

# RetireeFirst



## 2026 Private Medicare Exchange Enrollment Manual

# Baltimore County

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(410) 431-2226 (TTY 711) or Toll Free (855) 499-2656 (TTY 711)



TESTIMONIAL

“Very, very pleased with the service  
from RetireeFirst, always thinking  
out of the box ...”

—Baltimore County Retiree



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*Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.*

## Eligibility

In order to qualify for subsidized health insurance benefits as a retiree, the member must have 10 or more creditable years of County service prior to retirement and must be receiving a pension check sufficient to cover the retiree's share of the health plan premium deductions. (Retirees that retired prior to 7/1/2006 must have 5 or more creditable years of County service prior to retirement, in order to qualify for subsidized health insurance benefits as a retiree).

Former Baltimore County employees are eligible to take advantage of the plans offered by RetireeFirst through the Private Medicare Exchange, regardless of years of service. You will be responsible for 100% of the premium as billed by RetireeFirst.

## Dependent Eligibility

- **Spouse** (opposite and same sex marriage must be legally recognized)
- **Widow/Widower**
- **Dependent child who is:** The retiree of spouse's child by birth or legal adoption recognized under Maryland Law that is currently enrolled in Medicare.

Eligible dependents are required to have legal standing and/or legally sufficient documentation for residency in the United States while included on the County health plans.

## Medicare Retiree Eligibility (Due to Age or Disability)

Baltimore County requires that as soon as a retiree or spouse of a retiree is eligible for Medicare due to age or disability, they accept Medicare as their primary health insurance. It is very important to obtain both Part A (Hospital) and Part B (Medical) of Medicare.

Typically, Medicare becomes effective the first day of the month in which you reach age 65 or otherwise become eligible due to disability. For additional information regarding Medicare, please contact Social Security Administration. Once enrolled in Medicare, you or your spouse will be eligible to enroll in a Medicare Advantage, Medicare Supplemental and/or Part D prescription plans offered through RetireeFirst. Please notify RetireeFirst at (410) 431-2226 (TTY 711) as soon as you are enrolled in Medicare to discuss your Medical and Prescription plan options. Dental and Vision enrollments will still be administered by Baltimore County Government.

## What If My Spouse or I are Not Eligible for Medicare?

You may not be eligible for Medicare if you did not work the number of quarters required by the Social Security Administration. If you do not qualify on your own, you may qualify for spousal coverage. You will need to contact your local Social Security office to determine whether you can enroll in Medicare. Those few retirees not eligible for Medicare, either on their own or through a spouse, should contact the Insurance Division upon reaching their 65th birthday to discuss their options.

## What if I Become Eligible for Medicare, but My Spouse is Not Yet Eligible?

You will be enrolled in a Medicare Advantage, Medicare Supplemental plan and/or Prescription plan and your spouse can continue in a nonMedicare plan until they are eligible for Medicare (same applies if spouse is eligible before retiree). You will pay a rate by enrollee for coverage in each of the plans.

## Changes During the Year

It is your responsibility to notify RetireeFirst and Baltimore County for the changes below:

- Address Change
- Change in Medicare Eligibility Status due
- Marriage, Divorce or Legal Separation

## Changes During Open Enrollment

- Selecting a plan other than your current plan indicated
- Adding or removing a dependent if you did not do so within the first 31 days of the qualifying event
- Changing the current vision and/or dental plans you currently have

### About RetireeFirst

RetireeFirst is a premier retiree benefit management solutions and advocacy service provider for BCG. Our team of 100+ in-house, US-based Retiree Advocates are available to help you navigate the complex retiree healthcare landscape and troubleshoot any issues you may have with your insurance carrier, provider's office, and pharmacy. RetireeFirst Advocates build real relationships with you and truly care about helping you navigate Medicare, understand your benefits, and connect you to programs that can improve your health and wellbeing. With RetireeFirst, you can rest assured that you have a dedicated team of experts on your side to help you make the most of your retiree benefits.



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# RetireeFirst Plan Selection Guide

**Please follow the guide below for the 2026 options:**

Choose your medical plan option. These plans can be viewed on pages 8–9.

- Aetna Medicare PPO (Medicare Advantage)
- Cigna Surround Medicare Supplement
- Cigna Surround Basic Medicare Supplement

## **AND / OR**

Choose your Prescription plan option. These plans can be viewed on page 10.

- HealthSpring High Rx (formerly Cigna)
- HealthSpring Mid Rx (formerly Cigna)
- HealthSpring Low Rx (formerly Cigna)

## **OR**

Choose the Kaiser Medicare Advantage with Prescription Drug HMO plan.  
This plan design can be viewed on pages 11–12.

**Please contact RetireeFirst at (410) 431-2226 (TTY 711)  
or Toll Free (855) 499-2656 (TTY 711) if you would like  
to make a change to your Medical or Prescription benefits.**

## Choose Your Medical Plan

| PLAN FEATURES                                        | AETNA<br>MEDICARE PPO                 | CIGNA<br>SURROUND                                          | CIGNA<br>SURROUND BASIC               |
|------------------------------------------------------|---------------------------------------|------------------------------------------------------------|---------------------------------------|
|                                                      | Retiree Pays                          | Retiree Pays                                               | Retiree Pays                          |
| Plan Deductible                                      | \$0                                   | \$200 Part B Only                                          | \$1,500 Part B Only                   |
| Annual Out-of-Pocket Maximum                         | \$1,100                               | \$1,100                                                    | N/A                                   |
| Lifetime Coverage Maximum                            | Unlimited                             | Unlimited                                                  | Unlimited                             |
| <b>OTHER PROFESSIONAL/OUTPATIENT SERVICES</b>        |                                       |                                                            |                                       |
| Office Visit PCP/Specialist                          | \$15/\$25                             | \$15/\$25                                                  | \$20                                  |
| Advanced Imaging (CT, MRI, PET)                      | \$0                                   | \$0 after Deductible                                       | \$0 after Deductible                  |
| Laboratory Tests & X-Rays                            | \$0 for Lab Test \$25 for X-Rays      | \$0 after Deductible                                       | \$0 after Deductible                  |
| Physical/Speech/Occupational Therapy                 | \$25                                  | 20% after Deductible                                       | \$0 after Deductible                  |
| Radiation Therapy/Chemotherapy/<br>Renal Dialysis    | \$25                                  | \$0 after Deductible                                       | \$0 after Deductible                  |
| Outpatient Surgery                                   | \$0                                   | \$0 after Deductible                                       | \$0 after Deductible                  |
| Allergy Testing/Covered Injections                   | \$25/\$0                              | \$15/\$25                                                  | \$20                                  |
| Acupuncture                                          | \$25                                  | 20% after Deductible                                       | Not Covered                           |
| <b>PREVENTATIVE/WEEL CARE (ROUTINE)</b>              |                                       |                                                            |                                       |
| Adult Physicals, Immunizations<br>& Diagnostic Tests | \$0                                   | \$0                                                        | \$0                                   |
| GYN (PAP) Services                                   | \$0                                   | \$0                                                        | \$0                                   |
| Prostate Screening (PSA Test)<br>after age 50        | \$0                                   | \$0                                                        | \$0                                   |
| Mammogram Screening after age 40                     | \$0                                   | \$0                                                        | \$0                                   |
| <b>EMERGENCY</b>                                     |                                       |                                                            |                                       |
| Urgent Care                                          | \$25                                  | \$0 after Deductible                                       | \$0 after Deductible                  |
| Emergency Room                                       | \$100, waived if admitted             | \$100 per visit                                            | \$50                                  |
| Ambulance (Ground)                                   | \$0                                   | \$0 after Deductible                                       | \$0 after Deductible                  |
| <b>PROSTHETIC DEVICES &amp; ORTHOPEDIC BRACES</b>    |                                       |                                                            |                                       |
| Durable Medical Equipment                            | \$0                                   | 20% after Deductible                                       | \$0 after Deductible                  |
| Hearing Aids                                         | \$1,400 allowance,<br>every 36 months | \$0 after Deductible,<br>no plan limit,<br>every 36 months | \$2,800 allowance,<br>every 36 months |

## Choose Your Medical Plan

| PLAN FEATURES                                                                        | AETNA<br>MEDICARE PPO | CIGNA<br>SURROUND                                                                                                  | CIGNA<br>SURROUND BASIC |
|--------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------|
|                                                                                      | Retiree Pays          | Retiree Pays                                                                                                       | Retiree Pays            |
| <b>HOME HEALTH CARE</b>                                                              |                       |                                                                                                                    |                         |
| Agency                                                                               | \$0                   | 20% after Deductible                                                                                               | \$0 after Deductible    |
| <b>INPATIENT HOSPITAL/FACILITY SERVICES</b>                                          |                       |                                                                                                                    |                         |
| Room & Board (Includes ICU/CCU/<br>Other special care units & ancillary<br>services) | \$100 per stay        | Days 1-60: \$100;<br>Days 61-90 20% after<br>Medicare;<br>Days 91+: while using<br>60 Lifetime Reserve<br>Days-20% | \$0 after Deductible    |
| Extended Care Facility/<br>Skilled Nursing Care                                      | Days 1-100, \$0       | Days 1-365, \$0                                                                                                    | Days 1-100, \$0         |
| <b>INPATIENT PROFESSIONAL/PRACTITIONER SERVICES</b>                                  |                       |                                                                                                                    |                         |
| Physician Surgical Services                                                          | \$0                   | \$0 after Deductible                                                                                               | \$0 after Deductible    |
| Consultation & Physician Visits                                                      | \$0                   | \$0 after Deductible                                                                                               | \$0 after Deductible    |
| Radiation Therapy/Chemotherapy/<br>Renal Dialysis                                    | \$0                   | \$0 after Deductible                                                                                               | \$0 after Deductible    |
| <b>MENTAL HEALTH</b>                                                                 |                       |                                                                                                                    |                         |
| Inpatient Hospital/Facility &<br>Professional Services                               | \$100 per stay        | Same as Inpatient<br>Hospital, with No<br>Coverage Limit                                                           | \$0 after Deductible    |
| Outpatient Facility & Professional<br>Services                                       | \$25                  | \$15                                                                                                               | \$20                    |
| <b>OTHER SERVICES</b>                                                                |                       |                                                                                                                    |                         |
| Outpatient Private Duty Nursing                                                      | Not Covered           | 20% after Deductible                                                                                               | Not Covered             |
| Cardiac Rehabilitation                                                               | \$25                  | 20% after Deductible                                                                                               | \$20                    |
| Wigs with Cancer Treatment                                                           | Up to \$400           | \$0                                                                                                                | \$0                     |
| Routine Vision                                                                       | \$0                   | Not Covered                                                                                                        | Not Covered             |
| <b>ANCILLARY BENEFITS COVERAGE</b>                                                   |                       |                                                                                                                    |                         |
| Fitness Program                                                                      | Silver Sneakers       | Not Covered                                                                                                        | Not Covered             |
| 24/7 Nurse Line                                                                      | Included              | Not Covered                                                                                                        | Not Covered             |
| At Home Wellness Visits                                                              | Included              | Not Covered                                                                                                        | Not Covered             |
| Post Hospital Meal Delivery                                                          | Included              | Not Covered                                                                                                        | Not Covered             |

## Choose Your RX Plan

| PLAN FEATURES              | HealthSpring<br>High RX<br>(Formerly Cigna) | HealthSpring<br>Mid RX<br>(Formerly Cigna) | HealthSpring<br>Low RX<br>(Formerly Cigna) |
|----------------------------|---------------------------------------------|--------------------------------------------|--------------------------------------------|
|                            | Retiree Pays                                | Retiree Pays                               | Retiree Pays                               |
| Rx Deductible              | \$0                                         | \$250                                      | \$450                                      |
| RX Maximum Out-of-Pocket   | \$2,100                                     | \$2,100                                    | \$2,100                                    |
| <b>30 Day Retail</b>       |                                             |                                            |                                            |
| Tier 1 Generics            | \$10                                        | \$15                                       | \$15                                       |
| Tier 2 Brand               | \$25                                        | \$45                                       | \$60                                       |
| Tier 3 Non-Preferred Brand | \$40                                        | \$60                                       | \$100                                      |
| Tier 4 Specialty           | \$150                                       | \$150                                      | \$150                                      |
| <b>90 Day Retail / MO</b>  |                                             |                                            |                                            |
| Tier 1 Generics            | \$20                                        | \$30                                       | \$30                                       |
| Tier 2 Brand               | \$50                                        | \$90                                       | \$120                                      |
| Tier 3 Non-Preferred Brand | \$80                                        | \$120                                      | \$200                                      |
| Tier 4 Specialty           | \$300                                       | \$300                                      | \$375                                      |
| <b>Features</b>            |                                             |                                            |                                            |
| Catastrophic Coverage      | \$0                                         | \$0                                        | \$0                                        |
| ED Drugs                   | Included                                    | Included                                   | Included                                   |
| \$0 Preventative Drugs     | Included                                    | Included                                   | Not Included                               |

# Kaiser Medicare Advantage with Prescription Drug – HMO Option

| Medicare Advantage with Prescription Drug — Kaiser                       |                     |
|--------------------------------------------------------------------------|---------------------|
| Benefit                                                                  | Retiree Pays        |
| Deductible                                                               | \$0                 |
| Annual Out-of-Pocket Maximum                                             | \$3,400             |
| Lifetime Coverage Maximum                                                | Unlimited           |
| <b>Other Professional/Outpatient Services</b>                            |                     |
| Office Visit                                                             | \$15                |
| Advanced Imaging (CRT, MRI, PET)                                         | \$0                 |
| Laboratory Test & X-Rays                                                 | \$0                 |
| Physical/Speech/Occupational Therapy                                     | \$15                |
| Radiation Therapy/Chemotherapy/Renal Dialysis                            | \$15                |
| Outpatient Surgery                                                       | \$15                |
| Allergy Testing/Covered Injections                                       | \$15                |
| Acupuncture                                                              | \$15                |
| <b>Preventative/Well Care (Routine)</b>                                  |                     |
| Adult Physical, Immunizations & Diagnostic Tests                         | \$0                 |
| GYN (PAP) Services                                                       | \$0                 |
| Prostate Screening (PSA Test) after age 50                               | \$0                 |
| Mammogram Screening after age 40                                         | \$0                 |
| <b>Emergency Care</b>                                                    |                     |
| Urgent Care                                                              | \$50                |
| Accidental Injury/First Aid/Medical Emergency/Life Threatening Emergency | \$50                |
| Ambulance (Ground)                                                       | \$0                 |
| <b>Prosthetic Devices &amp; Orthopedic Braces</b>                        |                     |
| Purchase, Repair or Replacement                                          | \$0                 |
| Durable Medical Equipment                                                | \$0                 |
| Medical Supplies                                                         | \$0                 |
| Hearing Aids                                                             | \$0 (Per 36 months) |

# Kaiser Medicare Advantage with Prescription Drug – HMO Option

| Medicare Advantage with Prescription Drug — Kaiser                            |                            |
|-------------------------------------------------------------------------------|----------------------------|
| Benefit                                                                       | Retiree Pays               |
| <b>Home Healthcare</b>                                                        |                            |
| Facility                                                                      | \$0                        |
| <b>Inpatient Hospital/Facility Services</b>                                   |                            |
| Room & Board (Includes ICU/CCU/Other special care units & ancillary services) | \$100                      |
| Extended Care Facility/Skilled Nursing Care                                   | Days 1-100, \$0            |
| <b>Inpatient Professional/Practitioner Services</b>                           |                            |
| Physician Surgical Services                                                   | \$0                        |
| Anesthesia, Assistance Surgeon                                                | \$0                        |
| Consultation & Physician Visits                                               | \$0                        |
| Radiation Therapy/Chemotherapy/Renal Dialysis                                 | \$0                        |
| <b>Mental Health</b>                                                          |                            |
| Inpatient Hospital/Facility & Professional Services                           | \$100 (per benefit period) |
| Outpatient Facility & Professional Services                                   | \$15                       |
| <b>Other Services</b>                                                         |                            |
| Outpatient Private Duty Nursing                                               | Special Limitations Apply  |
| Cardiac Rehabilitation                                                        | \$15                       |
| Hospice Care                                                                  | \$0                        |
| Routine Dental                                                                | \$30 for Preventative Care |
| Routine Vision                                                                | \$15 Routine Eye Exam      |

| Prescription                |                                  |                           |            |
|-----------------------------|----------------------------------|---------------------------|------------|
|                             | Kaiser Permanente Medical Center | Community Retail Pharmacy | Mail Order |
| Tier 1: Generic             | \$15                             | \$25                      | \$10       |
| Tier 2: Preferred Brand     | \$15                             | \$25                      | \$10       |
| Tier 3: Non-Preferred Brand | \$15                             | \$25                      | \$10       |

# Frequently Asked Questions

## 1. What will be my monthly premium charge?

Please see the included rate sheets for your premium amount and subsidy level. These rates are per person per month.

## 2. How will I pay my rate?

If your pension covers the full rate, you will continue to pay using your current process. If you are a direct bill from RetireeFirst, you will continue to pay using this method.

## 3. What do I need to do if I would like to make a plan change?

If you chose to enroll into another option offered through RetireeFirst, you may be required to complete an application. Please call RetireeFirst at **(410) 431-2226 (TTY 711)** or Toll Free **(855) 499-2656 (TTY 711)** and if needed an application will be mailed, emailed or faxed to you.

## 4. Who is RetireeFirst?

RetireeFirst is a Retiree Benefits Administrator and Advocacy Company that specializes in retiree healthcare. Our dedicated Retiree Advocates are here to not only assist retirees with enrollment, but to provide ongoing retiree support to BCG throughout their enrollment in any of our plans.

## 5. When can I call RetireeFirst?

RetireeFirst is open Monday – Friday 9:00 AM – 5:00 PM EST beginning now and continuing through your enrollment into the plan. You can reach your dedicated team of Advocates at **(410) 431-2226 (TTY 711)** or Toll Free **(855) 499-2656 (TTY 711)**.

## 6. What items can RetireeFirst assist me with?

RetireeFirst can assist with a variety of things from medical and prescription billing questions, assisting with enrollment, eligibility verification from providers, medical and prescription prior authorizations, medication look up, provider and RX network questions, Medicare/ SSA assistance and much more.

## 7. Can I enroll in a medical plan with RetireeFirst but not a prescription drug plan or vice versa?

Yes, but it is important to understand these benefits may affect your coverage outside BCG's plans. It is important that you discuss your other coverage with a RetireeFirst advocate.

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# Important Contacts

| Contact                                                                                                                                                                                                                                                                                                                                                                                                            | Regarding                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RetireeFirst, LLC</b><br><b>1000 Midlantic Drive, Suite 100</b><br><b>Mount Laurel, NJ 08054</b><br><b>Phone: (410) 431-2226 (TTY 711) or</b><br><b>Toll Free (855) 499-2656 (TTY 711)</b><br><b>Email: <a href="mailto:baltimore@retireefirst.com">baltimore@retireefirst.com</a></b><br><b>Website: <a href="http://www.retireefirst.com/bcg">www.retireefirst.com/bcg</a></b>                                | <ul style="list-style-type: none"> <li>• Medical and Prescription billing questions</li> <li>• Assist with enrollment</li> <li>• Eligibility verification from providers</li> <li>• Medical and Prescription prior authorizations</li> <li>• Drug and co-pay lookup</li> <li>• Provider and pharmacy network questions</li> <li>• Medicare/SSA assistance and more</li> </ul> |
| <b>Baltimore County Insurance Division</b><br><b>400 Washington Ave, Room 111</b><br><b>Towson, MD 21204</b><br><b>Phone: (410) 887-2568 or (800) 274-4302</b><br><b>Fax: (410) 887-3820</b><br><b>Email: <a href="mailto:bcbenefits@baltimorecountymd.gov">bcbenefits@baltimorecountymd.gov</a></b><br><b>Website: <a href="http://www.baltimorecountymd.gov/benefits">www.baltimorecountymd.gov/benefits</a></b> | <ul style="list-style-type: none"> <li>• Eligibility for County health plan coverage</li> <li>• Life status changes—i.e. marriage, divorce, birth, adoption, death of dependents, loss of dependent status</li> <li>• Changes to life insurance beneficiaries</li> <li>• Assistance with benefits elections when retiring</li> <li>• Dental and Vision enrollments</li> </ul> |
| <b>Kaiser Permanente Medicare Advantage Plan with Rx – HMO Option</b><br><b>Phone: (888) 777-5536</b>                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>• Plan benefit detail</li> <li>• Claims questions</li> <li>• Request ID card</li> </ul>                                                                                                                                                                                                                                                |
| <b>Social Security Administration (SSA)</b><br><b>Phone: (800) 772-1213</b><br><b>Website: <a href="http://www.ssa.gov">www.ssa.gov</a></b>                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Change of address</li> <li>• General Medicare Part A or B eligibility or premiums</li> </ul>                                                                                                                                                                                                                                         |
| <b>Medicare Help Line</b><br><b>Phone: 1-800-MEDICARE (633-4227)</b><br><b>Website: <a href="http://www.medicare.gov">www.medicare.gov</a></b>                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>• Request new Medicare ID card</li> <li>• Ordering Medicare publications</li> <li>• General Medicare information</li> </ul>                                                                                                                                                                                                            |