RetireeFirst



CCBC

2027 Group Medicare Enrollment Manual

Community College of Baltimore County

Retirees and Dependents age 65+
or eligible for Medicare B

(443) 290-3113 (TTY 711) or Toll Free (833) 550-1675 (TTY 711)

TESTIMONIAL

“It’s been really helpful to have people to call to sort out all of these questions during the process.”



—Morgan Slusher
Community College of Baltimore County Retiree

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

Eligibility

In order to be eligible for CCBC's medical insurance subsidy and health insurance coverage at retirement:

- Retiree must be a pensioned retiree scheduled to receive a pension or take a taxable distribution from the Optional Retirement Plan upon retirement and
- Retiree and dependents must have been enrolled in employee medical plans immediately preceding retirement and
- Retiree must have 10 or more years of continuous full-time CCBC service immediately preceding retirement to receive a medical insurance subsidy.

Dependent Eligibility

- **Spouse currently enrolled in Medicare:** A person to whom you are legally married.
- **Registered Domestic Partner currently enrolled in Medicare:** A person with whom you share a committed relationship, residence and personal finances over a period of a year. This person may be same-sex or opposite-sex and must be at least 18 years of age. You are required to register your domestic partnership with CCBC.
- **Surviving Spouse currently enrolled in Medicare:** Must be on coverage prior to retiree's death.
- **Dependent child currently enrolled in Medicare, who is:** The retiree, spouse, or registered domestic partner's child by birth or legal adoption recognized under Maryland Law that is currently enrolled in Medicare.

Continued Coverage for Spouse or Registered Domestic Partner of a Deceased Retiree

Coverage is available for your spouse or registered domestic partner if he/she had benefits through your CCBC retiree plan. However, the surviving spouse or registered domestic partner will need to pay the premiums if your pension check stops based on your retirement plan's death benefit. Dependent children of a deceased retiree, domestic partner, or surviving spouse cannot continue coverage and will be offered COBRA. A surviving spouse of a deceased retiree who remarries may not add a new spouse, registered domestic partner, or dependent child to the insurance. Eligible dependents are required to have legal standing and/or legally sufficient documentation for residency in the United States while included on CCBC health plans.

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

CCBC requires enrollment in Medicare Part A (hospital) and Medicare Part B (medical) as soon as you, your spouse, your registered domestic partner, or dependent child are eligible for Medicare. You must accept Medicare B as the primary health carrier. Medicare B will require a monthly premium. A copy of your Medicare A & B card will be required.

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.

Once enrolled in Medicare, you or your spouse or registered domestic partner or dependent child, will be eligible to enroll in a Medicare Advantage, Medicare Supplemental and/ or Part D Prescription plans offered through RetireeFirst. Please notify RetireeFirst at **(443) 290-3113 (TTY 711)** as soon as you are enrolled in Medicare to discuss your Medical and Prescription plan options. **Dental and Vision enrollments will still be administered by CCBC.**

Registered Domestic Partnership – Medicare Part B Enrollment

According to Medicare Coordination of Benefit Rules, when a covered member is eligible for Medicare due to age or disability and is a registered domestic partner on a commercial insurance plan, Medicare will be primary no matter the working status of the employee. If a covered member is a legal spouse and has Medicare due to age or disability, the commercial plan will be primary if the employee is still actively working. However, if the covered registered domestic partner has COBRA coverage, Medicare will be primary, regardless of whether the covered member and the employee are married or in a registered domestic partnership.

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

You may not be eligible for Medicare if you did not work the required 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 CCBC upon reaching their 65th birthday to discuss their options.

What If My Registered Domestic Partner or I are Not Eligible for Medicare?

You may not be eligible for Medicare if you did not work the required number of quarters required by the Social Security Administration. If you do not qualify on your own, you may qualify for registered domestic partner 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 registered domestic partner should contact CCBC 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 for Individual coverage in each of the plans.

What if I Become Eligible for Medicare, but My Registered Domestic Partner is Not Yet Eligible?

You will be enrolled in a Medicare Advantage, Medicare Supplemental plan and/or Prescription plan and your registered

domestic partner can continue in a non-Medicare plan until they are eligible for Medicare (same applies if registered domestic partner is eligible before retiree). You will pay for Individual coverage in each of the plans.

Changes During the Year

It is your responsibility to notify RetireeFirst of any of the changes below:

- Address Change
- Change in Medicare eligibility status due to retirement
- Marriage, divorce or legal separation or death of a dependent

Changes During Open Enrollment

- Selecting a plan other than your current plan indicated
- Removing a dependent(s) if not completed within 30 days of the qualifying event
- Changing the current vision and/or dental plans you currently have







About RetireeFirst

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

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.

RetireeFirst Plan Selection Guide

Please follow the guide below for the 2027 options:

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

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

AND / OR

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

- HealthSpring High Rx
- HealthSpring Mid Rx
- HealthSpring Low Rx

OR

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

Please contact RetireeFirst at (443) 290-3113 (TTY 711) or toll free (833) 550-1675 (TTY 711) if you would like to make a change to your Medical or Prescription benefits.

Choose Your Medical Plan

PLAN FEATURES	AETNA MEDICARE PPO	CIGNA SURROUND	CIGNA SURROUND BASIC
	Retiree Pays	Retiree Pays	Retiree Pays
Deductible	$0	$200 Part B Only	$1,500 Part B Only
Annual Out-of-Pocket Maximum	$1,100	$1,100	N/A
Lifetime Coverage Maximum	Unlimited	Unlimited	Unlimited
OTHER PROFESSIONAL/OUTPATIENT SERVICES			
Office Visit PCP/Specialist	$15/$25	$15/$25	$20 after Deductible
Advanced Imaging (CT, MRI, PET)	$0	$0 after Deductible	$0 after Deductible
Laboratory Tests & X-Rays	$0 for Lab Test $25 for X-Rays	$0 after Deductible	$0 after Deductible
Physical/Speech/Occupational Therapy	$25	20% after Deductible	$0 after Deductible
Radiation Therapy/Chemotherapy/ Renal Dialysis	$25	$0 after Deductible	$0 after Deductible
Outpatient Surgery	$0	$0 after Deductible	$0 after Deductible
Allergy Testing/Covered Injections	$25/$0	$15/$25	$20
Acupuncture	$25	20% after Deductible	Not Covered
PREVENTATIVE/WELL CARE (ROUTINE)			
Wellness Exams, 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	$25	$0 after Deductible	$0 after Deductible
Emergency Room	$100, waived if admitted	$100 per visit	$50
Ambulance (Ground)	$0	$0 after Deductible	$0 after Deductible
PROSTHETIC DEVICES & ORTHOPEDIC BRACES			
Durable Medical Equipment	$0	20% after Deductible	$0
Hearing Aids	$1,400 allowance, every 36 months	$0 after Deductible, no plan limit, every 36 months	$2,800 allowance, every 36 months

Choose Your Medical Plan

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

Choose Your RX Plan

PLAN FEATURES	HealthSpring High RX	HealthSpring Mid RX	HealthSpring Low RX
	Retiree Pays	Retiree Pays	Retiree Pays
Rx Deductible	$0	$250	$450
RX Maximum Out-of-Pocket	$2,400	$2,400	$2,400
30 Day Retail			
Tier 1 Generics	$10	$15	$15
Tier 2 Brand	$25	$45	$45
Tier 3 Non-Preferred Brand	$40	$60	$100
Tier 4 Specialty	$150	$150	$150
90 Day Retail / MO			
Tier 1 Generics	$20	$30	$30
Tier 2 Brand	$50	$90	$90
Tier 3 Non-Preferred Brand	$80	$120	$200
Tier 4 Specialty	$300	$300	$375
Features			
Catastrophic Coverage	$0	$0	$0
ED Drugs	Included	Included	Included
$0 Preventative Drugs	Included	Included	Not Included

Kaiser Permanente Medicare Advantage Plan RX – HMO Option

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)	
Wellness Exams, 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 RX – HMO Option

Medicare Advantage — Kaiser	
Benefit	**Retiree Pays**
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 (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 monthly premium charge?

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

2. How will I pay my premium?

If you receive a pension that covers the full premium, you will continue to have your monthly premium deducted from your pension by CCBC. If you are billed directly from RetireeFirst, you will continue to pay using this method. All other premium deductions will be handled by CCBC.

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 **(443) 290-3113 (TTY 711)** or Toll Free **(833) 550-1675 (TTY 711)**. 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 assist members with enrollment as well as provide ongoing retiree support 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. You can reach your dedicated team of Advocates at **(443) 290-3113 (TTY 711)** or Toll Free **(833) 550-1675 (TTY 711)**.

6. What items can RetireeFirst assist me with?

RetireeFirst can assist with a variety of things from medical and prescription billing questions, enrollment, eligibility verification from providers, medical and prescription prior authorizations, medication look up, provider and RX network questions, Medicare / SSA 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 CCBC's plans. It is important that you discuss your other coverage with a RetireeFirst advocate.

8. What types of medications are covered under the $0 Preventative Medication List?

Medications used to improve outcomes for high blood pressure, high cholesterol, diabetes and Part D covered diabetic supplies are just a few of the medications listed for a $0 copay.

These benefits are not administered by RetireeFirst

CCBC Ancillary Benefits

These benefits are not administered by RetireeFirst

Dental Coverage: CareFirst & Cigna

CareFirst Traditional Dental

The Traditional program allows you to choose any dentist, however, your out-of-pocket costs may vary depending on whether your dentist participates with CareFirst.

- A participating dentist will file claims and you cannot be balanced billed.
- A non-participating dentist will bill you for any amount over the CareFirst allowed amount.

CareFirst Preferred Dental Plan

- The CareFirst Preferred dental plan offers both in- network benefits and out-of-network benefits.
- When you use an in-network dentist, you receive the highest level of coverage with the least amount of out-of-pocket expense. Participating dentists have agreed to bill only up to the CareFirst allowed benefit amount, limiting your out-of-pocket expense.
- When you choose an out-of-network dentist, your costs may be higher because non- participating dentists are not contracted with CareFirst. This means they may bill you up to their charges. This will increase your out-of- pocket expense and you must pay for services and then file a claim for reimbursement.

Cigna Dental Care Access (DHMO)

Cigna Dental Care Access Plan is a Dental Health Maintenance Organization (DHMO). Your dentist must be in the network, or no benefits are payable. Your provider will charge based on the Dental DHMO Schedule which can be found on SharePoint/Administrative Services/Human Resources/Benefits.

Find a Provider

CareFirst

- Visit https://individual.carefirst.com/individuals-families/home.page
- Scroll down and click on “Find a Doctor”
- You can then continue as a guest, sign in as a member, or select not registered to create an account.

Cigna

- Visit www.Cigna.com
- Click “Find a Doctor” then click “Find a Doctor, Dentist or Facility”
- Follow the prompts on screen and when asked to choose your plan, select “CIGNA DENTAL CARE ACCESS DHMO” > Cigna Dental Care Access

These benefits are not administered by RetireeFirst

	CareFirst Traditional Dental	CareFirst Preferred Dental PPO		CIGNA Dental Care Access (DHMO)
Covered Service	Participating or Non-Participating	In-Network (Preferred)	Out-of-Network	In-Network Only
Deductible per Calendar Year	$25 Per person $75 Per family	$10 Per person $25 Per family	$20 Per person $50 Per family	No deductible; $5 Office Visit fee
Maximum Benefit per Calendar Year	$1,250 Per person	$1,500 Per person		Unlimited
	Plan Pays	**Plan Pays**		**Charge Schedule**
Preventative Care, Exams, Cleanings, X-Rays, Fluoride	80% AB when using participating provider	100% AB	80% AB	$5
Fillings, Non-surgical Periodontal	80% AB after Deductible	80% AB after deductible	60% AB after Deductible	$5 to $75
Surgical Periodontal, Gingivectomy, Gingivoplasty	80% AB after Deductible	80% AB after Deductible	60% AB after Deductible	See "Patient Charge Schedule" for details
Dentures, Bridgework, Crowns, Inlays, Onlays	50% AB after Deductible	80%, AB after Deductible	$60% AB after Deductible	See "Patient Charge Schedule" for details
Orthodontia Services	50% AB ($1,250 lifetime maximum for dependent children up to age 19)	50% AB ($1,500 lifetime maximum for dependent children up to age 19)	30% AB ($1,500 lifetime maximum for dependent children up to age 19)	See "Patient Charge Schedule" for details

These benefits are not administered by RetireeFirst

Vision Coverage: National Vision Administrators (NVA)

Vision coverage is administered by National Vision Administrators (NVA), a leading administrator of vision benefit programs throughout the United States and Puerto Rico. NVA has a provider network of over 100,000 ophthalmologists, optometrists, opticians, and retail stores including Walmart, Lenscrafters, Visionworks, My Eye Dr, America's Best, and many others.

You will receive two NVA vision ID cards along with participating providers near your home ZIP code. 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 to verify eligibility. Be sure to inform the provider of your medical history and any prescription or over-the-counter medications you may be taking.

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

Your vision plan is a PPO, meaning that there is a large network of vision providers to choose from. You will have lower out-of-pocket costs when you have services at an NVA-participating provider, but you are free to have services at an out-of-network provider if you so choose.

When services are provided at an NVA-participating provider, the provider will file the claim to NVA, and you will be responsible for the costs of any copays, amounts exceeding allowances, and non-covered items.

When services are provided at an out- of-network provider, you are responsible for the total cost of all services/items, and you must then submit your itemized receipt to NVA Claims Department; PO Box 2187; Clifton, NJ 07013 for reimbursement.

How to Find Participating Providers

You have several options to find an NVA-participating Eye Care Professional. You can:

- Visit www.e-nva.com, click "Find A Provider", then enter the group number on your NVA vision ID card, as well as a ZIP code and mileage radius;
- Download the NVA Vision app from the App Store or Google Play to search for providers; or
- Call NVA Customer Service at 800-672-7723.

Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants:

Examinations: The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary. (Visit NVA's website to view the Benefit maximizer Program)

Contact Lenses: The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

These benefits are not administered by RetireeFirst

Additional Discounts on Value-Added Services

Laser Eye Surgery: NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Hearing Discount: You will receive up to up to 60% savings at participating provider locations through NationsHearing®.

Discounts: In addition to your funded benefit, you are eligible to access the **EyeEssential® Plan** discount (in Network Only) on additional purchases during the plan period.

Benefit Frequency	Participating Provider	Non-participating Provider (reimbursed amounts)
Examination – Once every 12 months		
	Covered 100%	Up to $45
Fit/Follow-up* – Once every 12 months		
Standard Daily Wear	Covered 100% after $20 copay	Up to $20
Standard Extended Wear	Covered 100% after $30 copay	Up to $30
Specialty Wear	Covered 100% after $50 copay	Up to $50
Standard Glass or Plastic Lenses (oversized included) – Once every 24 months		
Single Vision	Covered 100%	Up to $41.50
Bifocals	Covered 100%	Up to $67
Trifocals	Covered 100%	Up to $90
Lenticular	Covered 100%	Up to $156.50
Polycarbonates (under age 19)	Covered 100%	Up to $25 (SV)
Solid Tints	Covered 100%	Up to $30 (Bi/Tri)
Fashion Gradient Tints	Covered 100%	Up to $10
Standard Scratch Coating	Covered 100%	Up to $12
AR Coating – Tier 1	$20 copay	Up to $40
Frame Allowance – Once every 24 months		
	Retail allowance Up to $100 (20% discount off balance)**	Up to $45
Contact Lenses – In lieu of lenses and frames – Once every 24 months		
Elective Contact Lenses	Up to $75 retail Discounts off balance*** Conventional – 15% Disposable – 10%	Up to $75
Medically Necessary****	Covered 100%	Up to $721

*Only covered if you choose contact lenses
**Does not apply to Wal-Mart/Sam's Club or Lenscrafters locations or for certain proprietary
***Does not apply to Wal-Mart/Sam's Club, Lenscrafters, Contact Fill (NVA Mail Order) or certain proprietary
****Pre-approval from NVA required

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Important Contacts

Contact	Regarding
RetireeFirst, LLC **1000 Midlantic Drive, Suite 100** **Mount Laurel, NJ 08054** **Phone: (443) 290-3113 (TTY 711) or** **Toll Free (833) 550-1675 (TTY 711)** **Email: baltimore@retireefirst.com** **Website: www.retireefirst.com/ccbc**	• 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
Community College of Baltimore County **Human Resources – Benefits** **C.BESS – Suite 001** **800 S. Rolling Road** **Catonsville, MD 21228** **Phone: (443) 840-4398** **Email: benefits@ccbcmd.edu**	• Eligibility for CCBC 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
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**	• 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**	• Request new Medicare ID card • Ordering Medicare publications • General Medicare information