

laborfirst®

GROUP MEDICARE ENROLLMENT MANUAL



Baltimore County Public Schools





“I feel lucky that I can afford my medication and have the Labor First Options.”

- BCFPE (Health) Retiree

2023 Open Enrollment Information

Baltimore County Public Schools (BCPS) 2023 Benefits Open Enrollment will be held from Saturday, October 15, 2022, through Saturday, November 19, 2022. If you are satisfied with your current benefits, *you do not have to take any action*. If you want to change plans, please do so by calling Labor First by November 19, 2022. If needed, one mid-year plan change may occur after January 1, 2023.

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 are able to 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. 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 and your spouse, will be eligible to enroll in a Medicare Advantage, Medicare Supplement and a Part D Prescription plan offered through Labor First. You should receive a mailing from Labor First that includes an enrollment guide and application estimated 45-60 days prior to your birth month. Labor First 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 Labor First. If you did not receive information from Labor First, 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 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 Labor First 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 a plan other than the one you are currently enrolled.
- Adding or removing a dependent:
 - If you did not do so within the first 31 days of the qualifying life event (divorce, marriage, etc).
- Change the medical, dental or other plans you currently have.

About Labor First

Labor First is a Retiree Benefits Administrator and Advocacy Company, that specializes in retiree healthcare. Labor First is not an insurance carrier. We fully understand that the challenges most retirees face in relation to health plans are unique to each individual which is why Medicare health benefit administration and advocacy is all that we do.

Our team employs a dedicated support strategy that is aimed at creating an atmosphere where retirees feel confident they are receiving the best service available. Our dedicated Retiree Advocates are here to not only assist members with enrollment, but to provide ongoing retiree support to Baltimore County Retirees throughout their enrollment in any of our plans.

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LABOR FIRST PLAN SELECTION GUIDE

Please follow the guide below for the 2023 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 pages 8-9.

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 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 pages 11-12.

Please contact Labor First 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) Option 1

PLAN FEATURES	CIGNA TRUE CHOICE MEDICARE PPO	CIGNA SURROUND	UNITED AMERICAN
	PLAN 1	PLAN 2	PLAN 3
Deductible	Retiree Pays \$0	Retiree Pays \$0	Retiree Pays \$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-E	Plans A-E

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	\$480	Tier 1: \$0; Tier 2-5: \$310
30 DAY RETAIL					
Pref. Generics	N/A	N/A	N/A	\$1	\$0
Generics	\$6	\$10	\$6	\$9	\$10
Brand	20%	25%	25%	\$42	\$40
Non-Pref. Brand	20%	30%	25%	40%	40%
Specialty	20% (\$150 max)	20% (\$150 max)	\$150	25%	27%
90 DAY RETAIL/ MO					
Pref. Generics	N/A	N/A	N/A	\$3	\$0
Generics	\$18	\$25	\$15	\$27	\$30
Brand	\$40	25%	25%	\$126	\$120
Non-Pref. Brand	\$40	30%	25%	40%	40%
Specialty	20% (\$375 max)	20% (\$375 max)	\$375	N/A	N/A
FEATURES					
Donut Hole	Full Coverage	Full Coverage	CMS Minimum	CMS Minimum	CMS Minimum
ED Drugs	Included	Included	Included	Not Included	Not Included
\$0 Preventative Drugs	Included	Included	Not Included	Not Included	Not Included
Medical Compatibility	Plans 1-3	Plans 1-3	Plans 1-3	Plans 2-3	Plans 2-3

*Plan D & E shows the 2022 deductible and copay structure. The 2023 plan information will be released on Oct 15th. Please contact Labor First 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 will be my premium charge?

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

2. How will I pay my premium?

If your pension covers the full premium, 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.

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 Labor First, you may be required to complete an application. Please call Labor First 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 Labor First?

Labor First is a Retiree Benefits Administrator and Advocacy Company that specializes in retiree healthcare. Our dedicated Member 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.

5. When can I call Labor First?

Labor First 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 Labor First assist me with?

Labor First 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.



BCPS Ancillary Retiree Benefits

These Benefits are administered by BCPS and not Labor First

Dental Insurance Options

Plan Name	CareFirst Regional Dental PPO		CareFirst Regional Dental Traditional		Cigna Dental Care Access DHMO
Group Number	7J91		7J91		10013509
Network	Nationwide		Nationwide		Nationwide
Plan Features	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible	Individual: \$10 Family: \$20	Individual: \$25 Family: \$50	Individual: \$10 Family: \$25		None
Maximum Benefit Per Calendar Year	\$1,000 Per Person		\$750 Per Person		Unlimited
	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Preventive & Diagnostic Services	No Charge	20%**	No Charge	No Charge**	No Charge
Basic Services	20% (AD)	40% (AD)**	20% (AD)	20% (AD)**	\$0—\$220 Copay
Major Services Surgical	20% (AD)	40% (AD)**	20% (AD)	20% (AD)**	\$15—\$335 Copay
Major Services Restorative	20% (AD)	40% (AD)**	20% (AD)	20% (AD)**	\$15—\$335 Copay
Dentures & Bridges	50% (AD)	70% (AD)**	50% (AD)	50% (AD)**	\$15—\$335 Copay
Orthodontia Lifetime Maximum Benefit	\$1,500 Per Person	\$1,000*** Per Person	\$1,000 Per Person		24 Months
Orthodontia	50%*	50%*	50%*	50%*	See Fee Schedule

This chart is intended for comparison purposes only. If there are any discrepancies, the summary plan document will govern (AD) After Deductible

**Orthodontia is only available to dependent children up to age 19 if you select one of the CareFirst plans.*

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

****See full fee-schedule for exact costs*

Prevention First!

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

Need to Locate a Participating Provider?

CareFirst

Visit www.Carefirst.com. Click on “Find a Doctor” and then “Continue as guest”. Select “Dental” and then either “Preferred Dental PPO” or “Traditional Dental”.

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

Cigna

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

Vision Insurance

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

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.*

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

Example Cost for Glasses (Lenses & Frames) with Davis Vision Provider

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

Additional Information

- Benefits are based on your last date of service. For example, if you have your eye exam and purchase glasses on March 1, 2022, you will not be eligible for another eye exam until March 2, 2023, even though the plan year renews January 1, 2023. You would not be eligible for glasses until March 2, 2023.

Discounted Rates on Special Services

In addition to your standard eye glass coverage, you will also have access to various discounts including up to 35% off the usual and customary charge for Laser Vision correction when using a Davis Vision Laser provider.

Need to Locate a Participating Provider?

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

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

Changes in your Prescription?

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

- Differs from the original by at least 0.50 diopter sphere
- Axis changes by 15 degrees or more
- Change in prism diopter 0.5 in at least one eye

This insurance is not administered by Labor First.

Life Insurance

Enrollment

Continuation is optional. If you do not elect to continue this benefit at the time of retirement, you will forfeit your eligibility indefinitely. The election form must be completed and returned within thirty days of the effective date of your retirement.

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 Supplemental 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 of retirement 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, 2021	\$65,000	\$15,000	\$80,000
Retired	July 1, 2021	\$31,500	\$15,000	\$46,500*
1st Year	July 1, 2022	\$28,000	\$15,000	\$43,000
2nd Year	July 1, 2023	\$24,500	\$15,000	\$39,500
3rd Year	July 1, 2024	\$21,000	\$15,000	\$36,000
4th Year	July 1, 2025	\$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 \$46,500 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					

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 by calling 1-888-280-6083.

Cancelling Life Insurance

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

Should you have any questions regarding updating your beneficiary(ies), please contact MetLife at 1-866-492-6983. You may also update your beneficiary information via mybenefits.metlife.com. To obtain a certificate of available life insurance benefits (supplemental and group), you may use the following link:

https://bcpsr.ss3.sharpschool.com/departments/human_resources_operations/benefits_retirement/forms_repository

Select "Current Retirees" from the top heading and scroll down to "Life Insurance." Please note, the life insurance information is based on the year of your retirement.

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 converting 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 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/>.

RETIREE RESOURCES & OTHER COVERAGES

IMPORTANT RESOURCES

Website: https://hr.bcps.org/departments/human_resources_operations/ (Click on Benefits and Retirement)

Email: benefits@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.

The office is open year-round. Closures are reflected in the School Year calendar. When sending an email, you will get an automatic confirmation reply that your message has been received. Please allow two (2) business days for a response if one is needed.

- 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 MetLife (if applicable) must also be notified.

Coverage/Service	Phone Number	Website
Office of Retirement - BCPS	(443) 809-8949	bcps.org
Maryland State Retirement Agency (SRA)	(410) 625-5555	sra.state.md.us
Baltimore County Employees Retirement System	(410) 887-2568	baltimorecountymd.gov
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 - CareFirst Davis	(888) 336-7125	member.CareFirst.com
Cancer Insurance	(877) 372-5916	my.washingtonnational.com
Life Insurance Claims & Beneficiaries - MetLife	(888) 280-6083	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

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.

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 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/>.

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. Please use the form in the back of the Guide. We cannot update your information over the phone.

Can I make changes to my plan?

- Retirees may make plan changes one (1) time within the year by completing the Enrollment/Change Application in the back of the guide. Changes will be processed effective the first of the following month. Please allow 7-10 business days for processing to be completed and another 10 days for ID cards to arrive to your home.

How do I add my spouse/dependents to my benefits?

- Retirees may add a spouse or dependent if there is a qualifying life change event (marriage, adoption, loss of other coverage, etc.) by completing the Enrollment/Change form in the back of the guide. Proof of the qualifying event must accompany the form when submitted for processing.

RETIREE FREQUENTLY ASKED QUESTIONS

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.

DEFINED BENEFIT PENSION PLAN

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

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

SUPPLEMENTAL RETIREMENT & SAVINGS

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

Plan	403(b) Tax-Deferred	403(b)7 Custodial	457(b) Deferred
Maximum Annual Contribution	\$20,500	\$20,500	\$20,500
Minimum Annual Contribution	\$200	\$200	N/A
Catch-Up (age 50+)*	\$6,500	\$6,500	\$6,500
When Can you Begin With	59.5	59.5	Upon Termination
Early Withdrawal Penalty	10%	10%	None

*Maximum contribution amounts are subject to change after the Benefit Guide is printed due to IRS release of 2023 limits

**Employees who are age 50 or over at the end of the calendar year can make annual catch-up contributions

ADDITIONAL INFORMATION

How to Enroll?

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

Making Changes

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

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.



Important Contacts

CONTACT:	REGARDING:
<p>Labor First, LLC 1000 Midlantic Drive, Suite 100 Mount Laurel, NJ 08054</p> <p>Phone: (443) 290-3114 (TTY 711) or (833) 550-1676 (TTY 711) Email: Baltimore@laborfirst.com Website: www.laborfirst.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 Public Schools Office of Benefits and Retirement 6901 N. Charles Street, Towson, MD 21204</p> <p>Phone: (433) 809-8949</p> <p>Fax: (410) 887-8950</p> <p>Email: benefits@bcps.org</p> <p>Website: hr.bcps.org/departments/human_resources_operations/benefits_leaves_and_retirement/benefits/retiree_benefits</p>	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> • 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>Social Security Association (SSA)</p> <p>Phone: (800) 772-1213</p>	<ul style="list-style-type: none"> • Change of address • General Medicare Part A or B eligibility or premiums
<p>Medicare Help Line: 1-800-MEDICARE (633-4227) www.medicare.gov</p>	<ul style="list-style-type: none"> • Request new ID card • Ordering Medicare publications • General Medicare information

