

**GROUP MEDICARE ENROLLMENT MANUAL**

**Baltimore County Public Schools**

Ver 9-23

(443) 290-3114 (TTY 711) or toll free (833) 550-1676 (TTY 711) 1



**“I feel lucky that I can afford my medication and have the RetireeFirst options.”**

**-BCFPE (Health) Retiree**

**2024 Open Enrollment Information**

**Baltimore County Public Schools (BCPS) 2024 Benefits Open Enrollment will be held from Monday, October 16, 2023, through Friday, November 10, 2023.**

**\*\*New for 2024\*\***

**You will not have the opportunity to make changes to your coverage until the next open enrollment period, unless there is a qualified life event (marriage, birth/adoption, loss of coverage, etc.)**

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Group Medicare Enrollment Manual

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#### Eligibility

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 in while employed.

Retirees who do not qualify for a pension or who have elected to defer pension benefits are ineligible to participate in benefits.

#### Dependent Eligibility

Spouse: a person to whom you are legally married by ceremony.

Dependent child who is: Your or your spouse’s biological, adopted, or legal dependents (including grandchildren for whom you have legal custody)

Acceptable dependent verification includes the following: a marriage certificate, birth certificate, signed federal tax return, court orders, and adoption papers.

#### Rehired Retiree

Retirees who are re-employed are eligible to enroll in the retiree benefit program offered. They may not enroll in benefits as a new employee. Prior to accepting any employment (with Baltimore

County Public Schools (BCPS) or elsewhere), retirees should contact their pension plan to determine what effect, if any, employment will have on the amount of their pension.

* Maryland State Retirement Pension System (MSRPS) retirees who are rehired into non-MSRPS eligible

positions may be eligible to participate in the ERS pension plan.

* MSRPS retirees rehired into MSRPS eligible positions are subject to an earnings limitation cap. Please direct questions to MSRPS.
* ERS retirees rehired into ERS eligible positions can be hired as a temporary employee one time only for a maximum of 6 months, regardless of the number of hours worked. There is one exception. Retirees with a service retirement may work as a school bus driver without an earnings restriction.
* If a person is receiving a pension from MSRPS, they cannot participate in MSRPS while employed with BCPS.

#### Domestic Partner

As of July 1, 2019, BCPS has eliminated eligibility for new enrollment of domestic partners on the benefit plans. However, retirees who had a domestic partner enrolled prior to July 1, 2019 will have their eligibility grandfathered. Retirees covering a domestic partner who have previously declared their domestic partner as a tax- dependent will be required to re-certify and provide supporting documentation.

#### Surviving Spouse/Children

Upon a retiree’s death, if the spouse and dependent children have been covered under a BCPS health care plan, they will have the option to continue coverage. The Board of Education will contribute to the cost of the health care based on the retiree’s years of service for a period of

one year after the retiree’s death. After one year, coverage may continue at the full cost. A surviving spouse may not add dependents.

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

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

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 and your spouse will be eligible to enroll in a Medicare Advantage, Medicare Supplement and a Part D Prescription plan offered through RetireeFirst. You should receive a mailing from RetireeFirst that includes an enrollment guide and application estimated 45-60 days prior to your birth month. RetireeFirst will contact you via phone to discuss your options. You will be responsible for completing the application for your requested plan and sending it back to RetireeFirst. If you did not receive information from RetireeFirst, please call at your earliest convenience to request plan materials. Dental, Vision, and Life enrollments will still be administered by Baltimore County Public Schools.

#### 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 Office of Benefits and Retirement at (443) 809-8949 upon reaching their 65th birthday to discuss their options.

#### What if I Become Medicare-eligible, 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 of 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 a plan other than the one you are currently enrolled.
* Adding or removing a dependent:
  + If you did not do so within the first 30 days of the qualifying life event (divorce, marriage, etc).
* 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.

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RETIREEFIRST PLAN SELECTION GUIDE

Please follow the guide below for the 2024 options:



If you are satisfied with your current benefits, you do not have to take any action.

Choose your medical plan option. These plans can be viewed on pgs 10-11.

1. Cigna True Choice Medicare PPO (Medicare Advantage)
2. Cigna Surround Medicare Supplement
3. United American Medicare Supplement

OPTION 1

**AND**

Choose your Prescription plan option. These plans can be viewed on pg 12.

1. Cigna High Rx
2. Cigna Mid Rx
3. Cigna Low Rx
4. AARP Saver
5. AARP Walgreens

**OR**



OPTION 2

Choose the Kaiser Medicare Advantage with Prescription Drug

HMO plan. This plan design can be viewed on pages 13-14.

**Please contact RetireeFirst at (443) 290-3114 (TTY 711) or toll free (833) 550-1576 (TTY 711) if you would like to make a change to your medical or prescription benefits.**

CHOOSE YOUR MEDICAL PLAN (PLANS 1-3)

(443) 290-3114 (TTY 711) or toll free (833) 550-1676 (TTY 711)

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Option 1

|  |  |  |  |
| --- | --- | --- | --- |
|  | CIGNA TRUE CHOICE MEDICARE PPO | CIGNA SURROUND | UNITED AMERICAN |
| PLAN 1 | PLAN 2 | PLAN 3 |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| INPATIENT HOSPITAL/FACILITY SERVICES | | | |
| Room & Board (Includes ICU/CCU/Other special care units & ancillary services) | $0 | Days 1-60: $0; Days 61-  90 20% after Medicare; Days 91+: while using 60 Lifetime Reserve Days-20% | $0 |
| Extended Care Facility/Skilled Nursing Care | Days 1-100, $0 | Days 1-365, $0 | Days 1-100, $0 |
| **INPATIENT PROFESSIONAL/PRACTITIONER SERVICES** | | | |
| Physician Surgical Services | $0 | $0 | $0 |
| Anesthesia, Assistance Surgeon | $0 | $0 | $0 |
| Consultation & Physician Visits | $0 | $0 | $0 |
| Radiation Therapy/Chemotherapy/Renal Dialysis | $0 | $0 | $0 |
| **MENTAL HEALTH** | | | |
| Inpatient Hospital/Facility & Professional Services | 100%, Lifetime maximum; 190 days in Psychiatric Hospital | Same as Medical, with No Coverage Limit | $0 |
| Outpatient Facility & Professional Services | 10% for Partial Hospitalization; $0 Specialty Psychiatric/ Group Visits; 10% Specialty Substance Abuse Individual/ Group Visits | 20% after Medicare | $0 |
| **OTHER SERVICES** | | | |
| Outpatient Private Duty Nursing (Preauthorization required) | 10% | 20% | $0 |
| Cardiac Rehabilitation | 10% | 20% after Medicare | $0 |
| Hospice Care | $0 | $0 | $0 |
| Routine Dental | Not Covered | Not Covered | Not Covered |
| Routine Vision | Not Covered | Not Covered | Not Covered |
| **ANCILLARY BENEFITS COVERAGE** | | | |
| Fitness Program - Silver & Fit | Included | 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 |
| **RX PLAN COMPATIBILITY** | Plans A-C | Plans A-E | Plans A-E |



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# CHOOSE YOUR RX 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, Assistant Surgeon | $0 |
| Consultation & Physician Visits | $0 |
| Radiation Therapy/Chemotherapy/Renal Dialysis | $0 |
| **MENTAL HEALTH** | |
| Inpatient Hospital/Facility & Professional Services | $100 (per benefit period) |
| 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 do I need to do if I would like to make a plan change?

You will not be able to make a plan change to your coverage until the next open enrollment period, unless there is a qualified life event (marriage, birth/adoption, loss of coverage, etc.) Please call RetireeFirst at **(443)290-3114 (TTY 711) or toll free (833)550-1676 (TTY 711).**

1. 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 Voya/Benefit Strategies, you will continue to pay using this method.

1. What will be my rate charge?

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

1. 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 members with enrollment, but to provide ongoing retiree support to BCPS throughout their enrollment in any of our plans.

1. When can I call RetireeFirst?

RetireeFirst is open Monday – Friday, 9:00AM – 5:00PM EST.

1. What items can RetireeFirst assist me with?

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

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BCPS Ancillary Benefits

**Dental Insurance Options**

**Plan Name**

Group Number Network

Plan Features

Calendar Year Deductible

Maximum Benefit Per Calendar Year

**Service**

Preventative & Diagnostic Services

Basic Services

Major Services Surgical

Major Services Restorative

Dentures & Bridges

Orthodontia Lifetime Maximum Benefit

Orthodontia Implants

**CareFirst Regional Dental PPO**

7J91

Nationwide

In-Network Out-of-

Network""

Individual: Individual:

$10 $25

Family: $20 Family: $50

$1,500 Per Person

$1,500 Per $1,500 Per

Person Person

50%\* 50%\*

50% 50%

**CareFirst Regional Dental**

**Traditional**

7J91

Nationwide

In-Network Out-of- Network'\*

Individual: $10 Family: $25

$1,250 Per Person

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Pays** | **Member Pays** | **Member Pays** | **Member Pays** | **Member Pays** |
| No Charge | 20%\*\* | No Charge | No Charge\*\* | No Charge |
| 20% **(AD)** | 40% **(AD)** | 20% **(AD)** | 20% **(AD)\*\*** | $0-$220 Copay |
| 50% **(AD)** | 30% (AD) | 50% **(AD)** | 50% **(AD)\*\*** | $15-$335 Copay |
| 50% **(AD)** | 30% (AD) | 50% **(AD)** | 50% **(AD)\*\*** | $15-$335 Copay |
| 50% **(AD)** | 30% **(AD)** | 50% **(AD)** | 50o/o(AD)\*\* | $15-$335 Copay |

$1,200 Per Person

50%\* 50%\*

50% 50%

**Cigna Dental Care Access DHMO..**

10013509

Nationwide

In-Network Only

None

Unlimited

24 Months

See Fee Schedule Not Covered

**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.](http://www.CareFirst.com/) Click on "Find a Doctor" and then "Continue as Guest". Select "Dental" and then either "Preferred Dental PPO" or "Traditional dental".

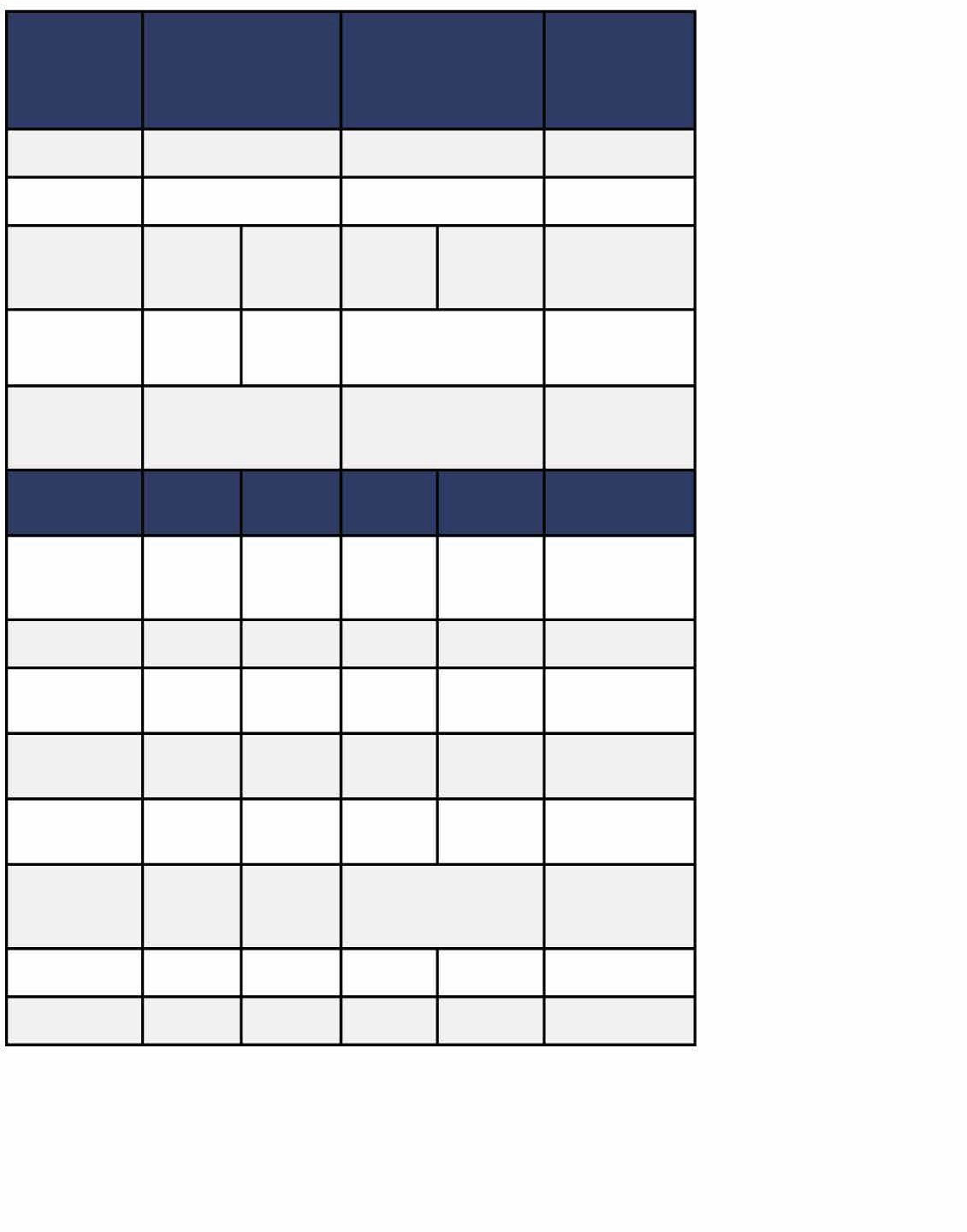
Providers in the Traditional Dental network who do not also participate in the Preferred Dental PPO network, will accept the insurance for members enrolled in the Regional Dental PPO and the coverage will be paid at the out-of­ network level. The Traditional provider however, may not balance billed.

**Cigna**

Visit [www.myCigna.com.](http://www.myCigna.com/) Click on "Find a Doctor, Dentist or Facility" and then "For plans offered through work or school". Enter your zip code and select Cigna Dental Care HMO - Cigna Dental Care Access.

1. NOTE: CareFirst payments are based on the Care First Allowed Benefit. Participating Dentists accept 100% of the CareFirst Allowed Benefit

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as payment in full for covered services. Non-participating dentists may bill the member for the difference between the CareFirst Allowed Benefit and their charges.

1. Benefits for Major Services and Orthodontic Services may not be available until 12 months after your Effective Date.
2. Coverage for orthodontia may be included-ask your benefits manager for details.

**Summary of Exclusions:** Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

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**Benefits issued under policy form numbers:** CareFirst of Maryland, Inc.: CFMl/51+/GC (R. 7/1OJ• CFMI/EOC/D-V (7/09) • CFMI/DENTAL DOCS (R. 9/11) • CFMI/DENTAL SOB (7/09) • CFMI/ELIG/D-V (7/09) as amended; Group Hospitalization and Medical Services, Inc.: MD/CF/GC (R. 7/1OJ MD/CF/EOC/D-V (10/08) • MD/CF/DENTAL DOCS (R. 9/11) • MD/CF/DO-SOB (7/03)MD/CF/ELIG (R. 1/08) as amended.

**Vision Insurance**

**National Vision Administrators, L.L.C. (NVA)**

**Participating**

**Non­**

**Baltimore County Public Schools**

**Effective 01/01/2023**

**Group Number# 1372**

**How Your Vision Care Program Works Eligible members and dependents are entitled to receive a vision examination once every 12 months, and one (1) pair of lenses and a frame once every 24 months or contact lenses once every 24 months, or medically necessary contact lenses once every**

**Benefit Frequency**

**Provider**

**Participating**

**Provider**

**12 months and contact lens evaluation/fitting once every 12 months from last date of service.**

**Examination Covered 100%**

**iReimbursed Amountsl**

**At the start of the program, you will receive two identification cards with participating providers in**

**Once Every 12 Months after$20 copay**

**•ulp�**

**Fit/Follow-Up\* Once Every 12 Months**

**4to$3.,\_\_\_\_**

**your ZIP code area listed on the back. At the time of your appointment, present your NVA ID card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA**

**Standard Daily Wear Standard Extended Wear Specialty Wear**

**Lenses (Oversized Included)\*\* Once Every 24 Months**

**Single Vision Bifocal Trifocal Lenticular**

**Polycarbonates (under age 19)**

**Solid Tints**

**Fashion Gradient Tints AR Coating - Tier 1 AR Coating - Tier 2 AR Coating - Tier 3**

**Frame**

**Once Every 24 Months**

**Contact Lenses**

**Elective Contact Lenses Once Every 24 Months**

**Medically Necessary••••• Once Every 12 Months**

* **Covered 100%**

**after$20 copay**

* **Covered 100%**

**after$30 copay**

* **Covered 100%**

**after$50 copay**

**Standard Glass or Plastic**

**Covered 100% after$20 copay**

* **Covered 100%**
* **Covered 100%**
* **Covered 100%**
* **$35 Copay**
* **$48 Copay**
* **$60 Copay**

**Retail Allowance Up to$130**

**(20% discount off balance)\*\*\***

**In lieu of Lenses & Frame**

* **Up to$130 Retail (15% discount**

**(Conventional) or 10% discount (Disposable) off balance)\*\*\*\***

* **Covered 100%**
  + **Up to$20**
  + **Up to$30**
  + **Up to$50**

**Standard Glass or Plastic**

* + **Up to$25**
  + **Up to$40**
  + **Up to$55**
  + **Up to$80**
  + **Up to$25 (SV)**
  + **Up to$30 (Bifrri)**
    - **Up to$10**
    - **Up to$12**
    - **Up to$40**
    - **Up to$50**
    - **Up to$65 Up to$35**

**In lieu of Lenses & Frame**

* + - **Up to$130**
    - **Up to$725**

**to verify eligibility. A vision claim form is not**

**required at an NVA participating provider.**

**Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.**

**To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at** [**www.e-nva.com,**](http://www.e-nva.com/) **or download our mobile app by searching NVA Vision, or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's**

**Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.**

**If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 1372000201 or the group number on the ID card and enter in your search parameters.**

**\*Only covered if you choose Contact Lenses.**

**\*\*If a member's lens prescription changes before being eligible for new lenses & that prescription meets one of the following criteria, lenses and frames will be replaced as if the frequencies were 12 months. (Differs from the original by at least** 0.50 **diopter sphere; Axis changes by** 15 **degrees or more; change in prism diopter of** 0.5 **in at least one eye)**

**\*\*\*Does not apply to Wal-Mart/ Sam's Club or Lenscrafters locations or for certain proprietary brands.**

**\*\*\*\*Does not apply to Wal-Mart/Sam's Club,**

**Lenscrafters, Contact** Fill **(NVA Mail Order) or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers.**

**\*\*\*\*\*Pre-approval from NVA required.**

**This chart is intended for comparison purposes only. If there are any discrepancies, the summary plan document will govern.**

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

**Fixed prices/courtesy discount do not apply at Walmart/Sam's Club and LensCrafters locations.**

**Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:**

**$75 Polarized**

**$30 Blended Bifocal (Segment)**

**$40 Blue Light Blocker (Standard)**

**$60 Blue Light Blocker (Premium)**

**$150 Blue Light Blocker (Ultra)**

**$20 Glass Photogrey (Single Vision)**

**$30 Glass Photogrey (Multi-Focal)**

**$25 Polycarbonate (Single Vision) 19 & over**

**$30 Polycarbonate (Multi-Focal) 19 & over**

**$10 Scratch-Resistant Coating (Standard**

**$65 Transitions Single Vision (Standard)**

**$70 Transitions Multi-Focal (Standard)**

**$80 AR Coating - Tier 4**

**20% discount AR Coating -Tier 5**

**$50 Progressive Tier -1**

**$80 Progressive - Tier 2**

**$100 Progressive -Tier 3**

**$120 Progressive -Tier 4**

**$140 Progressive -Tier 5**

**$165 Progressive -Tier 6**

**$190 Progressive -Tier 7**

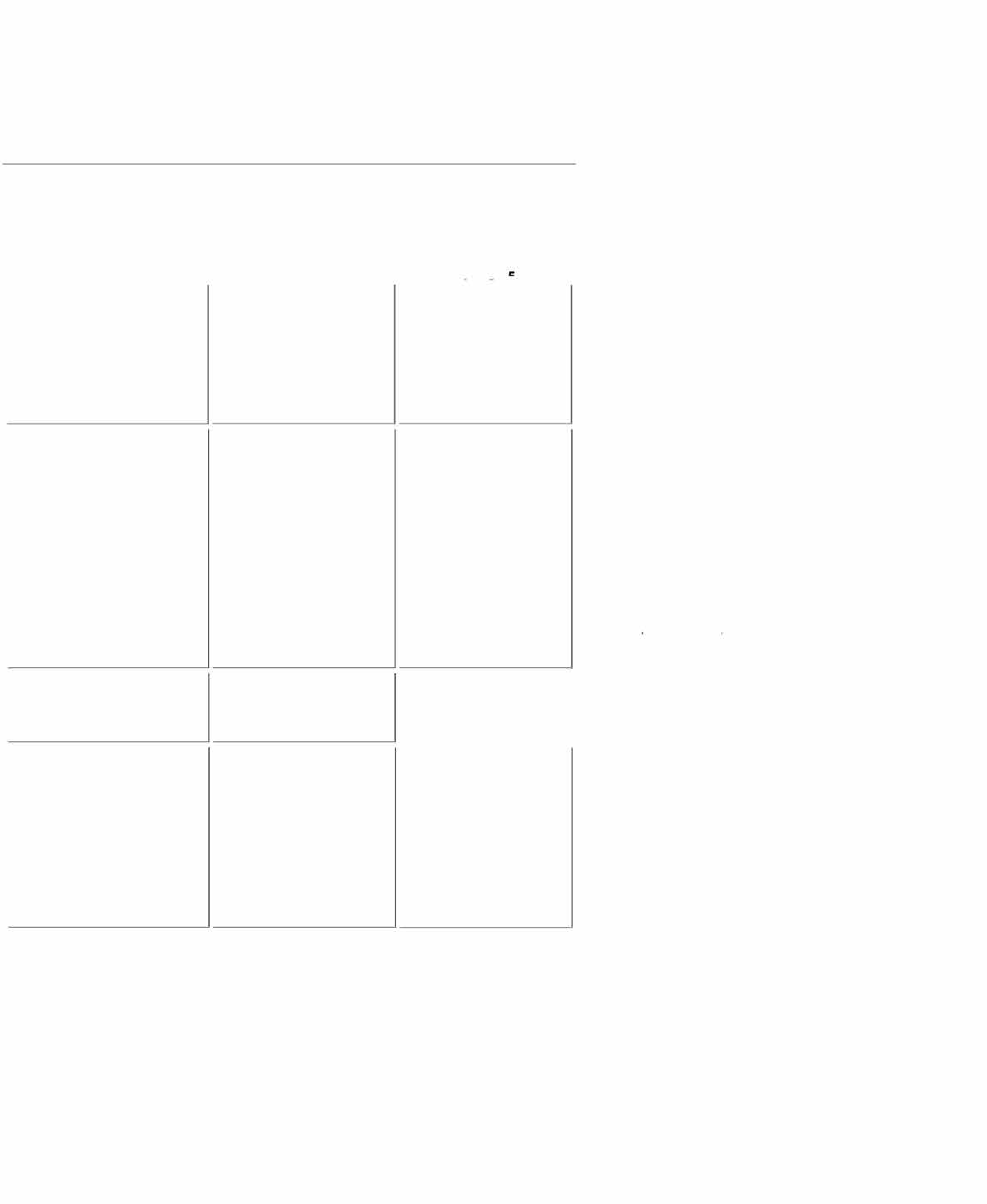
**$55 High Index**

**$39 Retinal Screening**

**$12 Ultraviolet Coating 20% discount Progressive**

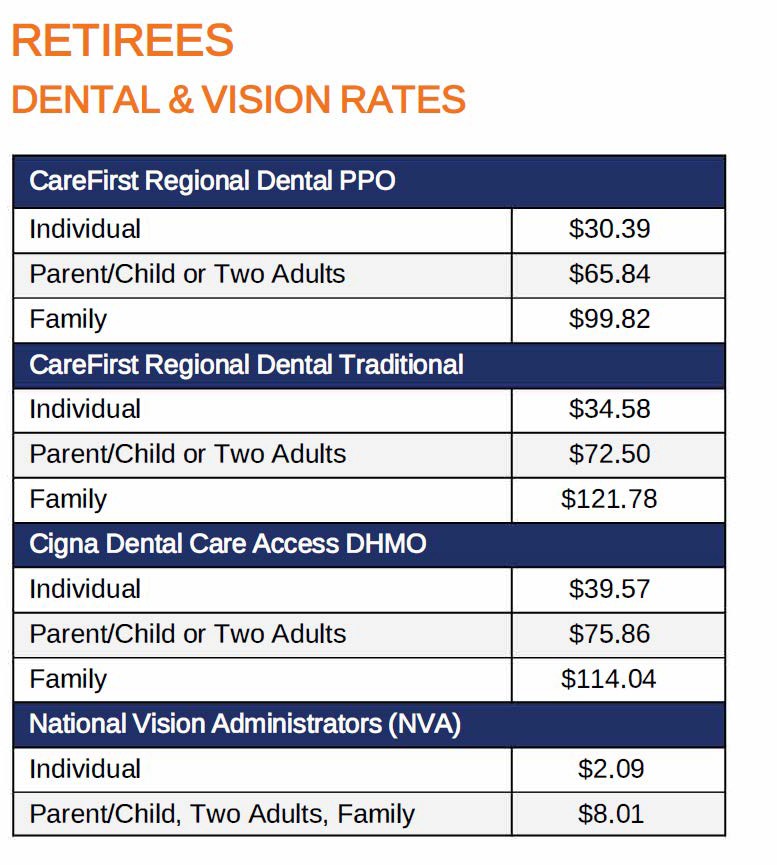
**-Tiera**

**For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.**



[**www.e-nva.com**](http://www.e-nva.com/)

(443) 290-3114 (TTY 711) or toll free (833) 550-1676 (TTY 711)

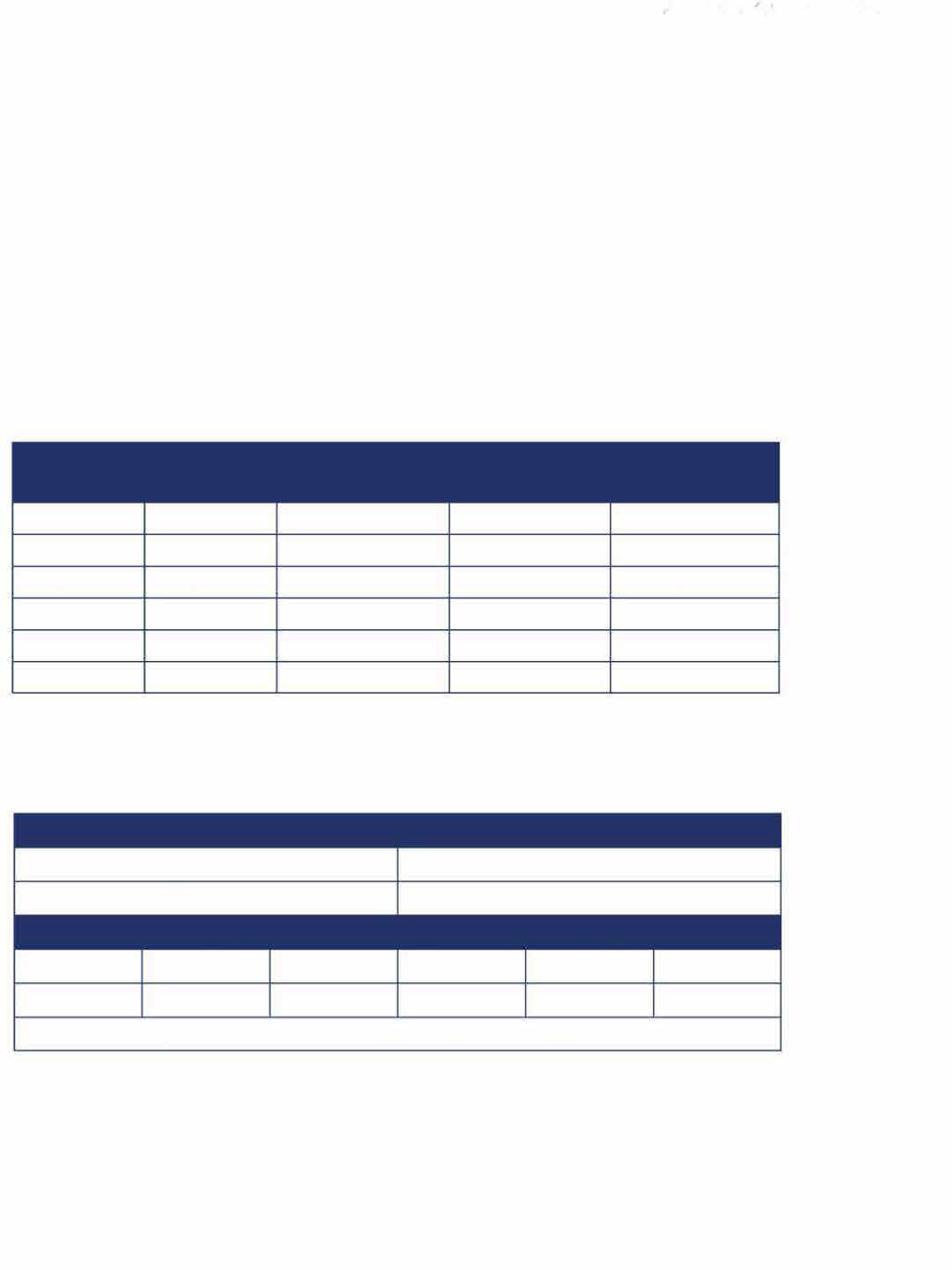


**Enrollment**

**Life Insurance MetLife**

A personalized life insurance election form will be provided to you by the Office of Benefits and Retirement. Continuation is optional. If you do not elect to continue this benefit at the time of retirement, you will forfeit your eligibility indefinitely. The life insurance election form must be completed and returned within thirty days of the effect date of your retirement. Please Note: Only the amount of coverage as an active employee can be continued into retirement. (No Exceptions)

(443) 290-3114 (TTY 711) or toll free (833) 550-1676 (TTY 711)



**Benefit Amount & Reduction Schedule**

Retirees may not elect to continue more than $50,000 in coverage. This includes $15,000 of Basic Term Life Insurance and up to $35,000 in Sup­ plemental Life Insurance.

**Reduction Schedule**

Supplemental Life Insurance coverage immediately reduces by 10% on the date of retirement. Therefore, ***the maximum amount of total*** Life ***Insurance on the*** date ***ofretirement is $46,500.*** Following retirement, the Supplemental Life Insurance will be reduced by the same dollar amount on each of the following four anniversaries of your retirement date. The cost of Life Insurance is paid entirely by the retiree. Premiums are deducted from your pension check. Coverage terminated for non-payment of premium cannot be reinstated.

See example below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date** | **Supplemental Coverage** | **Basic Coverage** | **Total Coverage** |
| Active | June 1, 2024 | $65,000 | $15,000 | $80,000 |
| Retired | July 1, 2024 | $31,500 | $15,000 | $46,500\* |
| 1st Year | July 1, 2025 | $28,000 | $15,000 | $43,000 |
| 2nd Year | July 1, 2026 | $24,500 | $15,000 | $39,500 |
| 3rd Year | July 1, 2027 | $21,000 | $15,000 | $36,000 |
| 4th Year | July 1, 2028 | $17,500 | $15,000 | $32,500 |

**Cost of Coverage**

Employees who retire at age 65 who elect to continue the Basic Term Life and the maximum amount of Supplemental Life Insurance will pay

$58.61 per month for $46,5000 in total benefit.

**Monthly Cost for Basic Term Life Insurance**

Retired Prior to 1/1/2005 $9.15 (for $7,380 of coverage)

Retired After 1/1/2005 $18.60 (for $15,000 of coverage)

**Monthly Rate per $1,000 of Supplemental Life Insurance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age | 50-54 | 55-59 | 60-64 | 65-69\* | 70+ |
| Rate | .23 | .43 | .66 | 1.27 | 2.06 |

Ages 25-49 contact the Office of Benefits, Leaves, and Retirement for rates

Rates can change based on the negotiations with Baltimore County Public Schools and Life insurance carriers.

**Don't Forget to Designate a Beneficiary!**

Choosing who will receive your Life Insurance benefit is an important decision. Please make sure your beneficiary is up to date.

**Canceling Life Insurance**

Retirees may cancel their Basic Term Life and/or Supplemental Life Insurance Coverage at any time. Coverage which has been canceled cannot be reinstated.

**Cancer, Catastrophic, and Other Insurances**

**Cancer Insurance**

Retirees who were enrolled in cancer insurance at the time of retirement could elect to continue to pay the premiums to keep the coverage. Premiums are deducted from pension checks in combination with the cost of health insurance. Thus, a retiree with cancer insurance will see a deduction from the pension check that combines the cost of both programs.

Retirees wishing to cancel this insurance must notify the Office of Benefits, Leaves, and Retirement for BCPS in writing. Coverage that is canceled cannot be reinstated.

This policy is through Washington National Insurance Co. (Conseco) (877) 372-5916.

**Catastrophic Insurance**

The insurance coverage has been billed by CareFirst BlueCross BlueShield for many years. Any billing or coverage questions should be addressed to CareFirst directly (410) 581-3404.

**Accidental Death & Dismemberment (AD&D) Insurance**

Retirees who were enrolled in AD&D at the time of retirement are able to continue the policy by contacting Prudential at (800) 778-3827 and con- verting the policy into an individual policy. Premiums will be paid directly to Prudential. Conversion must happen within thirty days immediately following retirement.

**Plans Available Through MRSPA**

Retiree dental, vision, and long-term care insurance plans are available to purchase through the Maryland Retired School Personnel Association.

Contact the MRSPA directly at (410) 551-1517 or online at [www.mrspa.org](http://www.mrspa.org/) for more details about eligibility guidelines and costs for these plans.

**Plans Available Through TABCO Retired, an affiliate of TABCO, MSEA, and NEA**

Retiree dental, vision, life, long-term care, and Medicare supplement are available with membership, through NEA benefits. Contact TABCO-Retired at 410-828-6403 or online at https://tabco.org/about- us/tabco-retired/.

### IMPORTANT RESOURCES

**Website:** [www.bcps.org](http://www.bcps.org/)

**Email:** [cschelp@bcps.org](mailto:cschelp@bcps.org)

Benefits and Retirement Representatives are available to help answer your questions and address any concerns you have regarding your BCPS benefits. All benefits information and forms can be found and downloaded from our website.

* Updates to beneficiaries must be handled directly with the pension system and the life insurance companies.
* If you have an address, phone number or name change, we must receive the change in writing, and you must also notify the pension system.
* If you are calling to report a death, the pension system, Social Security and Medicare, and Life Insurance company (if applicable) must also be notified separately.

**Coverage/Service Phone Number Website**

Office of Retirement - BCPS

Maryland State Retirement Agency (SRA)

(443) 809-8949

(410) 625-5555

bcps.org sra.state.maryland.us

|  |  |  |
| --- | --- | --- |
| Baltimore County Employees Retirement System | (410) 887-2568 | baltimorecountymd.gov/departments/ benefits/ |
| Medicare Help Line | (800) 633-4227 | Medicare.gov |
| Social Security Administration | (800) 772-1213 | ssa.gov |
| Non-Medicare Medical - Cigna | (800) 896-0948 | myCigna.com |
| Cigna Home Delivery Pharmacy | (800) 285-4812 | myCigna.com |
| Behavioral Health - Cigna | (800) 724-7603 | myCigna.com |
| Non-Medicare Medical - Kaiser Permanente | (800) 777-7902 | kp.org |
| Behavioral health - Kaiser Permanente | (800) 777-7904 | kp.org |
| Kaiser Permanente Medicare Advantage (HMO) | (888) 777-5536 | kp.org |
| Dental - CareFirst | (866) 891-2802 | member.CareFirst.com |
| Dental - Cigna | (800) 896-0948 | myCigna.com |
| Vision - National Vision Administrators (NVA) | (800) 672-7723 | e-nva.com |
| Cancer Insurance | (877) 372-5916 | my.washingtonnational.com |
| Life Insurance Claims & Beneficiaries - MetLife | (866) 492-6983 | metlife.com/mybenefits |
| Retiree Benefits Billing - VOYA/Benefit Strategies LLC | (888) 401-3539 | benstrat.com |
| Catastrophic Insurance - CareFirst | (410) 581-3404 | **N/A** |



##### CANCER INSURANCE

###### This benefit is no longer offered to current employees or new hires after 7/1/2007.

If you are currently enrolled in cancer insurance at the time of your retirement, you may elect to continue to pay the premiums to keep the coverage into retirement. If you wish to cancel this insurance, you must notify the Office of Benefits and Retirement in writing. Coverage that is canceled cannot be reinstated.

This policy is through Washington National Insurance Co. (Conseco) (877) 372-5916.

##### CATASTROPHIC INSURANCE

**The insurance coverage has been billed by CareFirst BlueCross BlueShield for many years. Any billing or coverage questions should be addressed to CareFirst directly (410) 581-3404.**

##### BALTIMORE COUNTY RETIRED SCHOOL PERSONNEL ASSOCIATION (BCRSPA)

If you are looking for a way to stay informed about your benefits and the education community in Baltimore County and the State of Maryland, contact BCRSPA 443-793-5867 or online at [**www.bcrspa.org**](http://www.bcrspa.org/)for details.

##### MARYLAND RETIRED SCHOOL PERSONNEL ASSOCIATION (MRSPA)

Retiree dental, vision, and long-term care insurance plans are available to purchase through the Maryland

Retired School Personnel Association. Contact the MRSPA directly at (410) 551-1517 or online at

[**www.mrspa.org**](http://www.mrspa.org/)for more details about eligibility guidelines and costs for these plans.

##### TABCO- RETIRED

###### Plans available through TABCO-Retired, an affiliate of TABCO. MSEA and NEA

Retiree dental, vision, life, long-term care, and Medicare supplement are available with membership, through NEA Benefits. Contact TABCO-Retired at (410) 828-6403 or online at

**https://tabco.org/aboutus/tabco-retired/.**

##### RETIREE FREQUENTLY ASKED QUESTIONS

###### I turn 65 soon, do I need to sign up for Medicare?

* If you want to continue your health insurance coverage under BCPS, you must enroll in Medicare parts A&B when you first become eligible. You do not need to enroll in Medicare part D because all Medicare plans offered through BCPS are bundled with prescription drug coverage. If you choose to cancel your health coverage through BCPS, we must receive notification in writing.

###### How do I change my name/address/phone number?

* Personal and/or demographic changes must be received in writing. We cannot update your information over the phone.

**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 get a new insurance ID card?**

ID cards for medical, prescription, dental, and vision benefits must be requested from the insurance companies directly. Contact numbers can be found on page 19 of this guide. ID cards may also be requested, and temporary cards downloaded electronically by setting up a personal online account on the insurance company’s website.

**How do I report the death of a spouse or dependent?**

If the spouse or dependent of a retiree passes away and they had coverage under any of the BCPS benefit plans, please contact the Office of Benefits as soon as possible and forward a copy of the death certificate so they can be removed from coverage.

**How do I report the death of the retiree?**

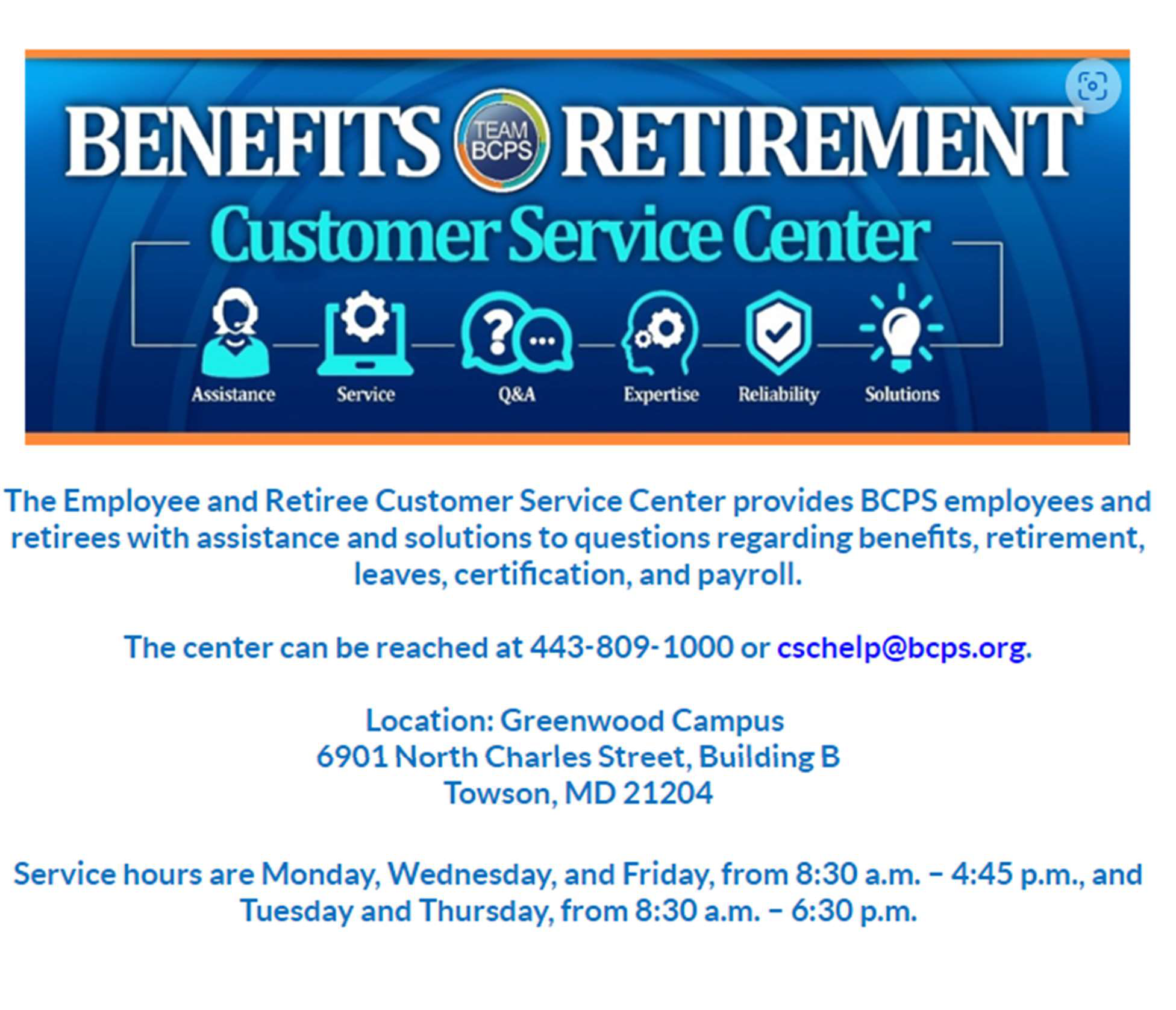
If the retiree has coverage under any of the BCPS benefit plans, including life insurance, please contact the Office of Benefits as soon as possible and forward a copy of the death certificate so they can be removed from coverage. If the retiree had any life insurance, BCPS will forward a copy of the death certificate to Metlife to begin the claims process. If they retired prior to January 1, 2005, they may also have a paid-up MetLife life insurance policy. MetLife would have to be contacted directly (888) 280-6083.

The death of the retiree must be reported separately to Social Security Administration and their pension system, BCPS does not communicate with those entities.

Surviving Spouse Benefit: Upon a retiree’s death if they had a spouse or dependents covered under a BCPS health plan, the spouse and dependents have the option to continue coverage. For one year following the retiree’s death coverage may be continued and will include the contribution from the Board of Education. A surviving spouse may not add any dependents who were not previously covered.

**Who is my beneficiary and how do I change my beneficiary?**

Beneficiary information is not held by BCPS. If you are unsure who your beneficiaries are or you would like to change your current designation, you will need to contact the life insurance companies and the applicable pension system directly.



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 and 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 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 five (5) years are credited. Time on unpaid leaves of absence or time worked in a temporary, substitute, or contractual capacity is not credited.

Eligibility and 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 must 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.

## RETIREE RESOURCES & OTHER COVERAGES

### PLANNING ON RETIRING?

Medical - Non Medicare and 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 and 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 and 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 and 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.

**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.



NOTES

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(443) 290-3114 (TTY 711) or toll free (833) 550-1676 (TTY 711)

Important Contacts

32 (443) 290-3114 (TTY 711) or toll free (833) 550-1676 (TTY 711)

|  |  |
| --- | --- |
| CONTACT | REGARDING |
| **RetireeFirst, LLC**  **1000 Midlantic Drive, Suite 100 Mount Laurel, NJ 08054**  **Phone: (443) 290-3114 (TTY 711) or**  **(833) 550-1676 (TTY 711)**  **Email:** [**baltimore@retireefirst.com**](mailto:baltimore@retireefirst.com) **Website:** [**www.retireefirst.com**](http://www.retireefirst.com/) | * 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 |
| **Baltimore County Public Schools Office of Benefits and Retirement**  **6901 N. Charles Street, Towson, MD 21204**  **Phone: (433) 809-8949**  **Fax: (410) 887-8950**  **Email:** [**retirement@bcps.org**](mailto:retirement@bcps.org)  **Website: hr.bcps.org/departments/human\_resources\_ operations/benefits\_leaves\_and\_retirement/benefits/retiree\_ benefits** | * Who is eligible 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 * 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 |
| **Kaiser Permanente Medicare Advantage Plan with Rx - HMO Option**  **Phone: (888) 777-5536** | * Plan benefit detail * Claims questions * Request ID card |
| **Social Security Administration (SSA) Phone: (800) 772-1213**  **Website:** [**www.ssa.gov**](http://www.ssa.gov/) | * Change of address * General Medicare Part A or B eligibility or premiums |
| **Medicare Help Line**  **Phone: 1-800-MEDICARE (633-4227)**  **Website:** [**www.medicare.gov**](http://www.medicare.gov/) | * Request new ID card * Ordering Medicare publications * General Medicare information |