Zerigo Health device is a compact, home-based phototherapy system that uses narrowband UVB light therapy to treat chronic skin conditions like psoriasis, eczema, and vitiligo by reducing symptoms such as inflammation, redness, and itching. Connected to a digital platform and paired with a mobile app, it offers personalized treatment plans, progress tracking, and guidance, while enabling remote monitoring by healthcare providers to ensure safe and effective care. This solution enhances convenience, adherence, and outcomes for individuals managing these conditions, reducing the need for frequent in-office visits.

DENTAL BENEFITS

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

COVERAGE(S) OFFERED THROUGH AETNA

AETNA DMO

Aetna DMO is a dental maintenance organization (DMO). Aetna DMO offers a list of participating dentists for your care. It is important that you review your choices of Primary Care Dentist (PCD) in your area to make sure that this is the right plan for your dental needs. A PCD selection will not be mandatory during enrollment process. However, in order to use your DMO benefits a PCD is required. Once you enroll, Aetna will send you a "Welcome Kit" in the mail. The Welcome Kit will include a reminder of the mandatory PCD election and a sample ID card. Once the Welcome Kit is received, Retirees should call the Aetna Customer Service line at (877)238-6200 Monday through Friday 8:00am to 6:00pm or login to the member website at https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2026 to select your PCD and/or for additional assistance. Once a PCD is elected from the Aetna network, Retirees can set-up a dentist appointment to see their provider. There is no deductible to meet, no annual dollar maximums, and no claim forms for you to file.

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

The Aetna DMO fee schedule is listed below. To view complete AETNA DMO patient charge schedule for dental services go to https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2026.

	AETNA DMO In-Network Only
BENEFITS	
Deductible	$0
Maximum Benefit per Calendar Year	Unlimited
PROFESSIONAL SERVICES	Plan Pays
Preventive Care *(Exams, Cleanings & X-rays)*	100%*
Restorative Fillings	Copays for covered procedures range from $22- $80*
Crowns and Bridges	Copays for covered procedures range from $375- $513*
Endodontic (Root Canals)	Copays for covered procedures range from $100- $485*
Periodontics	Copays for covered procedures range from $60 - $445*
Prosthetics	Copays for covered procedures range from $257- $719*
Orthodontics	$3,000 for 24 month standard fully banded case* *Orthodontia portion:* ** Must be a licensed orthodontist* ** Extra charges may apply for Invisalign*
Emergency Care	24/7 coverage *(please obtain care from your PCD or if unable to do so please contact member services for assistance)*

(1) To view patient charge schedule for dental services, go to, https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2026.
(2) The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

DISCOUNTS FOR HEALTHY LIVING THROUGH AETNA

Aetna dental members can make the most of their plan by receiving discounts on services including fitness and health coaches, activity trackers and blood pressure monitors, hearing aids, nutritional services and acupuncture, oral care products and kits, vision discounts, weight management programs and meal plans, and much more.

COVERAGE(S) OFFERED THROUGH CIGNA

CIGNA DENTAL PPO (TOTAL)

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

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

(1) For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule. (2) For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Allowable Charge. The dentist may balance bill up to their usual fees. (3) The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

DISCOUNTSAND REWARDS THROUGH CIGNA

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

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

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

VISION BENEFITS

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

BENEFITS	DESCRIPTION	COPAY	FREQUENCY
WellVision Exam	Focuses on your eyes and overall wellness	No Copay	Every Calendar Year
Essential Medical Eye Care	Additional exams and services beyond routine	$0 per screening	Available as needed
Additional Exams beyond routine care	Coordination with your medical coverage may apply. Ask your VSP doctor for details.	$20 Per Exam	
Prescription Glasses			
• Frame	• $180 featured Frame Brands Allowance • $130 Visionworks frame allowance on any frame • $130 frame allowance • 20% savings on the amount over your allowance • $130 Walmart / Sam's Club / Costco Frame Allowance	$20 Copay	Every Calendar Year
• Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in prescription glasses	Every Calendar Year
• Lenses enhancements	• Standard Progressive lenses • Premium Progressive lenses • Custom Progressive lenses	$0 $80 - $90 $120 - $160	Every Calendar Year
• Contacts *(instead of Glasses)*	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every Calendar Year
• Extra Savings	• Extra $50 to spend on featured frame brands. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. • **Routine Retinal Screening** - No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam • **Laser Vision Correction** - Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
Out of Network Benefits	With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:		

Exam	Up to $52	Progressive Lenses	Up to $95
Frame	Up to $70	Contacts	Up to $105
Single Vision Lenses	Up to $55		
Lined Bifocal Lenses	Up to $75		
Lined Trifocal Lenses	Up to $100		

DISCOUNTS ON HEARING AIDS FROM VSP

VSP eligible Retirees can receive a discount from TruHearing on hearing aids. Members can save up to $2,400 on a pair of hearing aids with the program. You will have access to a national network of more than 4,500 licensed hearing aid professionals. Call (877) 396-7194 to schedule your hearing exam with a local participating provider.

LASER VISION CORRECTION

VSP members will receive a discount on Laser Vision Correction surgery. You can receive an average of 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

EYECONIC

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

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

LIFE INSURANCE

ELIGIBILITY

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

BENEFIT AMOUNT

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

BENEFIT REDUCTION

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

FUNERAL PLANNING GUIDE

The guide highlights details of pertinent information including: how to plan for funeral costs, the death claim process, personal funeral preferences and more. An electronic version of the guide is available at www.hcpss.org/retiree-benefits/.

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 https://www.hcpss.org/employees/retiree-benefits/

QUESTIONS ABOUT YOUR BENEFITS

The Benefits Support Center is available to answer benefit questions .

Call Center Hours: Monday – Friday: 8:30AM to 4:30PM

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

You may also email questions to: benefits@hcpss.org

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

	MONTHLY PREMIUM COST FOR PLAN YEAR									
Consecutive Years of Service with Howard County Public Schools	Monthly Premium	10	11	12	13	14	15	16–19	20+	Medicare eligible with 30+ years
Board Contribution *(Retiree Only)*		50%	55%	60%	65%	70%	75%	80%	90%	100%
OPEN ACCESS AETNA SELECT HMO										
Retiree Under 65	$811.98	$405.99	$365.39	$324.79	$284.19	$243.59	$203.00	$162.40	$81.20	
Retiree Under 65 and child(ren)	$1,581.94	$1,175.95	$1,135.35	$1,094.75	$1,054.15	$1,013.55	$972.96	$932.36	$851.16	
Retiree Under 65 and Spouse Under 65	$1,780.13	$1,374.14	$1,333.54	$1,292.94	$1,252.34	$1,211.74	$1,171.15	$1,130.55	$1,049.35	
Retiree Under 65 and Spouse Under 65 and child(ren)	$2,545.76	$2,139.77	$2,099.17	$2,058.57	$2,017.97	$1,977.37	$1,936.78	$1,896.18	$1,814.98	
Retiree Under 65 and Spouse Over 65	$1,477.77	$1,071.78	$1,031.18	$990.58	$949.98	$909.38	$868.79	$828.19	$746.99	
Retiree Under 65 and Spouse Over 65 and child(ren)	$2,247.77	$1,841.78	$1,801.18	$1,760.58	$1,719.98	$1,679.38	$1,638.79	$1,598.19	$1,516.99	
Retiree Over 65	$665.79	$332.90	$299.61	$266.32	$233.03	$199.74	$166.45	$133.16	$66.58	$-
Retiree Over 65 and child(ren)	$1,435.80	$1,102.91	$1,069.62	$1,036.33	$1,003.04	$969.75	$936.46	$903.17	$836.59	$770.01
Retiree Over 65 and Spouse Under 65	$1,477.77	$1,144.88	$1,111.59	$1,078.30	$1,045.01	$1,011.72	$978.43	$945.14	$878.56	$811.98
Retiree Over 65 and Spouse Under 65 and child(ren)	$2,247.77	$1,914.88	$1,881.59	$1,848.30	$1,815.01	$1,781.72	$1,748.43	$1,715.14	$1,648.56	$1,581.98
Retiree Over 65 and Spouse Over 65	$1,331.65	$998.76	$965.47	$932.18	$898.89	$865.60	$832.31	$799.02	$732.44	$665.86
Retiree Over 65 and Spouse Over 65 and child(ren)	$2,097.23	$1,764.34	$1,731.05	$1,697.76	$1,664.47	$1,631.18	$1,597.89	$1,564.60	$1,498.02	$1,431.44

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

Consecutive Years of Service with Howard County Public Schools *% of Board Contribution (Retiree Only)*	MONTHLY PREMIUM COST FOR PLAN YEAR									
	Monthly Premium	10	11	12	13	14	15	16 - 19	20 and Over	Medicare eligible with 30+ years
		50%	55%	60%	65%	70%	75%	80%	90%	100%
BLUECHOICE										
Retiree Under 65	$823.43	$411.72	$370.54	$329.37	$288.20	$247.03	$205.86	$164.69	$82.34	
Retiree Under 65 and child(ren)	$1,647.30	$1,235.59	$1,194.41	$1,153.24	$1,112.07	$1,070.90	$1,029.73	$988.56	$906.21	
Retiree Under 65 and Spouse Under 65	$1,812.23	$1,400.52	$1,359.34	$1,318.17	$1,277.00	$1,235.83	$1,194.66	$1,153.49	$1,071.14	
Retiree Under 65 and Spouse Under 65 and child(ren)	$2,660.09	$2,248.38	$2,207.20	$2,166.03	$2,124.86	$2,083.69	$2,042.52	$2,001.35	$1,919.00	
Retiree Under 65 and Spouse Over 65	$1,498.12	$1,086.41	$1,045.23	$1,004.06	$962.89	$921.72	$880.55	$839.38	$757.03	
Retiree Under 65 and Spouse Over 65 and child(ren)	$2,511.34	$2,099.63	$2,058.45	$2,017.28	$1,976.11	$1,934.94	$1,893.77	$1,852.60	$1,770.25	
Retiree Over 65	$674.67	$337.34	$303.60	$269.87	$236.13	$202.40	$168.67	$134.93	$67.47	$-
Retiree Over 65 and child(ren)	$1,498.55	$1,161.22	$1,127.48	$1,093.75	$1,060.01	$1,026.28	$992.55	$958.81	$891.35	$823.88
Retiree Over 65 and Spouse Under 65	$1,498.12	$1,160.79	$1,127.05	$1,093.32	$1,059.58	$1,025.85	$992.12	$958.38	$890.92	$823.45
Retiree Over 65 and Spouse Under 65 and child(ren)	$2,511.34	$2,174.01	$2,140.27	$2,106.54	$2,072.80	$2,039.07	$2,005.34	$1,971.60	$1,904.14	$1,836.67
Retiree Over 65 and Spouse Over 65	$1,349.36	$1,012.03	$978.29	$944.56	$910.82	$877.09	$843.36	$809.62	$742.16	$674.69
Retiree Over 65 and Spouse Over 65 and child(ren)	$2,197.22	$1,859.89	$1,826.15	$1,792.42	$1,758.68	$1,724.95	$1,691.22	$1,657.48	$1,590.02	$1,522.55

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

Consecutive Years of Service with Howard County Public Schools Board Contribution *(Retiree Only)*	MONTHLY PREMIUM COST FOR PLAN YEAR									
	Monthly Premium	10	11	12	13	14	15	16–19	20+	Medicare eligible with 30+ years
		50%	55%	60%	65%	70%	75%	80%	90%	100%
AETNA PPO										
Retiree Under 65	$996.17	$498.09	$448.28	$398.47	$348.66	$298.85	$249.04	$199.23	$99.62	
Retiree Under 65 and child(ren)	$1,940.58	$1,442.50	$1,392.69	$1,342.88	$1,293.07	$1,243.26	$1,193.45	$1,143.64	$1,044.03	
Retiree Under 65 and Spouse Under 65	$2,184.07	$1,685.99	$1,636.18	$1,586.37	$1,536.56	$1,486.75	$1,436.94	$1,387.13	$1,287.52	
Retiree Under 65 and Spouse Under 65 and child(ren)	$3,123.49	$2,625.41	$2,575.60	$2,525.79	$2,475.98	$2,426.17	$2,376.36	$2,326.55	$2,226.94	
Retiree Under 65 and Spouse Over 65	$1,847.23	$1,349.15	$1,299.34	$1,249.53	$1,199.72	$1,149.91	$1,100.10	$1,050.29	$950.68	
Retiree Under 65 and Spouse Over 65 and child(ren)	$2,791.63	$2,293.55	$2,243.74	$2,193.93	$2,144.12	$2,094.31	$2,044.50	$1,994.69	$1,895.08	
Retiree Over 65	$851.08	$425.54	$382.99	$340.43	$297.88	$255.32	$212.77	$170.22	$85.11	$-
Retiree Over 65 and child(ren)	$1,795.46	$1,369.92	$1,327.37	$1,284.81	$1,242.26	$1,199.70	$1,157.15	$1,114.60	$1,029.49	$944.38
Retiree Over 65 and Spouse Under 65	$1,847.23	$1,421.69	$1,379.14	$1,336.58	$1,294.03	$1,251.47	$1,208.92	$1,166.37	$1,081.26	$996.15
Retiree Over 65 and Spouse Under 65 and child(ren)	$2,791.63	$2,366.09	$2,323.54	$2,280.98	$2,238.43	$2,195.87	$2,153.32	$2,110.77	$2,025.66	$1,940.55
Retiree Over 65 and Spouse Over 65	$1,702.13	$1,276.59	$1,234.04	$1,191.48	$1,148.93	$1,106.37	$1,063.82	$1,021.27	$936.16	$851.05
Retiree Over 65 and Spouse Over 65 and child(ren)	$2,641.56	$2,216.02	$2,173.47	$2,130.91	$2,088.36	$2,045.80	$2,003.25	$1,960.70	$1,875.59	$1,790.48

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 28 for additional information..

	MONTHLY PREMIUM COST FOR PLAN YEAR				
Effective 07/01/2018 Cumulative Years of Service with Howard County Public Schools	Monthly Premium Cost	15–19	20–24	25+	Grandfathered Medicare Eligible Retirees with 30+ years
Board Contribution *(Retiree Only)*		50%	75%	90%	100%
OPEN ACCESS AETNA SELECT HMO					
Retiree Under 65	$811.98	$405.99	$203.00	$81.20	
Retiree Under 65 and child(ren)	$1,581.94	$1,175.95	$972.96	$851.16	
Retiree Under 65 and Spouse Under 65	$1,780.13	$1,374.14	$1,171.15	$1,049.35	
Retiree Under 65 and Spouse Under 65 and child(ren)	$2,545.76	$2,139.77	$1,936.78	$1,814.98	
Retiree Under 65 and Spouse Over 65	$1,477.77	$1,071.78	$868.79	$746.99	
Retiree Under 65 and Spouse Over 65 and child(ren)	$2,247.77	$1,841.78	$1,638.79	$1,516.99	
Retiree Over 65	$665.79	$332.90	$166.45	$66.58	$-
Retiree Over 65 and child(ren)	$1,435.80	$1,102.91	$936.46	$836.59	$770.01
Retiree Over 65 and Spouse Under 65	$1,477.77	$1,144.88	$978.43	$878.56	$811.98
Retiree Over 65 and Spouse Under 65 and child(ren)	$2,247.77	$1,914.88	$1,748.43	$1,648.56	$1,581.98
Retiree Over 65 and Spouse Over 65	$1,331.65	$998.76	$832.31	$732.44	$665.86
Retiree Over 65 and Spouse Over 65 and child(ren)	$2,097.23	$1,764.34	$1,597.89	$1,498.02	$1,431.44

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

Effective 07/01/2018 Cumulative Years of Service with Howard County Public Schools Board Contribution *(Retiree Only)*	MONTHLY PREMIUM COST FOR PLAN YEAR				
	Monthly Premium Cost	15–19	20–24	25+	Grandfathered Medicare Eligible Retirees with 30+ years
		50%	75%	90%	100%
BLUECHOICE					
Retiree Under 65	$823.43	$417.44	$214.45	$92.65	
Retiree Under 65 and child(ren)	$1,647.30	$1,241.31	$1,038.32	$916.52	
Retiree Under 65 and Spouse Under 65	$1,812.23	$1,406.24	$1,203.25	$1,081.45	
Retiree Under 65 and Spouse Under 65 and child(ren)	$2,660.09	$2,254.10	$2,051.11	$1,929.31	
Retiree Under 65 and Spouse Over 65	$1,498.12	$1,092.13	$889.14	$767.34	
Retiree Under 65 and Spouse Over 65 and child(ren)	$2,511.34	$2,105.35	$1,902.36	$1,780.56	
Retiree Over 65	$674.67	$341.78	$175.33	$75.46	$8.88
Retiree Over 65 and child(ren)	$1,498.55	$1,165.66	$999.21	$899.34	$832.76
Retiree Over 65 and Spouse Under 65	$1,498.12	$1,165.23	$998.78	$898.91	$832.33
Retiree Over 65 and Spouse Under 65 and child(ren)	$2,511.34	$2,178.45	$2,012.00	$1,912.13	$1,845.55
Retiree Over 65 and Spouse Over 65	$1,349.36	$1,016.47	$850.02	$750.15	$683.57
Retiree Over 65 and Spouse Over 65 and child(ren)	$2,197.22	$1,864.33	$1,697.88	$1,598.01	$1,531.43

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

	MONTHLY PREMIUM COST FOR PLAN YEAR				
Effective 07/01/2018 Cumulative Years of Service with Howard County Public Schools	Monthly Premium Cost	15–19	20–24	25+	Grandfathered Medicare Eligible Retirees with 30+ years
Board Contribution *(Retiree Only)*		50%	75%	90%	100%
AETNA PPO					
Retiree Under 65	$996.17	$590.18	$387.19	$265.39	
Retiree Under 65 and child(ren)	$1,940.58	$1,534.59	$1,331.60	$1,209.80	
Retiree Under 65 and Spouse Under 65	$2,184.07	$1,778.08	$1,575.09	$1,453.29	
Retiree Under 65 and Spouse Under 65 and child(ren)	$3,123.49	$2,717.50	$2,514.51	$2,392.71	
Retiree Under 65 and Spouse Over 65	$1,847.23	$1,441.24	$1,238.25	$1,116.45	
Retiree Under 65 and Spouse Over 65 and child(ren)	$2,791.63	$2,385.64	$2,182.65	$2,060.85	
Retiree Over 65	$851.08	$518.19	$351.74	$251.87	$185.29
Retiree Over 65 and child(ren)	$1,795.46	$1,462.57	$1,296.12	$1,196.25	$1,129.67
Retiree Over 65 and Spouse Under 65	$1,847.23	$1,514.34	$1,347.89	$1,248.02	$1,181.44
Retiree Over 65 and Spouse Under 65 and child(ren)	$2,791.63	$2,458.74	$2,292.29	$2,192.42	$2,125.84
Retiree Over 65 and Spouse Over 65	$1,702.13	$1,369.24	$1,202.79	$1,102.92	$1,036.34
Retiree Over 65 and Spouse Over 65 and child(ren)	$2,641.56	$2,308.67	$2,142.22	$2,042.35	$1,975.77

RETIREE HEALTH BENEFITS—ELIGIBILITY CRITERIA

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

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

ELIGIBILITY

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

GRANDFATHERED RETIREES

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

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

GRANDFATHERED RETIREES—ELIGIBILITY

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

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

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

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

OPT-OUT/OPT-IN PROVISION

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

BOARD CONTRIBUTION—BASIS OF SUBSIDY

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

DENTAL & VISION RATES

DENTAL RATES

CIGNA – PPO *4.9% increase for all coverages*	MONTHLY RATES
Individual	$ 43.85
Parent/Child(ren)	$ 70.93
Employee/Spouse	$ 101.11
Family	$ 136.46
AETNA DHMO *5.1% decrease for all coverages*	
Individual	$ 11.72
Parent/Child(ren)	$ 26.29
Employee/Spouse	$ 19.93
Family	$ 36.99

VISION COSTS

VSP VISION *0.9% decrease for all coverages*	MONTHLY RATES
Individual	$6.72
Parent/Child(ren)	$9.14
Employee/Spouse	$13.45
Family	$17.04

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

A FINAL WORD

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

KEY CONTACT INFORMATION

CareFirst BlueChoice HMO (Medical)

www.carefirst.com/hcpss / (800) 628-8549
Hospital Precertification // (866) 773-2884
Mental Health & Substance Abuse // (800) 245-7013
DavisVision // www.davisvision.com / (800) 783-5602

Aetna Open Choice PPO and Open Access Aetna Select HMO (Medical)

https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2026/ (888) 502-3862
Aetna Dedicated Rep Line for HCPSS beginning 1/1/2026 - (833) 704-0052

CVS CAREMARK (Prescription)

www.caremark.com / (866) 561-6894 (CVS) / (800) 578-4403 (Prudent Rx) / (800) 237-2767 (Specialty Pharmacy)

Vision Service Plan (VSP)

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

CIGNA PPO (Dental)

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

Aetna DMO (Dental)

https://www.aetnaresource.com/p/HCPSS-Open-Enrollment-2026 / (877) 238-6200

Benefits Support Center

benefits@hcpss.org
(410) 313-7333; select option 1

Social Security Information (SSA)

Change of address, General Medicare Part A or B eligibility or premiums
(800) 772-1213

Medicare Help Life

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

Maryland State Retirement Agency and Pension

www.sra.maryland.gov / (410) 625-5555

HOWARD COUNTY PUBLIC SCHOOLS ♦ 2026 RETIREE OPEN ENROLLMENT BENEFITS CHANGE FORM

1 TYPE OF REQUEST FOR STATUS CHANGE

Please email the completed Change Form to benefits@hcpss.org by November 14, 2025. Photograph of form will be accepted.

Add /Remove	Date of event:	Notes:
☐ Retiree		
☐ Spouse		
☐ Child / Children		
☐ Other (explain)		

2 SUBSCRIBER INFORMATION

LAST NAME	FIRST NAME	M.I.	MAIDEN/FORMER NAME (If Applicable)	LAST 4 DIGITS OF SSN (SOCIAL)

STREET ADDRESS	CITY	STATE	ZIP

SEX	DATE OF BIRTH	HOME PHONE NUMBER	WORK PHONE NUMBER	MARITAL STATUS
☐ M ☐ F				☐ Single ☐ Married ☐ Widowed

3 ELECTION OF BENEFITS - Refer to the Health Benefits Enrollment Information for Details.

Please make a selection for each Plan and Level of Coverage option below. If you are electing or waiving coverage, please check the appropriate box

MEDICAL PLAN OPTIONS:

Select a Plan

- ☐ Aetna PPO
- ☐ Aetna Select Open Access HMO
- ☐ CareFirst BlueChoice HMO Open Access
- ☐ I cancel/waive medical coverage

Select a Level of Coverage

- ☐ Retiree
- ☐ Retiree + Child(ren)
- ☐ Retiree + Spouse
- ☐ Family
- ☐ I cancel/waive medical coverage

INDEMNITY DENTAL PLAN OPTIONS:

Select a Plan

- ☐ Cigna Dental PPO
- ☐ Aetna Dental DMO
- ☐ I cancel/waive dental coverage

Select a Level of Coverage

- ☐ Retiree
- ☐ Retiree + Child(ren)
- ☐ Retiree + Spouse
- ☐ Family
- ☐ I cancel/waive dental coverage

VISION PLAN

Select a Plan

- ☐ VSP (Vision Service Plan)
- ☐ I cancel/waive vision coverage

Select a Level of Coverage

- ☐ Retiree
- ☐ Retiree + Child(ren)
- ☐ Retiree + Spouse
- ☐ Family
- ☐ I cancel/waive vision coverage

Important Notes: Continuation of Coverage

A retiree who cancels his/her medical, dental, and/or vision coverage(s) cannot renew that type of coverage under the Board Sponsored health options. However, as long as the retiree maintains medical, dental and/or vision coverage(s), eligible dependents may be added/removed during the annual open enrollment period.

One Time "Opt Out" Election (for retirees with a Retirement Date of 07/01/2009 and after)

A retiree who elected to "Opt Out" at the time of retirement, may re-enroll in the type of coverage(s) maintained prior to retirement, during the annual open enrollment period or in the event of a status change.

4 COVERED EMPLOYEE AND DEPENDENT(S) INFORMATION

PLEASE LIST ONLY MEMBERS TO BE ADDED/REMOVED. If you are adding or removing coverage for a dependent, please check the appropriate box below and complete all of the information. If selecting Blue Choice HMO Open Access, indicate the primary care physician and ID#.

Last Name	First	M.I.	Relationship	Sex	Date of Birth	Social Security Number	Primary Care Physician Information (If applicable)	Existing Patient of
			Retiree ☐ Add ☐ Remove				NAME: ID#	☐ Y ☐ N
			Spouse ☐ Add ☐ Remove				NAME: ID#	☐ Y ☐ N
			Child ☐ Add ☐ Remove				NAME: ID#	☐ Y ☐ N

DEPENDENT INFORMATION

Disabled? ☐ Yes ☐ No Name _____ Date of Disability _____

*****You will be required to provide a disability statement to your insurance provider(s).***

5 OTHER COVERAGE INFORMATION - COMPLETE BACK OF FORM

If you have any questions concerning the benefits and services that are provided by or excluded under the agreement, please contact the applicable plan's membership services representative before signing the application form.

I hereby apply for myself and any dependents listed on this application for the coverage indicated and authorize my employer to deduct from my earnings the amount required to participate in the elected plans. I understand that the elections that I make on this form will remain in effect for the entire Plan Year, unless I am permitted to change them during the Plan Year under special rules contained in the plan that apply only in very limited situations. If I do not complete and file a new enrollment form during the next annual enrollment period, the elections I make on this form will continue in effect indefinitely until changed by me during an annual enrollment period or in connection with the special rules discussed above. I also understand that the elections I make on this form are subject to modification by the Employer to insure that the Plan complies with applicable laws or to reflect increases in the cost of the elected coverage(s) that occur during the Plan Year. I herby consent, for myself and for all individuals covered by the Plan through me, to any investigations or inquiries into medical condition that are deemed necessary or appropriate by the Plan Administrator and to disclosures of medical records by anyone deemed necessary or appropriate by the Plan Administrator. I have carefully read this application and agree to its terms. The statements are true and complete and are representations made to induce the issuance of the subscription agreement(s) for which I have applied.

RETIREE'S SIGNATURE _____ DATE _____

PLEASE EMAIL COMPLETED FORM TO:

benefits@hcpss.org

A Photograph of the Form will be accepted

RETAIN A COPY FOR YOUR RECORDS

OTHER COVERAGE INFORMATION

Are you covered by Medicare? ☐ Yes ☐ No

☐ Medicare Part A ☐ Medicare Part B ☐ Medicare Part D

If yes, Medicare Policy Number: _____

Effective Date: _____

Are family members covered by Medicare? ☐ Yes ☐ No If yes, which ones? ☐ Spouse ☐ Child(ren)

Medicare Part A ☐ Yes ☐ No Medicare Part B ☐ Yes ☐ No Medicare Part D ☐ Yes ☐ No

Policyholder Name: _____

Effective Date Part A:: _____ Effective Date Part B: _____ Effective Date Part D: _____

Policyholder Name: _____

Effective Date Part A:: _____ Effective Date Part B: _____ Effective Date Part D: _____

Are family member(s) covered by any other insurance? ☐ Yes ☐ No
If yes, Which ones? ☐ Spouse ☐ Child(ren)

Policy Holder Name: _____

If yes, Name of Carrier: _____ Policy Number: _____

Coverage Effective Date: _____

Policyholder Name: _____

If yes, Name of Carrier: _____ Policy Number: _____

Coverage Effective Date: _____

NOTES

NOTES

Designed & Prepared by:

Gallagher

Insurance | Risk Management | Consulting