

Retiree**First**

PRIVATE MEDICARE EXCHANGE ENROLLMENT MANUAL



Baltimore County





Group Medicare Enrollment Manual:

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*"Very, very pleased with the service from ..."
RetireeFirst, always thinking out of the box*

- Baltimore County Retiree



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 your 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 non-Medicare 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
- Marriage, Divorce or Legal Separation

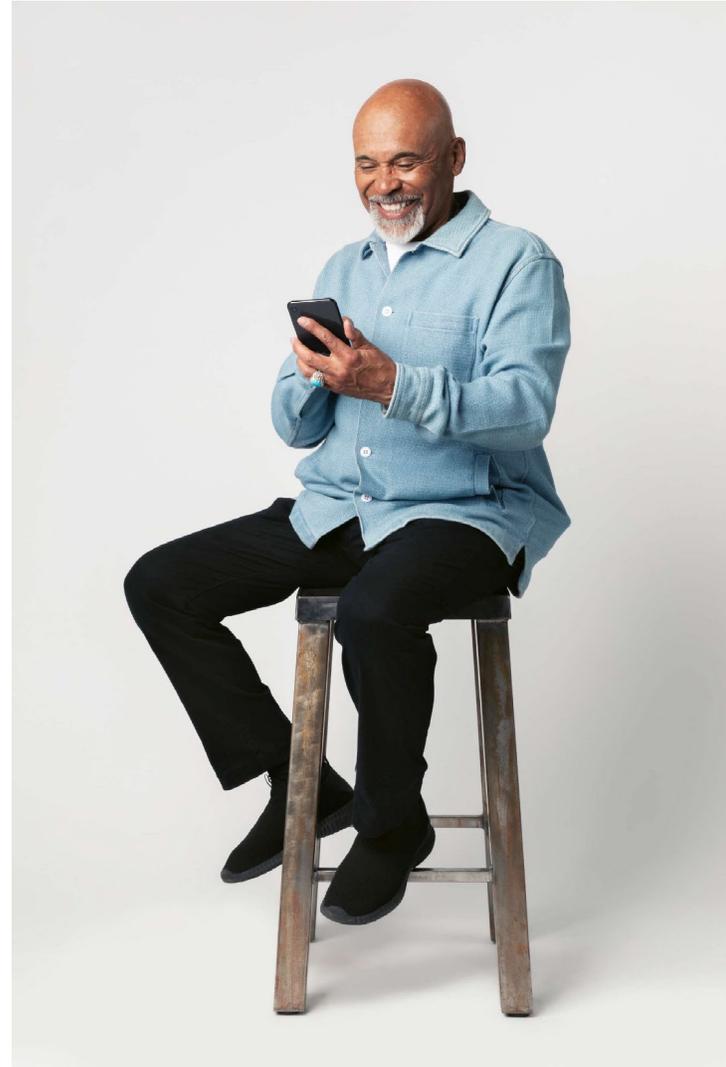
Changes During Open Enrollment

Examples of changes you may need to make during Open Enrollment include:

- Selecting an insurance plan
- Adding or removing a dependent if you did not do so within the first 31 days of the qualifying event
- Change the medical, dental or other plans you currently have

About RetireeFirst

RetireeFirst is a premier retiree benefit management solutions and advocacy service provider. 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.



"I feel lucky that I can afford my medication and have the RetireeFirst options."

- BCFPE (Health) Retiree

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RETIREEFIRST PLAN SELECTION GUIDE

Please follow the guide below for the 2024 options:

OPTION 1

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

1. Cigna True Choice Medicare PPO (Medicare Advantage) *This plan must be paired with a prescription plan.
2. Cigna Surround Medicare Supplement
3. United American Medicare Supplement

AND/OR

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

- A. Cigna High Rx
- B. Cigna Mid Rx
- C. Cigna Low Rx
- D. AARP Saver
- E. AARP Walgreens

OR

OPTION 2

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

Please Contact RetireeFirst at (410) 431-2226 (TTY 711) if you would like to make a change to your Medical or Prescription benefits.

CHOOSE YOUR MEDICAL PLAN (PLANS 1-3)

Option 1

	CIGNA TRUE CHOICE MEDICARE PPO	CIGNA SURROUND	UNITED AMERICAN
	PLAN 1	PLAN2	PLAN3
PLAN FEATURES	Retiree Pays	Retiree Pays	Retiree Pays
Deductible	\$0	\$0	\$1,500 Part B Only
Annual Out-of-Pocket Maximum	\$500	\$650	N/A
Lifetime Coverage Maximum	Unlimited	Unlimited	Unlimited
OTHER PROFESSIONAL/OUTPATIENT SERVICES			
Office Visit	10%	20% after Medicare	\$20
Advanced Imaging (CT, MRI, PET)	10%	\$0	\$0
Laboratory Tests & X-Rays	\$0 for Lab Test 10% for X-Rays	\$0	\$0
Physical/Speech/Occupational Therapy	10%	20% after Medicare	\$0
Radiation Therapy/Chemotherapy/Renal Dialysis	10%	\$0	\$0
Outpatient Surgery	10%	\$0	\$0
Allergy Testing/Covered Injections	10%	20% after Medicare	\$0
Acupuncture	10%	20% after Medicare	\$0
PREVENTATIVE/WELL CARE (ROUTINE)			
Adult Physicals, Immunizations & Diagnostic Tests	\$0	\$0	\$0
GYN (PAP) Services	\$0	\$0	\$0
Prostate Screening (PSA Test) after age 50	\$0	\$0	\$0
Mammogram Screening after age 40	\$0	\$0	\$0
EMERGENCY			
Urgent Care	10%	\$0	\$0
Accidental Injury/First Aid/Medical Emergency/Life Threatening Emergency	\$0	\$0	\$50
Ambulance (Ground)	10%	\$0	\$0
PROSTHETIC DEVICES & ORTHOPEDIC BRACES			
Purchase, Repair or Replacement	10%	\$0	\$0
Durable Medical Equipment	10%	20% after Medicare	\$0
Medical Supplies	10%	20% after Medicare	\$0
Hearing Aids	\$0 Exam & \$700 allowance every 3 years	\$0	Not Covered by Medicare
HOME HEALTH CARE			
Agency	\$0	\$0	\$0

CHOOSE YOUR PRESCRIPTION PLAN (PLANS A-E)

Option 1, continued

	Cigna RX HIGH Plan A	Cigna RX MID Plan B	Cigna RX LOW Plan C	AARP Saver Plan D	AARP Walgreens Plan E
Benefit	Retiree Pays	Retiree Pays	Retiree Pays	Retiree Pays	Retiree Pays
Rx Deductible	\$0	\$250	\$250	\$505	Tier 1: \$1 Tier 2-5: \$350
30 Day Retail				Preferred Pharmacy	Preferred Pharmacy
Preferred Generics	N/A	N/A	N/A	\$1	\$1
Generics	\$6	\$10	\$6	\$8	\$10
Brand	20%	25%	25%	18%	\$40
Non-Preferred Brand	20%	30%	25%	42%	45%
Specialty	20% (\$150 max)	20% (\$150 max)	\$150	25%	27%
90 Day Retail /MO					
Preferred Generics	N/A	N/A	N/A	\$3	\$3
Generics	\$18	\$25	\$15	\$24	\$30
Brand	\$40	25%	25%	18%	\$120
Non-Preferred Brand	\$40	30%	25%	42%	45%
Specialty	20% (\$375 max)	20% (\$375 max)	\$375	N/A	N/A
Features					
Donut Hole	Full Coverage	Full Coverage	Full Coverage	CMS Minimum	CMS Minimum
Catastrophic Coverage	\$0	\$0	\$0	\$0	\$0
ED Drugs	Included	Included	Included	Not Included	Not Included
\$0 Preventative Drugs	Included	Included	Not Included	Not Included	Not Included
Medical Plan Compatibility	Plans 1-3	Plans 1-3	Plans 1-3	Plans 2 & 3	Plans 2 & 3

***Plan D & E shows the 2023 deductible and copay structure. The 2024 plan information will be released on Oct 15th. Please contact RetireeFirst if you are interested in these particular plans.**



Kaiser Permanente Medicare Advantage Plan with RX-HMO Option 2

Medicare Advantage - Kaiser	
Benefit	Retiree Pays
Deductible	\$0
Annual Out-of-Pocket Maximum	\$3,400
Lifetime Coverage Maximum	Unlimited
Other Professional/Outpatient Services	
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
Preventative/Well Care (Routine)	
Adult Physical, Immunizations & Diagnostic Tests	\$0
GYN (PAP) Services	\$0
Prostate Screening (PSA Test) after age 50	\$0
Mammogram Screening after age 40	\$0
Emergency Care	
Urgent Care	\$50
Accidental Injury/First Aid/Medical Emergency/Life Threatening Emergency	\$50
Ambulance (Ground)	\$0
Prosthetic Devices & Orthopedic Braces	
Purchase, Repair or Replacement	\$0
Durable Medical Equipment	\$0
Medical Supplies	\$0
Hearing Aids	\$0 (Per 36 months)

Kaiser Permanente Medicare Advantage Plan with RX-HMO Option 2, continued

HOME HEALTHCARE	
Facility	\$0
INPATIENT HOSPITAL/FACILITY SERVICES	
Room & Board (Includes ICU/CCU/Other special care units & ancillary services)	\$100
Extended Care Facility/Skilled Nursing Care	Days 1-100, \$0
INPATIENT PROFESSIONAL/PRACTITIONER SERVICES	
Physician Surgical Services	\$0
Anesthesia, Assistance Surgeon	\$0
Consultation & Physician Visits	\$0
Radiation Therapy/Chemotherapy/Renal Dialysis	\$0
MENTAL HEALTH	
Inpatient Hospital/Facility & Professional Services	\$100(perbenefitperiod)
Outpatient Facility & Professional Services	\$15
OTHER SERVICES	
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 rate charge?

Please see the included rate sheets for your rate amount and subsidy level.

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 (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.

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
<p>RetireeFirst, LLC 1000 Midlantic Drive, Suite 100 Mount Laurel, NJ 08054</p> <p>Phone: (443) 290-3113 (TTY 711) or Toll Free (833) 550-1675 (TTY 711)</p> <p>Email: Baltimore@retireefirst.com Website: www.retireefirst.com</p>	<ul style="list-style-type: none"> • Medical and Prescription billing questions • Assist with enrollment • Eligibility verification from providers • Medical and Prescription prior authorizations • Drug and co-pay lookup • Provider and pharmacy network questions • Medicare/SSA assistance and more
<p>Baltimore County Insurance Division 400 Washington Ave, Room 111 Towson, MD 21204</p> <p>Phone: (410) 887-2568 or 1 (800) 274-4302 Fax: (410) 887-3820 Email: bcbenefits@baltimorecountymd.gov Website: www.baltimorecountymd.gov/benefits</p>	<ul style="list-style-type: none"> • Eligibility for County health plan coverage • Life status changes—i.e. marriage, divorce, birth, adoption, death of dependents, loss of dependent status • Changes to life insurance beneficiaries • Assistance with benefits elections when retiring
<p>Baltimore County Retirement Office 400 Washington Ave, Room 169 Towson, MD 21204</p> <p>Phone: (410) 887-8246 or 1 (877) 222-3741</p>	<ul style="list-style-type: none"> • Dental and Vision enrollments • Questions about your pension benefits • Questions about who you designated as your retirement beneficiary • Requests for retirement conferences • Changes to your address or other retirement information on file • Life status changes—i.e. marriage, divorce, or death of spouse/dependent or other retirement beneficiary
<p>Kaiser Permanente Medicare Advantage Plan with Rx - HMO Option Phone: (888) 777-5536</p>	<ul style="list-style-type: none"> • Plan benefit detail • Claims questions • Request ID card
<p>Social Security Administration (SSA) Phone: (800) 772-1213 Website: www.ssa.gov</p>	<ul style="list-style-type: none"> • Change of address • General Medicare Part A or B eligibility or premiums
<p>Medicare Help Line Phone: 1-800-MEDICARE (633-4227) Website: www.medicare.gov</p>	<ul style="list-style-type: none"> • Request new Medicare ID card • Ordering Medicare publications • General Medicare information