BCPS Benefits Guide

Effective January 1, 2021–December 31, 2021

October 2020

Dear BCPS Employees,

This year more than ever, it is important to remember that meeting the needs of our students means we must start by taking care of ourselves. With that in mind, I am pleased to be able to continue to offer a competitive benefits package for you and your family. Your health and overall well-being are essential to continuing to move BCPS in a positive direction.

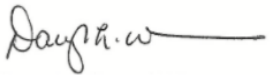
The Benefits Enrollment and Reference Guide provides details of your 2021 benefit plan options as well as information about how to enroll in coverage or make changes to existing coverage. Every effort has been made to ensure that the information in this Guide is accurate; however, if there are any discrepancies, the summary plan documents and actual contract for each plan will govern. Copies of these and other plan materials are available electronically on the webpage for the Office of Benefits, Leaves, and Retirement, or from the insurance carriers.

Our employer-sponsored health plans meet or exceed the Minimum Essential Coverage and the Affordable and Minimum Value requirements under the Affordable Care Act. Employees are encouraged to assess their own circumstances when making benefit election decisions. Employees currently not eligible to enroll in one of our medical plans may view their options for enrolling medical plans offered through the Health Care Exchange by visiting www.healthcare.gov.

Open Enrollment will begin October 12, 2020 and close on Friday, November 6, 2020 at 4PM. You can find additional information about Open Enrollment later in this Guide.

Thank you for your dedication and investment to our nearly 115,000 students. I look forward to your partnership as we raise the bar, close gaps, and prepare for our future.

Sincerely,



Darryl L. Williams, Ed.D.

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Important Resources

Coverage/Service	Phone Number	Website/Email
Medical–Cigna	(800) 896-0948	myCigna.com
Mental Health–Cigna	(800) 724-7603	myCigna.com
Medical–Kaiser Permanente	(800) 777-7902	Healthy.kaiserpermanente.org
Mental Health–Kaiser Permanente	(800) 777-7904	Healthy.kaiserpermanente.org
Dental–CareFirst	(866) 891-2802	Member.CareFirst.com
Dental–Cigna	(800) 896-0948	myCigna.com
Vision–CareFirst Davis (Eligibility Only)	(888) 336-7125	Member.CareFirst.com
Vision–CareFirst Davis (ID Cards)	(877) 691-5856	Member.CareFirst.com
Life & Personal Accident–Metlife	(800) 778-3827	Metlife.com/mybenefits
Flexible Spending Accounts–Benefit Strategies	(888) 401-3539	benstrat.com
Employee Assistance Program (Internal) - BCPS	(410) 887-5414	jzimmerman@bcps.org
Employee Assistance Program (External) - Cigna	(888) 431-4334	myCigna.com
Employee Wellness–BCPS	(443) 809-9471	empwellness@bcps.org
Long Term Disability–Assured Partners	(888) 943-8447	n/a
Cancer Insurance–Washington National Ins. Co.	(800) 541-2254	my.washingtonnational.com
Critical Illness & Universal Life	(877) 433-2384	service@lwarner.com
COBRA Billing–Benefit Strategies	(888) 401-3539	benstrat.com
COBRA Enrollment/Terminations/Changes–BCPS	(443) 809-8943	benefits@bcps.org
Credit Union–First Financial Credit Union	(410) 321-6060	Firstfinancial.org
Maryland State Retirement Agency (SRA)	(410) 625-5555	sra.maryland.gov
Baltimore County Employee's Retirement System	(410) 887-8246	baltimorecountymd.gov/agencies/budfin/retirement/

Benefits
Email: benefits@bcps.org
Phone: (443) 809-8943
Fax: (410) 887-8950

Leaves of Absence
Email: leaves@bcps.org
Phone: (443) 809-8947
Fax: (410) 887-8950

Retirement
Email: retirement@bcps.org
Phone: (443) 809-8949
Fax: (410) 887-8950

What's New For This Plan Year

Open Enrollment & Flu Clinic

Open Enrollment will be held October 12, 2020–November 6, 2020. BCPS will not be offering a Flu Clinic this year but we encourage all BCPS team members to get their flu shot!

Both Cigna medical plans will have $100 ER co-pay per visit (waived if admitted). Kaiser's ER co-pay will remain at $35 per visit (waived if admitted). BCPS encourages employees to utilize urgent care centers or primary care physicians (when possible) for lower co-pays. The specialist co-pay for the Cigna OAPIN increased to $25 per visit. The specialist co-pay for the Cigna OAP plan remains at $30 per visit and the Kaiser plan co-pay remains at $5 per visit.

Both CareFirst Dental plans have higher maximum benefit per calendar year. This allows the plans to pay $500 more per calendar year (per person) for your dental procedures. The CareFirst PPO plan will now pay $1,500 per person per calendar year. The CareFirst Traditional plan will now pay $1,250 per person per calendar year. The Cigna DHMO maximum benefit per calendar year will remain unlimited. Both CareFirst dental plans will now cover implants at 50% which was not previously covered prior to 2021.

BCPS Employee Wellness Facebook Page

Join us on Facebook to stay up to date with current opportunities and programs that can better your physical and mental health.

Bi-Weekly Benefit Costs

Both Cigna medical plans and the Cigna DHMO will face a cost increase for 2021. The Kaiser HMO rate renewal is flat. Below shows the changes for employees with individual coverage from 2020 to 2021, who are 1.0 FTE. For a full table of deductions by FTE, please refer to Benefit Costs Per Pay tables later in the Guide.

Virtual Care & Mobile Apps

In case you didn't know, both Kaiser Permanente and Cigna Medical plans give you ability to access care from anywhere via a telephonic or video connection. This is a great alternative when the only option for care is a physical on-site visit, or you just aren't well enough to leave the couch. Make sure to register ahead of time, before you need care.

When you are enrolled in any of our medical or dental plans, you also have access to your information through a personal online account and/or mobile app. You have the ability to order and print ID cards, check claims status, monitor benefit usage, find a participating doctor and more! The mobile apps are free for download for your Apple or Android device.

Benefit Deductions, Pre-tax or Post-tax?

Certain BCPS benefit costs are deducted from your paycheck on a pre-tax basis. Pre-tax deductions reduce your taxable income, which means you will owe less income and/or FICA tax. These benefits are administered according to IRS code section 125 and the BCPS Plan Documents and include:

- Medical
- Dental
- Vision
- Flexible Spending (FSA)
- 403(b)/457(b)
- Optional Life Insurance (first $35,000)

Bi-Weekly Benefit Costs

Plan	2020 1.0 FTE	2021 1.0 FTE	% Increase
Cigna Open-Access Plus in-Network (OAPIN)	64.51	67.01	3.88%
Kaiser Permanente HMO Select	71.64	71.64	0.00%
Cigna Open-Access Plus In and Out-of-Network	116.52	126.77	8.80%
Cigna Dental Care Access DHMO	17.09	17.10	0.06%

Eligibility & Enrollment

Who is Eligible for Benefits?

Employees

All full-time and part-time employees working a minimum of 0.5 Full Time Equivalency (FTE) may choose to enroll in any combination of benefits. New hires will have 60 days from their date of hire to enroll in benefits. Benefits will become effective on the first of the month following receipt of enrollment form and dependent verification.

Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents under the Medical/Prescription, Dental, Vision, Supplemental Life, and Personal Accident Insurance plans.

Eligible dependents are defined below:

- Spouse: a person to whom you are legally married by ceremony
- Dependent Children: You or your spouse's biological, adopted, legal dependents (including grandchildren for whom you have legal custody) up to age 26 regardless of student, financial, residential, or marital status. Dependent coverage terminated at the end of the month in which they turn 26.
- Acceptable dependent verification includes a marriage certificate, birth certificates, signed federal tax return, court orders, and adoption papers.

Making Changes

You will not be able to make changes to your election outside of Open Enrollment unless you, your spouse, or your dependent children experience an IRS defined qualified life event. **A completed election form along with documentation supporting the change and dependent verification (if applicable) must be submitted to Office of Benefits, Leaves, and Retirement within 30 days of the qualifying life event in order to make a change to your benefit elections.**

Qualifying Life Events include:

- Loss or gain of coverage due to marriage or divorce
- Birth, adoption, or gain of legal custody of a child
- Loss or gain of non-BCPS coverage by your spouse or dependent children
- Loss or gain of coverage due to a change in employment status
- Increase or reduction in FTE status
- Loss of dependent child status (dependent has reached age 26)
- Eligibility for Medicare
- Loss or gain of eligibility for coverage under Medicaid or Children's Health Insurance Plan*

**Employees or dependents will have 60 days in which to enroll or terminate benefits due to a loss or gain of coverage under Medicaid or CHIP*

Please note: BCPS is not required to continue to provide insurance benefits for any BCPS employee unable to pay the employee's required share of any benefit premiums. Failure to remit premium payments in a timely fashion will result in the loss of the applicable benefit coverage.

COBRA Continuation of Coverage

Eligibility

Once you are enrolled in medical/prescription, dental, and/or vision plans you and your eligible dependents have the right to continue these coverages under COBRA following the loss of coverage for any reason other than gross misconduct.

Enrollment

Individuals will have 60 days following the loss of coverage in which to elect to continue their coverage. The effective date of coverage will be retroactive to the date immediately following the loss of coverage.

- 18 consecutive months following a loss of coverage due to termination of employment, or a reduction in hours resulting in loss of eligibility
- 36 consecutive months following a loss of coverage due to death, divorce, or loss of dependent eligibility

Cost

Individuals who elect to continue their benefits under COBRA will remit the payment for their first month of premium along with their election form to BCPS. Payment should be a check or money order made payable to Benefit Strategies, LLC. Subsequent payments will be made directly to Benefit Strategies, LLC by check, money order, ACH.

Failure to make timely payments will result in termination of coverage. COBRA benefits which are terminated for non-payment of premium are not eligible for reinstatement.

Open Enrollment

What is Open Enrollment?

Open Enrollment is the one time period during the year in which benefit eligible employees can make changes to their benefit elections for any reason. The Open Enrollment period will begin on October 12th and end on November 6th. Any changes and corresponding payroll deductions will begin on January 1st.

No elections will be honored which are received after November 6th.

Making Benefit Changes

For medical, dental, and vision benefits employees may either:

- Submit the changes electronically through Employee Self Service (ESS) Benefits Wizard - *preferred**
- Complete electronic or paper Enrollment/Change application and submit via mail, interoffice mail, fax, or email

Flexible Spending Accounts (FSA) - Action Required!

Employees who would like to participate in one or both of the FSA programs for 2021 **MUST** make new elections during Open Enrollment by submitting elections through the Benefit Strategies, LLC online portal http://benstrat.navigatorsuite.com using their Employee ID to log-in (BCPS does not share your SSN with Benefit Strategies, LLC).

The Office of Benefits will not accept paper forms for Open Enrollment

No Changes?

Employees who are not participating in a FSA for 2021 and are not making any changes to their benefit elections DO NOT NEED TO TAKE ANY ACTION. Benefits, **except FSA**, will automatically rollover into 2021.

Open Enrollment Webinars

Employees will need computer and phone access to participate. Open Enrollment Information Webinars will be held virtually throughout the Open Enrollment period. Registration is required through BCPS One under Professional Learning. Click on Change Catalog and then click on the drop-down menu to select Meetings-Registration. Search for Open Enrollment Information Webinar.

Pre-Enrollment Confirmation Statement

In October, employees who are enrolled in benefits will receive a personalized statement showing their current benefit elections prior to Open Enrollment. The statement should be reviewed carefully to determine if changes will be made during the Open Enrollment period.

Total Compensation (Post-Enrollment) Statement

In December, employees will receive another personalized statement. This statement will show the benefits that will be in-force as of January 1st and will reflect any changes that were made during the Open Enrollment period. Please review the form for accuracy. If any processing errors have been made, please contact the Office of Benefits, Leaves, and Retirement immediately.

Reminders

- The benefit elections you make during Open Enrollment remain in effect until the end of the plan year unless there is an IRS defined qualified change in life event.
- Proof of dependent eligibility is required to enroll a spouse and/or child(ren). Copies are acceptable. Changes submitted without proper documentation will not be processed.
- Employees who submit false information intended to provide benefit coverage for alleged dependents not eligible for such coverage may be subject to discipline up to and including termination of employment. Such employees will also be required to reimburse the Board of Education for any payments made on behalf of or for the benefits of an ineligible person claimed as a dependent.

Benefit Costs Per Pay Period

Biweekly Costs for Employees

	1.0 ($)	0.9 ($)	0.8 ($)
Cigna Open-Access Plus In-Network (OAPIN)			
Individual	67.01	104.98	142.95
Parent/Child	132.76	207.99	283.22
Two Adults	159.90	250.51	341.13
Family	180.29	282.45	384.62
Kaiser Permanente HMO Select			
Individual	71.64	112.24	152.84
Parent/Child(ren)	141.94	222.37	302.80
Two Adults	170.96	267.84	364.72
Family	192.76	301.99	411.22
Cigna Open-Access Plus In and Out-of-Network (OAP)			
Individual	126.77	164.80	202.83
Parent/Child	251.15	326.50	401.84
Two Adults	302.50	393.25	484.00
Family	341.06	443.38	545.70
CareFirst Regional Dental PPO			
Individual	5.84	6.92	8.01
Parent/Child or Two Adults	12.65	15.00	17.35
Family	19.18	22.74	26.30
CareFirst Regional Dental Traditional			
Individual	8.14	9.22	10.31
Parent/Child or Two Adults	16.30	18.65	21.00
Family	31.23	34.79	38.35
Cigna Dental Care Access DHMO			
Individual	17.10	18.18	19.27
Parent/Child(ren) or Two Adults	30.07	32.42	34.77
Family	44.91	48.47	52.03
CareFirst Davis Vision			
Individual (Free if FTE is 0.5 or greater)	0	0	0
Parent/Child, Two Adults, or Family	3.47	3.47	3.47

The cost of medical and dental coverage varies according to your full-time equivalency (FTE). Your FTE is assigned based on the hours worked as a percentage of the number of hours a full-time employee in that same position would work.

Benefit Costs Per Pay Period

Bi-Weekly Costs for Employees

	0.7 ($)	0.6 ($)	0.5 ($)
Cigna Open-Access Plus In-Network (OAPIN)			
Individual	180.92	218.89	256.86
Parent/Child	358.46	433.69	508.92
Two Adults	431.74	522.35	612.96
Family	486.78	588.95	691.11
Kaiser Permanente HMO Select			
Individual	193.43	234.03	274.63
Parent/Child(ren)	383.24	463.67	544.10
Two Adults	461.60	558.48	655.65
Family	520.44	629.67	738.90
Cigna Open-Access Plus In and Out-of-Network (OAP)			
Individual	240.86	278.89	316.91
Parent/Child	477.19	552.54	627.88
Two Adults	574.75	665.50	756.25
Family	648.01	750.33	852.65
CareFirst Regional Dental PPO			
Individual	9.09	10.18	11.26
Parent/Child or Two Adults	19.70	22.05	24.39
Family	29.87	33.43	36.99
CareFirst Regional Dental Traditional			
Individual	11.39	12.48	13.56
Parent/Child or Two Adults	23.35	25.70	28.04
Family	41.92	45.48	49.04
Cigna Dental Care Access DHMO			
Individual	20.35	21.44	22.52
Parent/Child(ren) or Two Adults	37.12	39.47	41.81
Family	55.60	59.16	62.72
CareFirst Davis Vision			
Individual (Free if FTE is 0.5 or greater)	0	0	0
Parent/Child, Two Adults, or Family	3.47	3.47	3.47

The cost of medical and dental coverage varies according to your full-time equivalency (FTE). Your FTE is assigned based on the hours worked as a percentage of the number of hours a full-time employee in that same position would work.

Cigna Resources

Cigna One Guide

The myCigna app includes a Cigna One Guide® service upgrade with even more tools and support. With One Guide you can get tips and reminders to help you stay on track with appointments and preventive care, sign up for messages that can guide you to savings, and access support including click to chat functionality. Go to the myCigna.com website or launch the myCigna App and select "Register Now."

Cigna Virtual Care

With virtual care, you get the care and attention you'd expect from an in-office visit, wherever and whenever is most convenient for you. Virtual care options let you talk privately with a licensed counselor psychiatrist, or board-certified doctor via video or phone. Wellness screenings are also available through MDLive. Simply make your appointment online and go for a quick visit to a lab for your blood work and biometrics. The rest is completed online and via video or phone, wherever it's most convenient for you. You'll receive a summary of your screening results for your records.

You can also receive care through Cigna's network of behavioral health providers. Cigna Behavioral health provides access to virtual counseling through its own network of providers. To find a Cigna Behavioral Health network provider: visit myCigna.com, go to "Find Care & Costs" and enter "Virtual counselor" under Doctor by Type. To schedule an appointment online, go to myCigna.com or call MDLIVE directly at 888.726.3171.

Virtual care is designed to handle minor, nonemergency medical issues. You should NOT use telehealth if you are experiencing a medical emergency. If you have a medical emergency, you should dial 911 immediately or visit the nearest hospital

Nurse Line

The Health Information Line has trained nurses available to provide health and medical information and direction to the most appropriate resource. You can also call and listen to hundreds of topics contained in the audio library or listen via live stream at myCigna.com. Call (866) 494-2111.

Confidential Health Assessment

At BCPS, your health matters! When you complete the health assessment on your personal myCigna account, you answer simple questions and the result is a personalized report of your overall health. Having this information gives you more control, so you can start making simple changes to improve your health.

- log in to myCigna.com (if you haven't already registered, click the Register Now button to set up your account)
- go to the My Health tab
- Click on Health Assessment
- Get started

Omada–Healthy Habits That Last

Omada is a digital lifestyle change program. We combine the latest technology with ongoing support so you can make the changes that matter most– whether that's around eating, activity, sleep, or stress. It's an approach show to help you lose weight and reduce the risks of type 2 diabetes and heart disease. You'll receive the program at no additional cost if you or your covered adult dependents are enrolled in the company medical plan offered through Cigna, are at risk for diabetes or heart disease, and are accepted into the program.

Take Omada's 1-minute health screener to see if you're eligible:
Omadahealth.com/bcps

Preventive Care Covered

Prevention is the best medicine and Cigna offers a wide range of preventive services including annual routine physicals, well-child care, immunizations, PAP tests, mammograms, prostate screenings and other services required by the Affordable Care Act. These services are provided at not cost to you when you visit a participating provider.

Need to Locate a Participating Provider?

Visit www.Cigna.com. Click on "Find a Doctor" and then "For plans offered through work or school." Enter your zip code and select "Open Access Plus, OA Plus, Choice Fund OA Plus.

Benefits Coverage

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits Coverage (SBC), which summarizes important information in a standard format, is available for review. The SBC is located on the Benefits, Leaves, and Retirement web page in the Forms Repository. A paper copy is also available free of charge, by contacting the benefits office.

Our current employer-sponsored health plans meet or exceed the Minimum Essential Coverage and the Affordable and Minimum Values requirements under the ACA, so employees will generally not be subsidy eligible in the Marketplace. If you have questions about your specific circumstances, you should contact your tax advisor or visit **www.healthcare.gov.**

myCigna

Kaiser Permanente Resources

Preventive Care Covered

Prevention is the best medicine and KP offers a wide range of preventive services including annual routine physicals, well-child care, immunizations, PAP tests, mammograms, prostate screenings and other services as required by the Affordable Care Act. These services are provided at no cost to you when you visit a participating provider.

Need to Locate a Participating Provider?

Visit healthy.kaiserpermanente.org. Click on "Doctors and Locations" and make sure you have selected "Maryland/ Virginia/Washington D.C." for the region. Choose "Search our affiliated and network physicians" and scroll down to choose "Kaiser Select HMO" as the plan name.

Benefits Coverage

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes the important information in a standard format, is available for review. The SBC is located on the Benefits, Leaves, and Retirement web page in the Forms Repository. A paper copy is available free of charge, by contacting the benefits office.

Our current employer-sponsored health plans meet or exceed the Minimum Essential Coverage and the Affordable and Minimum Value requirements under the ACA, so employees will generally not be subsidy eligible in the Marketplace. If you have questions about your specific circumstances, you should contact your tax advisor or visit **www.healthcare.gov.**

Kaiser Mobile App

The Kaiser Permanente mobile app allows you to manage more than 20 tasks 24/7/365. Visit healthy.kaiserpermanente. org or download the KP app to make or change appointments, order prescription refills, print ID cards, email your doctors office and more!

Where to Go for Care?

KP's unique all-in-one model of health care combines practitioners, pharmacy, lab, and X-ray services combined in their state-of-the-art medical centers located around the region. Every facility is connected to your electronic health record, which keeps your care team informed and ready to give the right care at the right time.

KP facilities can be found in Towson, Downtown Inner Harbor, Woodlawn, White Marsh, Halethorpe, Glen Burnie, Abingdon, Columbia, and Annapolis as well as many other locations in MD/DC/VA.

Video Visits

PCP/Specialist
Did you know that you can schedule a video appointment with your doctor? Save time and money! Unlike when you visit in person, there is no copay for the visit and no need to take time off work, pay for gas, parking or cab fare. Appointments can be booked online or by calling the KP appointment line.

After-Hours Care
Connect with a KP emergency medicine physician 24/7/365 if care is needed for a wide range of minor conditions.

Follow-Up Care
During your video visit, the doctor can make follow-up appointments, order lab tests, and prescribe medicine. Your video visit is an extension of the care you receive at KP facilities.

Away From Home Care

Emergency Care
Emergencies are medical or psychiatric conditions, including severe pain, which require immediate attention to prevent serious jeopardy to your health; examples include chest pain or pressure, severe shortness of breath, or decrease or loss of consciousness. You do not have to get prior approval for emergency care. Once your condition is stable, call or have your treating physician call KP. If you still need care after your condition has been stabilized, you'll need to get approval for follow-up care.

Urgent Care
Urgent care need requires prompt attention, usually within 24-48 hours, but is not an emergency; examples include upper-respiratory symptoms, severe cough or sore throat, earaches, or minor burns or cuts. You can visit an urgent care or retail clinic and you will be covered as long as it can't wait until you return home.

KAISER PERMANENTE®

Medical Options At-a-Glance

Plan Name	Cigna Open-Access Plus In-Network (OAPIN)	Kaiser Permanente HMO Select	Cigna Open-Access Plus In and Out-of-Network (OAP)	
Group Number	**3216080**	**7434-6**	**3216080**	
Network	**Nationwide**	**Regional (MD/DC/ NoVA)**	**Nationwide**	
Plan Features	**In-Network Only**	**In-Network Only**	**In-Network**	**Out-of-Network**
Calendar Year Deductible	Individual: None Family: None	Individual: None Family: None	Individual: $200 Family: $400	Individual: $300 Family: $600
Calendar Year Out-of-Pocket Maximum (Medical Services)	Individual: $1100 Family: $3600	Individual: $3500 Family: $9400	Individual: $1000 Family: $2000	Individual: $1500 Family: $3000
Coinsurance	100% (after applicable Copay)	100% (after applicable Copay)	85%	75%
PCP Required?	No	Yes	No	
Referrals Required for Specialist?	No	Yes	No	
Deductible/OOP Max Accrual	Embedded	Embedded	Embedded	
Preventive Care Services				
Adult Physicals & Well Child Visits	No Charge	No Charge	No Charge	25% (AD)
Immunizations	No Charge	No Charge	No Charge	25% (AD)
Mammogram, PAP, & PSA Tests	No Charge	No Charge	No Charge	No Charge
Office Visits, Labs, & Testing				
Office Visits	PCP: $15 Copay Specialist: $25 Copay	PCP: $5 Copay Specialist: $5 Copay	PCP: $20 Copay Specialist: $30 Copay	25% (AD)
Laboratory Tests & X-Rays	No Charge	No Charge	No Charge	25% (AD)
Advanced Imagining (CT, MRI, PET)	No Charge	No Charge	No Charge	25% (AD)
Physical/Speech/Occupational Therapy	$25 Copay*	$5 Copay*	$30 Copay*	25% (AD)
Emergency Care, Urgent Care, & Hospital Services				
Urgent Care Center	$25 Copay	$5 Copay	$30 Copay	
Emergency room (Waived if Admitted)	$100 Copay	$35 Copay	$100 Copay	
Inpatient Facility Services	$100 Copay	No Charge	15% (AD)	25% (AD)
Outpatient Facility Services	No Charge	$5 Copay	15% (AD)	25% (AD)

(AD) - After Deductible

**Number of approved visits per plan year may vary*

***Cigna payments for Out-of-Network services are based on the Allowable Benefit. Non-participating providers may balance bill for the difference.*

Prescription Drugs At-a-Glance

Plan Name	Cigna Open-Access Plus In-Network (OAPIN)	Kaiser Permanente HMO Select	Cigna Open-Access Plus In and Out-of-Network (OAP)
Group Number	**3216080**	**7434-6**	**3216080**
Network	**Nationwide**	**Regional (MD/DC/ NoVA)**	**Nationwide**
Prescription Drug Coverage			
Calendar Year Deductible (RX)	Individual: None	Individual: None	Individual: None
Calendary Year Out-of-Pocket Maximum (RX)	Individual: $5500 Family: $9600	Combined with Medical	Individual: $5600 Family: $11200
OOP Max Accrual	Embedded	Embedded	Embedded
Retail 30 Day Supply			
Generic (Tier 1)	$10 Copay	$5 Copay**	$10 Copay
Preferred Brand (Tier 2)	$20 Copay	$5 Copay**	$20 Copay
Non-Preferred Brand (Tier 3)	$35 Copay	$5 Copay**	$35 Copay
Retail 90 Day Supply			
Generic (Tier 1)	$30 Copay	$5 Copay*	$30 Copay
Preferred Brand (Tier 2)	$60 Copay	$5 Copay*	$60 Copay
Non-Preferred Brand (Tier 3)	$105 Copay	$5 Copay*	$105 Copay
Mail-Order 90 Day Supply			
Generic (Tier 1)	$20 Copay	$5 Copay*	$20 Copay
Preferred Brand (Tier 2)	$40 Copay	$5 Copay*	$40 Copay
Non-Preferred Brand (Tier 3)	$40 Copay	$5 Copay*	$40 Copay

**Cost will be $15 when filled at a participating community pharmacy*
***Up to a 60 day supply*

Mandatory Generic Substitution

If your prescription is written for a brand name drug and a generic equivalent is available, you will automatically be dispensed the generic form. If you elect to take the brand name:

Cigna: You will pay the non-preferred brand copay plus the difference between the contracted allowable cost of the brand name drug and the actual cost of the generic drug. Express Scripts Pharmacy will be Cigna's home delivery pharmacy effective 1/1/2021. As part of the first fill of a prescription through Express Scripts Pharmacy, members will need to update payment information on mycigna or by phone with a Cigna representative. This will ensure data security directly with Express Scripts Pharmacy.

Kaiser: You will pay the full allowable cost of the brand name drug.

Step Therapy and Prior Authorization

In step therapy, you and your doctor follow a series of steps when choosing the most appropriate medications to treat your condition. Some prescription medications require a prior authorization review to verify that a medication is appropriate for the diagnosis, dosage, frequency, and duration of therapy. Your doctor should contact the insurance company to initiate a request prior to writing a prescription.

Medical Plan Summary

Plan Name	Cigna Open-Access Plus In-Network (OAPIN)	Kaiser Permanente HMO Select	Cigna Open-Access Plus In and Out-of-Network (OAP)	
Group Number	**3216080**	**7434-6**	**3216080**	
Network	**Nationwide**	**Regional (MD/DC/ NoVA)**	**Nationwide**	
Plan Features	**In-Network Only**	**In-Network Only**	**In-Network**	**Out-of-Network****
Calendar Year Deductible	Individual: None Family: None	Individual: None Family: None	Individual: $200 Family: $400	Individual: $300 Family: $600
Calendar Year Out-of-Pocket Maximum (Medical Services)	Individual: $1100 Family: $3600	Individual: $3500 Family: $9400	Individual: $1000 Family: $2000	Individual: $1500 Family: $3000
Coinsurance	100% (after applicable Copay)	100% (after applicable Copay)	85%	75%
PCP Required?	No	Yes	No	
Referrals Required for Specialist?	No	Yes	No	
Deductible/OOP Max Accrual	Embedded	Embedded	Embedded	
Preventive Care Services				
Adult Physicals & Well Child Visits	No Charge	No Charge	No Charge	25% (AD)
Immunizations	No Charge	No Charge	No Charge	25% (AD)
Mammogram, PAP, & PSA Tests	No Charge	No Charge	No Charge	No Charge
Office Visits, Labs, & Testing				
Office Visits	PCP: $15 Copay Specialist: $25 Copay	$5 Copay	PCP: $20 Copay Specialist: $30 Copay	25% (AD)
Laboratory Tests & X-Rays	No Charge	No Charge	No Charge	25% (AD)
Allergy Shots & Testing	No Charge	$5 Copay	No Charge	25% (AD)
Physical/Speech/Occupational Therapy	$25 Copay*	$5 Copay*	$30 Copay*	25% (AD)
Chiropractic Office Visit	$25 Copay*	Not Covered	$30 Copay	25% (AD)
Inpatient Hospital–Facility Services				
Semi-Private Room and Board	$100 Copay	No Charge	15% (AD)	25% (AD)
Inpatient Laboratory Tests & X-Rays	No Charge	No Charge	No Charge	25% (AD)
Inpatient Advanced Imaging (CT, MRI, PET)	No Charge	No Charge	15% (AD)	25% (AD)
Inpatient Physician/Surgical Services	No Charge	No Charge	15% (AD)	25% (AD)

(AD) - After Deductible

**Number of approved visits per plan year may vary*

***Cigna payments for Out-of-Network services are based on the Allowable Benefit. Non-participating providers may balance bill for the difference.*

Medical Plan Summary

Plan Name	Cigna Open-Access Plus In-Network (OAPIN)	Kaiser Permanente HMO Select	Cigna Open-Access Plus In and Out-of-Network (OAP)	
Group Number	**3216080**	**7434-6**	**3216080**	
Network	**Nationwide**	**Regional (MD/DC/ NoVA)**	**Nationwide**	
Inpatient Hospital–Facility Services *Continued*				
Inpatient Anesthesia Services	No Charge	No Charge	15% (AD)	25% (AD)
Inpatient Skilled Nursing/Rehab Facility Services	No Charge	No Charge	15% (AD)	25% (AD)
Inpatient Physical/Speech/Occupational Therapy	No Charge	100%	No Charge	No Charge
Inpatient Dialysis/Radiation/Chemotherapy	No Charge	100%	15% (AD)	25% (AD)
Home Health Care	No Charge	No Charge	No Charge*	25% (AD)*
Hospice Care	No Charge	No Charge	No Charge	No Charge
Emergency Services				
Urgent Care	$25 Copay	$5 Copay	$30 Copay	
Emergency Room (Waived if Admitted)	$50 Copay	$35 Copay	$70 Copay	
Ambulance (Air Ambulance if medically necessary)	No Charge	No Charge	No Charge	
Maternity/Infertility Services				
Delivery–Facility	$100 Copay	No Charge	15% (AD)	25% (AD)
Global Maternity Fees Prenatal and Postnatal Visits	No Charge	50% of Allowed Benefit	15% (AD)	25% (AD)
Artificial Insemination–Outpatient (requires pre-authorization)	No Charge	50% of Allowed Benefit	15% (AD)	25% (AD)
Artificial Insemination In Vitro Fertilization–Outpatient (requires pre-authorization)	No Charge	Based Upon Place of Service	15% (AD)	25% (AD)
Abortion–Outpatient	No Charge	Based Upon Place of Service	15% (AD)	25% (AD)
Abortion–Inpatient	$100 Copay	Based Upon Place of Service	15% (AD)	25% (AD)

Medical Plan Summary

Plan Name	Cigna Open-Access Plus In-Network (OAPIN)	Kaiser Permanente HMO Select	Cigna Open-Access Plus In and Out-of-Network (OAP)	
Group Number	**3216080**	**7434-6**	**3216080**	
Network	**Nationwide**	**Regional (MD/DC/ NoVA)**	**Nationwide**	
Family Planning Services				
Women's Surgical Sterilization–Outpatient	No Charge	Based Upon Place of Service	No Charge	25% (AD)
Women's Surgical Sterilization–Inpatient	No Charge	Based Upon Place of Service	No Charge	25% (AD)
Men's Surgical Sterilization–Outpatient	No Charge	Based Upon Place of Service	15% (AD)	25% (AD)
Men's Surgical Sterilization–Inpatient	$100 Copay	Based Upon Place of Service	15% (AD)	25% (AD)
Mental Health and Substance Abuse ***(10 counseling sessions available at no cost through Employee Assistance Program)***				
Pre-Authorization Required?	Yes	Yes	Yes	
Mental Health Inpatient Services	$100 Copay	No Charge	15% (AD)	25% (AD)
Mental Health Outpatient Services	$20 Copay	$5 Copay	$30 Copay	25% (AD)
Substance Abuse Inpatient Services	$100 Copay	No Charge	15% (AD)	25% (AD)
Substance Abuse Outpatient Services	$20 Copay	$5 Copay	$30 Copay	25% (AD)
Other Services				
Hearing Aids	No Charge (Limit 2 per 3 years)	100% (Limit 1 per ear per 3 years)	No Charge (Limit 2 per 3 years)	25% (AD)
Diabetic Supplies	No Charge	20%	No Charge	25% (AD)
Durable Medical Equipment	No Charge	100% of Allowed Benefit	No Charge	25% (AD)
Prosthetic Devices	No Charge	100% of Allowed Benefit	No Charge	25% (AD)

Dental Options At-a-Glance

Plan Name	CareFirst Regional Dental PPO		CareFirst Regional Dental Traditional		Cigna Dental Care Access DHMO**
Group Number	7J91		7J91		10013509
Network	Nationwide		National		Nationwide
Plan Features	In-Network	Out-of-Network**	In-Network	Out-of-Network**	In-Network Only
Calendar Year Deductible	Individual: $10 Family: $20	Individual: $25 Family: $50	Individual: $10 Family: $25		None
Maximum Benefit Per Calendar year	$1500 Per Person		$1250 Per Person		Unlimited
	Member Pays	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Preventive & Diagnostic Services	No Charge	20%**	No Charge	No Charge**	No Charge
Basic Services	20% (AD)	40% (AD)**	20% (AD)	20% (AD)**	$0–$220 Copay
Major Services Surgical	20% (AD)	$15–$335 Copay	20% (AD)	20% (AD)**	$15–$335 Copay
Major Services Restorative	20% (AD)	$15–$335 Copay	20% (AD)	20% (AD)**	$15–$335 Copay
Dentures & Bridges	50% (AD)	70% (AD)**	50% (AD)	50% (AD)**	$15–$335 Copay
Orthodontia Lifetime Maximum Benefit	$1500 Per Person	$1000*** Per Person	$1000 Per Person		24 Months
Orthodontia	50%*	50%*	50%*	50%*	See Fee Schedule
Implants	50%	50%	50%	50%	Not Covered

(AD) refers to After Deductible
**Orthodontia is only available to dependent children up to age 19 if you select one of the CareFirst Options*
***CareFirst payments for Out-of-Network services are based on the Allowable Benefit. Non-participating providers may balance bill for the difference.*
****See full fee-schedule for exact costs*

Prevention First!

Make sure you take advantage of your preventive dental visits. Preventive care services are not subject to any deductible and all three plans cover 100% of the cost when you visit an in-network provider.

Need to Locate a Participating Provider?

CareFirst
Visit www.CareFirst.com. Click on "Find a Doctor" and then "Continue as Guest". Select "Dental" and then either "Preferred Dental PPO" or "Traditional dental".

Providers in the Traditional Dental network who do not also participate in the Preferred Dental PPO network, will accept the insurance for members enrolled in the Regional Dental PPO and the coverage will be paid at the out-of-network level. The Traditional provider however, may not balance bill

Cigna
Visit www.myCigna.com. Click on "Find a Dentist" and then "For plans offered through work or school". Enter your zip code and select Cigna Dental Care HMO.

Vision Insurance

Discounted Rates on Special Services

In addition to your standard eye glass coverage, you will also have access to various discounts including 25% off the usual and customary charge for Laser vision correction when using a Davis Vision Laser Vision provider.

Need to Locate a Participating Provider?

The Davis Vision network now includes many national and retail stores including Wal-Mart, Target Optical, Sears Optical, Pearle Vision, and Doctor's Visionworks.

Remember, if you choose an eye care professional that is not part of the Davis Vision network, you will be expected to pay the entire cost for services up front. You may then seek reimbursement up to the allowed amounts by filing a claim form with CareFirst Davis Vision.

Visit www.CareFirst.com. Click on "Find a Doctor" and then "Continue as Guest". Click on "Vision" and then "BlueVision Plus".

Changes in Your Prescription?

If your lens prescription changes before you are eligible for new lenses and that prescription meets one of the following criteria, lenses and frames will be replaced as a 12 month frequency:

1. Differs from the original by at least 0.50 diopter sphere
2. Axis changes by 15 degrees or more
3. Change in prism diopter of 0.5 in at least one eye

Example Cost for Glasses with Davis

- Tower collection frames with bifocal lenses, including scratch resistant coating = $40
- Non-tower frames (retail $185) with single vision premium progressive lenses = $165
- Non-tower frames (retail $230) with single vision transition lenses = $185

Additional Information

Benefits are based on your last date of service. For example if you have your eye exam and purchase glasses on March 1, 2021, you will not be eligible for another eye exam until March 2, 2022 even though the plan year renews January 1, 2021. You would not be eligible for glasses until March 2, 2022.

Plan Features	CareFirst Davis Vision	
	In-Network	Out-of-Network**
Eye Exams (Once Every 12 Months)	$20 Copay	Covered up to $35
Spectacle Lenses (Once Every 24 Months)		
Single Vision	$20 Copay	Covered up to $25
Lined Bifocal	$20 Copay	Covered up to $40
Lined Trifocal	$20 Copay	Covered up to $55
Lenticular	$20 Copay	Covered up to $80
Frames (Once Every 24 Months)		
Tower Collection	No Charge	Covered up to $35
Non-Tower Frames	Covered up to $130	Covered up to $35
Contact Lenses (Once Every 24 Months)		
Elective (In Lieu of Lenses and Frames)	Covered up to $130	Covered up to $130
Medically Necessary*	$20 Copay	Covered up to $210

**Preapproval required..*
***You are responsible for all charges for services received out-of-network and must file a claim for reimbursement within 12 months of the date of service*

Lens Options (add to spectacle lens prices)	
Transition Lenses	$65 Copay
Photocromic Lenses	$30 Copay
Scratch-Resistant Coating	$25 Copay
Anti-Reflective Coating (AR)	$35 Copay
Ultraviolet Coating	$12 Copay
Premium Progressive Lenses	$90 Copay

Note that BCPS Employees who are married to one another and/or are child(ren) to another BCPS employee cannot cover one another on the vision plan.

Employee Wellness & EAP

TEAM BCPS working well
healthy minds, healthy bodies

Programs and Offerings

- Coaching for Tobacco Cessation, Weight Management, and Stress Management*
- Health Assessments
- Eat Well, Work Well
- Hungry Harvest
- Healthiest Loser
- Healthy Wage
- On-site Fitness Classes
- 10,000 Steps Towards Wellness
- Fitness Center and Yoga Studio Discounts and more!

**Offered to members through our Cigna and Kaiser medical plans*

Employee Assistance Program (EAP)

The BCPS EAP is available to all employees and their household family members and provides **100% confidential** services and support **at no cost.** Enrollment is automatic and benefits are available on the first day of work to help address a variety of concerns and situations that may impact you or your family's job, health, emotional well-being, and overall quality of life such as:

- General stress
- Depression
- Anxiety
- Substance Abuse
- Family Issues
- Achieving work/life balance
- Death/serious illness
- Disputes with family or coworkers

Services include, but are not limited to:

- 10 face-to-face counseling sessions
- Legal consultation with an attorney
- Assistance finding child/elder/pet care
- Debt counseling
- Telephonic consultations
- Fraud resolution/identity theft
- Relocation support
- Assistance with adoption

Wellness For All

The BCPS Wellness program is available to all employees regardless of FTE and promotes "working well" to create a future focused on healthy minds and healthy bodies. Wellness is personal. Like walking, we need to take it one step at a time, keeping the pathway in front of us. This involves focusing on the positive and possible and working together. It is not about judgement, but support.

Wellness Champions

Wellness Champions are employees who help to promote and provide information about the Wellness Programs and Offerings to other employees at their school or site. Every location has at least one Wellness Champion. If you do not know who your Wellness Champions are, or if you are interested in becoming a Wellness Champion, please email empwellness@bcps.org.

Join us on Facebook!

Find our page by searching BCPS Employee Wellness under Facebook groups and request to become a member! Stay in the loop with current opportunities and programs!

TEAM BCPS employee assistance program (EAP)
HELP, WHEN YOU NEED IT

How to Access Services?

Internal: Monday through Friday
9AM–5:30PM
(410) 887-5414 (available year –round)

External: 24/7/365
(888) 431-4334
www.myCigna.com

Employer ID: baltimore

To access additional EAP resources online, you must first log on to myCigna.com and register.

Flexible Spending Accounts (FSA)

What is an FSA?

Flexible Spending Accounts allow you to reduce your taxable income by setting aside pre-tax dollars for each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family. There are two types of FSAs: Health care FSA and Dependent Care FSA. You can elect one or both of these accounts. The FSAs are administered by Benefit Strategies, LLC. All active employees are eligible to participate. Employees who participate will receive a Benefit Strategies, LLC debit card as a way to pay up front for qualified expenses. You may also submit paper claims online for reimbursement. The grace period applies to the Health Care FSA and the Dependent Care FSA. Expenses incurred during the grace period (January 1 through March 15) and approved for reimbursement, will first be paid from any remaining amount from the preceding plan. Any expenses beyond the preceding plan year's balance will be paid from the current plan year's elections. Claims will be paid in the order in which they are approved. All grace period expenses must be submitted to Benefit Strategies, LLC by March 31st.

Health Care FSA

Health Care FSAs help you pay for qualified medical expenses for you, your spouse, and your dependent children (regardless of whether or not they are enrolled in your medical plan as long as they are included as dependents on your tax return.) Examples of qualified medical expenses include medical and prescription copays, dental care, prescription sunglasses, hearing aids, and prescribed OTC medications.

Your annual contribution amount is deposited into your account and is available to you at the beginning of the plan year. As you incur expenses, simply use the debit card to pay or submit a paper claim for reimbursement. Please note that health insurance premiums paid for by an employer plan or for other health insurance coverage are not eligible for reimbursement.

Types of FSA	Minimum Annual Contribution	Maximum Annual Contribution
Health Care	$100	$2750**
Dependent Care	$500	$5000*

**Married filing separately may only contribute up to $2500 per year*

***Maximum contribution amounts are subject to change after the Benefit Guide is printed due to IRS release of 2021 annual limits*

Dependent Care FSA

Dependent Care FSAs help you pay for the cost of day care for your dependents so you and your spouse can work. Eligible expenses include:

- Care for your dependent child who is under the age of 13 whom you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

If the situation is educational in nature (i.e. Kindergarten), the expense cannot be reimbursed.

An individual day care provider must be a non-dependent relative over the age of 19 and must claim the income on their tax return.

Your annual contribution amount is deposited into your account and only the amount you have contributed to date, less any previous reimbursements, will be available to you. You may only receive reimbursements for services already incurred.

Enrollment

New hire: Paper form
Open Enrollment: Online portal at http://benstrat.navigatorsuite.com or call (888) 401-3539.
Be sure to have your employee ID ready when you enroll.

Use It or Lose It

Any remaining funds in your FSA will be forfeited if not used by the end of the grace period.

Annual Enrollment

In order to participate in the FSA, you must re-enroll each plan year. Your annual contribution stays in effect for the entire calendar year. The only time you can change your election is during the annual Open Enrollment or Change in Status or Qualified Life Event.

End of Employment

Employees who end their employment with BCPS (i.e., termination, resignation, retirement) have 90 days from the last day worked to submit claims; however **only claims submitted for costs incurred prior to the separation date will be paid.**

Life Insurance

Basic Life

Life insurance helps protect your family from financial risk and a loss of income in the event of your death. BCPS provides all permanent full and part-time employees $15,000 of Basic Term Life Insurance at no cost to you through MetLife. This benefit is effective on the first of the month following your date of hire. **Spouses or children who are BCPS employees are not eligible dependents.**

Supplemental Optional Life

You may purchase additional Life Insurance for yourself, your spouse, and/ or your dependent children through MetLife. Participation is voluntary, and premiums are paid by you. You must elect coverage for yourself in order to purchase coverage for your spouse and/or dependent children.

Employee

Elect a multiple of your annual salary from 1 to 10 times; not to exceed $1,000,000

EOI is required if you elect a benefit greater than 3 times your annual salary or the amount exceeds $500,000 (new hires only)

Spouse

Elect a benefit in increments of $25,000 not to exceed the lesser of 100% of employee benefit or $500,000

EOI is required if you elect a benefit greater than $50,000 (new hires only)

Child(ren)

$10,000 benefit for unmarried children up to age 26

EOI is not required for dependent children

Evidence of Insurability (EOI)/Health Statement

MetLife requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called "Evidence of Insurability (EOI)." You will need to complete a Health Statement when you:

1. Increase your coverage after your new hire election
2. Waive coverage when you are a new hire and enroll for the first time at a later date
3. Select coverage of any amount over the guaranteed issue amount

Portability/Conversion

If you terminate your employment, you may be able to "port" your provided coverage. If you are ineligible for the portability, then you have the option to convert your term life insurance policy to an individual whole-life level premium plan without having to provide EOI. Applications for portability or conversion must be completed within 31 days of the date your coverage ends through BCPS.

Waiver of Premium Disability Benefit

MetLife will waive each Basic and Supplemental Life Insurance payment that becomes due for you under the group policy while you are totally disabled under certain conditions.

Open Enrollment and Life Event Elections

New Enrollment or Increasing Optional Life

Employees may elect Optional Life for the first time for themselves and/or their spouse or increase insurance by:

1. Completing the MetLife Enrollment/Change Form and submitting to the Office of Benefits AND
2. Completing a Short Form Health Statement. EOI is required regardless of the amount of coverage elected. If you are electing coverage for a spouse, your spouse must also complete a Health Statement.

Reducing or Cancelling Optional Life

Employees may reduce Optional Life for themselves for amounts over $35,000 and any amount for a spouse or child(ren) at any time. Amounts or multiples that fall below $35,000 may only be cancelled during open enrollment since this coverage is purchased pre-tax.

Supplemental Life Insurance

Supplemental Optional Life

Participation is voluntary, and premiums are paid by you. You must elect coverage for yourself in order to purchase coverage for your spouse and/ or dependent children. The amount of coverage for your spouse cannot exceed your own coverage amount.

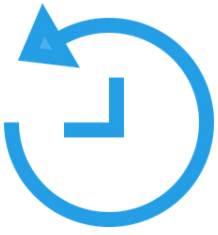
Age	Rate*
Under 25	0.02
25-29	0.03
30-34	0.03
35-39	0.04
40-44	0.05
45-49	0.07
50-54	0.11
55-59	0.21
60-64	0.32
65-69	0.62
70+	1.24
*Rates for coverage for the employee are adjusted on the payroll following their date of birth and for the spouse on January 1st each year	

Child Coverage	
$10,000	$1.20

How Much Will My Coverage Cost?		
Six Steps:	**Calculation**	**Example (Employee Age 35)**
Step 1: Enter your annual basic salary (not		$42,159
Step 2: Enter the multiple of salary desired*		3*
Step 3: Multiply the result of Step 1 & Step 2		$126,477
Step 4: Divide the result in step 3 by 1000		126
Step 5: Enter the rate for your age from the table to the left		0.04
Step 6 Multiply the result of Step 5 by the rate in Step 6. This is your bi-weekly payroll deduction for this coverage		$5.04

*Guaranteed Coverage Amounts (New Hires Only)	
Employees	3x Annual Salary
Spouses	$50,000
Children	$10,000

Choosing who will receive your Life Insurance or Personal Accident benefit is an important decision. Please make sure your beneficiary is up to date. Your beneficiary is the same on both the Life Insurance and Personal Accident benefit. If you elect coverage for a spouse and/ or children, you are the designated beneficiary. Your spouse and/or children cannot elect a different beneficiary.



Personal Accident Insurance

Personal Accident Insurance (PAI)

PAI provides coverage when there is a serious injury or death as the result of an accident. Coverage is offered through MetLife and premiums are 100% paid by you. In addition to yourself, you may also purchase insurance for your spouse or your eligible dependent children. You must elect coverage for yourself in order to purchase coverage for your spouse or dependent children. **Spouses or children who are BCPS employees are not eligible dependents. Elections cannot exceed 10x your annual salary. No Health Statement is required for any amount.**

Employee

Elect coverage in increments of $25,000; not to exceed the lesser of 10 times your annual salary or $500,000

Spouse

Elect coverage equal to 100% or 50% of the employee benefit amount

Elect coverage equal to 10% of the employee benefit amount

Personal Accident Costs

Cost Per Pay Period–Sample				
Benefit Amount	**You**	**Spouse (100%)**	**Spouse (50%)**	**Children (10%)**
$25,000	$0.18	$0.18	$0.09	$0.02
$50,000	$0.36	$0.36	$0.18	$0.04
$100,000	$0.72	$0.72	$0.36	$0.07
$200,000	$1.44	$1.44	$0.72	$0.14
$300,000	$2.16	$2.16	$1.08	$0.22
$400,000	$2.88	$2.88	$1.44	$0.29
$500,000	$3.60	$3.60	$1.80	$0.36

Benefits Amount Payable		
Covered Loss	**You/Spouse/Domestic Partner**	**Children**
Life	100%	100%
Sight of Both Eyes	100%	100%
Speech and Hearing in Both Ears	100%	200%
Both Hands or Feet	100%	200%
One Hand or Foot	50%	100%
One Hand and Sight of One Eye	50%	100%
Thumb and Index Finger of the Same Hand	25%	50%
Coma	1% of the principal sum for up to 11 months and full principal sum after 12th month	

Long Term Disability

Long Term Disability (LTD)

LTD insurance provides coverage in the event of an extended illness or non-work related injury and is offered through SunLife Financial. Premiums are 100% paid by you. Your union may also offer a members-only LTD plan. You cannot participate in both. **This plan will pay no benefit for any illness or injury beginning during the first 12 consecutive months of enrollment, if the disability results from a pre-existing condition. A pre-existing condition is one for which you have seen a medical doctor or taken medication to treat in the 3 months prior to your effective date.**

- Benefits begin after you have been disabled for 180 consecutive days or once sick leave is exhausted, whichever is later.
- Plan pays a benefit in the amount of 66.67% of your base monthly salary up to a maximum of $10,000 while you are disabled until you reach Social Security Normal Retirement Age (duration of benefits may be reduced if disability begins after age 60). This amount is decreased or offset by any income you receive including Social Security, sick leave, workers compensation, retirement, or pension.
- Evidence of Insurability is not required however, pre-existing limitations do apply

Long Term Disability Costs

Rates Based on Age and Change as Age Increases

Age	Sick Leave Bank* Participant	Non-Sick Leave Bank Participant
18-24	0.00063	0.00085
25-29	0.00077	0.00103
30-34	0.00111	0.00146
35-39	0.00155	0.00207
40-44	0.00299	0.00401
45-49	0.00488	0.00650
50-54	0.00633	0.00843
55-59	0.00704	0.00939
60+	0.00640	0.00852

**TABCO members contact TABCO; all others contact Payroll for information about the Sick Leave Bank*

How Much Will My Coverage Cost?

Four Steps:	Calculation	Example
Step 1: Enter your gross pre-tax pay		$35,000
Step 2: Enter your rate based on your age and Sick leave Bank eligibility from the table to the left		0.00146
Step 3: Multiply Step 1 by Step 2		$51.10
Step 4: Divide Step 3 by 20 to determine the amount that will be deducted from your check		$2.55

Plan Features	Plan Coverage
Payments To You	66 2/3% of monthly salary less applicable offset
Benefit Payments Start	After 180 days of disability or once sick leave is exhausted, whichever is later
Benefit Payment Offsets	Social security, sick leave, workers compensation, retirement, or pension
Duration of Benefit Payments	Maximum Benefit Period: • 60–the day before the Social security Normal Retirement Age • 60-65–36 months • 65-68–24 months • 68-70–18 months • 70-72–15 months • Over 72–12 months

Retro-disability benefits are paid when you are continuously hospitalized from the onset of disability for 14 or more days. Benefit is equal to six times your monthly benefit

Frequently Asked Questions & Glossary

How do I request an ID card?

ID cards for medical, prescription, dental, and/or vision benefits may be requested electronically through your personal online accounts with Cigna, Kaiser Permanente, or CareFirst. Temporary cards may also be downloaded from these portals. You may also call the insurance company directly.

How do I add my newborn to my coverage?

Complete an enrollment/change form with the new baby's name, gender, and date of birth within 30 days following the birth (social security number can be updated once received). Please submit proof of birth along with the form. The baby's coverage will be retroactive to the date of birth.

How do I add my new spouse to my coverage?

Complete an enrollment/change form with your spouse's information within 30 days following the date of marriage. Please submit a copy of the marriage certificate along with the form. Your spouse's benefits will be effective on the first of the month following receipt of completed paperwork.

Will I have coverage during my approved leave of absence?

As long as you have paid leave available, benefit deductions will continue. When your accrued leave is exhausted or you cease to be paid by BCPS, you must contact the Office of Benefits, Leaves, and Retirement to make arrangements to continue payment of your benefits to ensure continued coverage.

I turn 65 soon, but I am still working. Do I need to sign up for Medicare?

As long as you remain an active employee, you can defer enrollment in Medicare Part B.

Where can I get an estimate of what my pension check would be when I retire?

Employees should contact the appropriate retirement system, State or County, for this information.

Can I take a loan against my retirement?

Hardship withdrawals and loans are only available to employees who are contributing to either a 403(b) or 457(b) supplemental retirement account. Loans may not be taken against your pension retirement account.

How do I change my name/address?

Name and address changes are handled by the Office of Payroll (443) 809-4240. Once updated, benefits information is also updated. You may also make changes through Employee Self Service (ESS).

When does coverage end?

If your employment ends after the last day of the school year but before the beginning of the next school year, then your medical, prescription, dental and vision benefits terminate as of August 31st. If your employment ends during the school year, benefits terminate on the last day of the month in which you are in active pay status.

Glossary

Out-of-Pocket Maximum–The most a member would have to pay for covered services in a plan year including copays, deductibles, and coinsurance. After you have spent this amount, the medical plan pays 100% of the costs of covered benefits. Cigna medical plans have a separate OOP maximum for prescription benefits. All BCPS medical plans have embedded OOP accruals meaning that when the employee has family coverage, one member of the family will pay no more than the individual amount

Annual Benefit Maximum–The most the dental plan has to pay towards covered services in a plan year. After the annual benefit maximum has been exhausted, the dental plan will not contribute anything additional towards covered services. Cigna DHMO does not have an annual benefit maximum.

Allowed Amount–The contracted amount a participating provider is allowed to charge for a covered service.

Balance Billing–A non-participating provider may bill you for the difference between the allowed amount for covered services and their charge. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. Participating providers may not balance bill.

Formulary–A list of prescription drugs covered by a prescription plan that are preferred. These drugs can be generic or brand name. Formulary drugs are chosen for their cost, effectiveness, and safety and will typically have a lower cost to the member.

Retirement

Defined Benefit Pension Plan

The defined benefit pension plans require you to make contributions of a set percentage while you are working for BCPS. This guarantees you receive a certain amount of money each month once you reach retirement. The amount is based on your salary and creditable years of service. Your job classification and the date you were employed will dictate the pension system in which you are eligible to participate. Participation in the Maryland State Teachers' Pension Plan (SRA) is mandatory. Participation in the Baltimore County Employees' Retirement (ERS) plan is optional. Employees will have 60 days following their date of hire to elect to participate. Employees who waive participation forfeit the opportunity indefinitely and will not be eligible for any Retiree Medical/ Prescription/Dental/Vision/Life Insurance benefits.

Plan	Maryland State Teachers' Pension Plan (Alternate Contributory)	Maryland State Teachers' Pension Plan (Reformed Contributory)	Baltimore County Employees' Retirement Plan	Baltimore County Employees' Retirement Plan
First Employed	Before July 1, 2011	On of After July 1, 2011	Before July 1, 2007	On or After July 1, 2007
Vesting Schedule	5 years	10 years	5 years	10 years
Contribution	7% of salary	7% of salary	7% of salary	7% of salary
Normal Retirement Service Age	After 30 years of service or age 62 with five years, age 63 with 4 years, age 64 with 3 years, age 65 with 2 years	Age 65 with 10 years or at least 90 years of combined age and service (ex. Age 60 with 30 years of service)	After 30 years of service or age 65 with 5 years	After 35 years of service or age 67 with 10 years

Supplemental Retirement & Savings

In addition to the pension plan, employees may also elect to set aside additional money for retirement. Participation is voluntary and you may enroll, disenroll, or change the amount of your contribution at any time. Contributions are deducted from your pay pre-tax, reducing your taxable income, and investment earnings accumulate tax-free. The money is invested in different ways depending on which plan you choose and which vendor holds your account.

Plan	403(b) Tax-Deferred	403(b)7 Custodial	457(b) Deferred
Maximum Annual Contribution	$19,500	$19,500	$19,500
Minimum Annual Contribution	$200	$200	N/A
Catch-Up (age 50+)*	$6,000*	$6,000*	$6,000*
When Can You Begin With-	59.5	59.5	Upon termination
Early Withdrawal Penalty	10%	10%	None

Additional Information

How to Enroll?

1. Contact a representative from the list of approved vendors to schedule a meeting to discuss your financial objectives and retirement goals
2. Set up your account with the vendor
3. Complete a BCPS Salary Reduction Agreement and submit it to the Office of Benefits, Leaves, and Retirement (payroll deductions will begin on the pay period following receipt of the SRA)

Making Changes

To make changes to your contributions or to stop deductions, you will need to complete another SRA and submit it to the Office of Benefits, Leaves, and Retirement.

Retirement

Planning on Retiring?

Deciding whether to retire is an important decision which requires planning and careful consideration. Employees who are planning on retiring should review the pre-retirement checklist appropriate for their pension plan. These can be found on the website for the Office of Benefits, Leaves, and Retirement or you can request a copy.

Retiree Benefits

Retiree insurance benefits are provided by the Board of Education regardless of the plan from which you receive your pension. The insurance benefits and the Board's contribution percentages are subject to change in the future depending upon the agreements reached by the Board, its bargaining units, and its funding authorities.

- Your share of the cost of benefits is based on your years of service, the insurance plans you choose, and the eligible dependents you enroll.
- For purposes of determining the Board's share of the cost of benefits, only years of service to BCPS and military service up to 5 years are credited. Time on unpaid leaves of absence or time worked in a temporary, substitute, or contractual capacity is not credited.

Eligibility & Enrollment

Retirees who, immediately following active employment, begin to receive a monthly pension are eligible to enroll themselves and their eligible dependents in medical/prescription, dental, and vision plans. Life Insurance plans may be continued if enrolled while employed. An enrollment/change form just be completed to enroll in benefits or make changes. **Retirees who do not qualify for a pension or who have elected to defer pension benefits, regardless of vested status, are ineligible to participate in benefits.**

Medical–Non-Medicare & Medicare

- Retirees are not required to enroll in this benefit immediately upon retirement in order to preserve the right to enroll at a later date.
- Retirees and their eligible dependents who are ineligible for Medicare will be offered the same medical/prescription plans as are offered to active employees.
- Retirees and their eligible dependents upon becoming eligible for Medicare will be required to enroll in Medicare Parts A & B in order to newly enroll or continue enrollment in the Board's plans. They will also be required to change their enrollment to one of the Board's Medicare Supplement plans. Enrollment in a Medicare Supplement plan includes coverage for prescription drugs and is considered creditable coverage

Dental & Vision

- Retirees are not required to enroll in this benefit immediately upon retirement in order to preserve the right to enroll at a later date.
- Retirees and their eligible dependents will be offered the same dental and vision plans as are offered to active employees.
- The Board does not contribute to the cost of these benefits after an employee retires.

Life & Supplemental Life

- Retirees must elect to continue this benefit at the time of retirement. It may not be waived and then elected at a later date.
- Retirees may not elect to continue more than $50,000 coverage. This includes $15,000 of Basic Term Life and up to $35,000 in Supplemental Life Insurance
- Supplemental Life Insurance will be reduced 10% on the date of retirement and additionally by 10 % on the anniversary of retirement for the following 4 years.
- The amount of coverage may never be increased following retirement, only reduced.

Enrolling & Changing Benefits

Retirees will need to complete an enrollment/change form. Requests will be effective on the first of the month following receipt of request.

Required Disclosure to Medicare Beneficiaries

BCPS must provide a notice of creditable prescription drug coverage to Medicare beneficiaries who are covered by, or who apply for, prescription drug coverage under any of the BCPS plans.

What is Creditable Coverage?

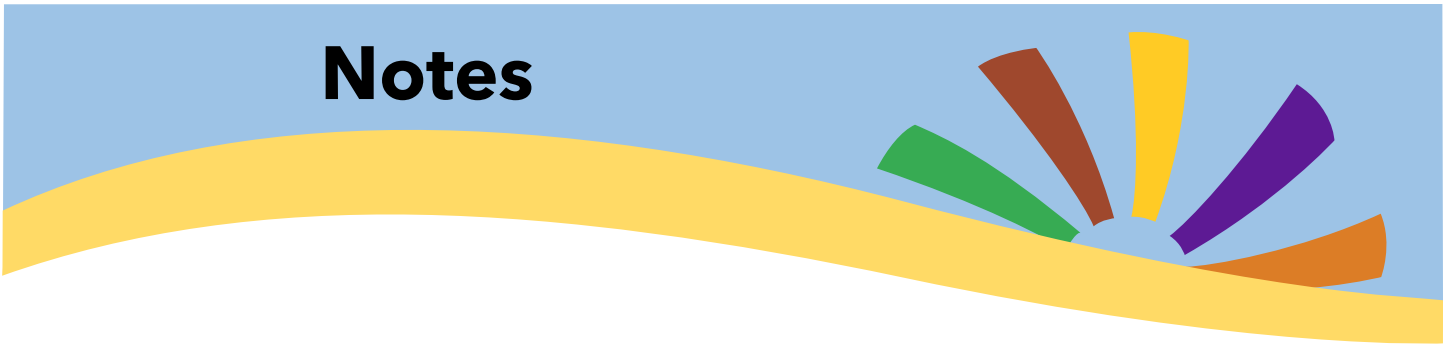
Beginning January 1, 2006, Medicare beneficiaries have had the opportunity to receive subsidized prescription drug coverage through Medicare Part D. Beneficiaries who choose not to sign up when they are first eligible may have to pay a penalty if they enroll in Part D later.

Beneficiaries who have other sources of drug coverage, through an employer, former employer, or union may waive Medicare Part D and enroll later without penalty as long as their coverage is considered creditable.

Coverage is creditable on the actuarial value of the coverage equals or exceeds the value of standard prescription drug coverage under Medicare Part D, as demonstrated through the use of generally accepted principles and in accordance with CMS actuarial guidelines.

In general, the actuarial equivalence test measures whether the expected amount of claims paid under the prescription drug coverage of the employer, former employer, or union is at least as much if not greater than the expected amount of claims paid under Medicare Part D.

Notes



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