

RetireeFirst



2025 Group Medicare Enrollment Manual

Baltimore County Public Schools

TESTIMONIAL

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

—BCFPE (Health) Retiree



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.

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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.

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 Eligible for Medicare, but My Spouse is Not Yet Eligible?

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

Changes During the Year

It is your responsibility to notify RetireeFirst 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 for BCPS.



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 2025 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 10–11.

- Aetna Medicare PPO (Medicare Advantage)
*This plan must be paired with a prescription plan.
- Cigna Surround Medicare Supplement
- Cigna Surround Basic Medicare Supplement

AND

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

- Cigna High Rx
- Cigna Mid Rx
- Cigna Low Rx

OR

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) 550-1676 (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
Advanced Imaging (CT, MRI, PET)	\$0	\$0	\$0
Laboratory Tests & X-Rays	\$0 for Lab Test \$25 for X-Rays	\$0	\$0
Physical/Speech/Occupational Therapy	\$25	20% after Deductible	\$0
Radiation Therapy/Chemotherapy/ Renal Dialysis	\$25	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
Allergy Testing/Covered Injections	\$25/\$0	\$15/\$25	\$20
Acupuncture	\$25	20% after Deductible	Not Covered
PREVENTATIVE/WEEL 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	\$25	\$0	\$0
Emergency Room	\$100, waived if admitted	\$100 per visit	\$50
Ambulance (Ground)	\$0	\$0	\$0
PROSTHETIC DEVICES & ORTHOPEDIC BRACES			
Durable Medical Equipment	\$0	20% after Deductible	\$0
Hearing Aids	\$1,400 allowance, every 36 months	\$0, 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
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
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
Consultation & Physician Visits	\$0	\$0	\$0
Radiation Therapy/Chemotherapy/ Renal Dialysis	\$0	\$0	\$0
MENTAL HEALTH			
Inpatient Hospital/Facility & Professional Services	\$100 per stay	Same as Inpatient Hospital, with No Coverage Limit	\$0
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	Cigna RX HIGH	Cigna RX MID	Cigna RX LOW
	Retiree Pays	Retiree Pays	Retiree Pays
Rx Deductible	\$0	\$250	\$450
RX Maximum Out-of-Pocket	\$2,000	\$2,000	\$2,000
30 Day Retail			
Tier 1 Generics	\$10	\$15	\$15
Tier 2 Brand	\$25	\$45	\$60
Tier 3 Non-Preferred Brand	\$40	\$60	\$100
Tier 4 Specialty	\$150	\$150	\$150
90 Day Retail / MO			
Tier 1 Generics	\$20	\$30	\$30
Tier 2 Brand	\$50	\$90	\$120
Tier 3 Non-Preferred Brand	\$80	\$120	\$200
Tier 4 Specialty	\$300	\$300	\$375
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)	
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 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 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)**.

2. How will I pay my rate?

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

3. What will be my rate charge?

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

4. Who is RetireeFirst?

RetireeFirst is a Retiree Benefits Administrator and Advocacy Company that specializes in retiree healthcare. Our dedicated Retiree Advocates are here to not only assist members with enrollment, but to provide ongoing retiree support to BCPS 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) 290-3114 (TTY 711) or Toll Free (833) 550-1676 (TTY 711).

6. 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.

These benefits are not administered by RetireeFirst

BCPS Ancillary Benefits

These benefits are not administered by RetireeFirst

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	\$1,500 Per Person		\$1,250 Per Person		Unlimited
Service	Plan Pays		Plan Pays		Plan Pays
Preventative & Diagnostic Services	No Charge	80% (AB) ⁷	No Charge		No Charge
Basic Services	80% (AB)	60% (AB) ⁷	80% (AB)		\$0-\$220 Copay
Major Surgical Periodontal & Endodontic Services	80% (AB)	60% (AB) ⁷	80% (AB)		\$15-\$335 Copay
Major Surgical Oral Services Including Anesthesia	No Charge	80% (AB) ⁷	No Charge		Contact Cigna to obtain a detailed patient charge schedule
Major Services Restorative	80% (AB)	60% (AB) ⁷	80% (AB)		\$15-\$335 Copay
Dentures & Bridges	50% (AB)	30% (AB) ⁷	50% (AB)		\$15-\$335 Copay
Orthodontia Lifetime Maximum Benefit	\$1,500 Per Person	\$1,000 Per Person	\$1,000 per person		24 Months
Orthodontia ⁸	50% (AB)	50% (AB) ⁷	50% (AB)		See Free Schedule
Implants	50% (AB)	30% (AB) ⁷	50% (AB)		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. 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. 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.

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.

⁷CareFirst payments are based on the Allowable Benefit (AB). Non-participating providers may balance bill for the difference

⁸Orthodontia is only available to dependent children up to age 19 if you select one of the CareFirst options.

These benefits are not administered by RetireeFirst

Vision Insurance – National Vision Administrators, LLC (NVA)

Benefit Frequency	Participating Provider	Non-Participating Provider (Reimbursed Amounts)
Examination Once Every 12 Months	Covered 100% after \$20 copay	Up to \$35
Fit/Follow-Up* Once Every 12 Months		
Standard Daily Wear	Covered 100% after \$20 copay	Up to \$35
Standard Extended Wear	Covered 100% after \$30 copay	Up to \$35
Specialty Wear	Covered 100% after \$50 copay	Up to \$35
Lenses (Oversized Included)** Once Every 24 Months	Standard Glass or Plastic	Standard Glass or Plastic
Single Vision	Covered 100% after \$20 copay	Up to \$25
Bifocal		Up to \$40
Trifocal		Up to \$55
Lenticular		Up to \$80
Polycarbonates (under age 19)	Covered 100%	Up to \$25 (SV) Up to \$30 (Bi/Tri)
Solid Tints		Up to \$10
Fashion		Up to \$12
AR Coating – Tier 1	\$35 Copay	Up to \$40
AR Coating – Tier 2	\$48 Copay	Up to \$50
AR Coating – Tier 3	\$60 Copay	Up to \$65
Frame Once Every 24 Months	Retail Allowance Up to \$130 (20% discount off balance)***	Up to \$35
Contact Lenses	In lieu of Lenses & Frame	In lieu of Lenses & Frame
Elective Contact Lenses Once Every 24 Months	Up to \$130 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)****	Up to \$130
Medically Necessary***** Once Every 24 Months	Covered 100%	Up to \$725

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	\$65 Transitions Single Vision (Standard)	\$190 Progressive -Tier 7
\$30 Blended Bifocal (Segment)	\$70 Transitions Multi-Focal (Standard)	\$55 High Index
\$40 Blue Light Blocker (Standard)	\$80 AR Coating - Tier 4	\$39 Retinal Screening
\$60 Blue Light Blocker (Premium)	20% discount AR Coating -Tier 5	\$12 Ultraviolet Coating
\$150 Blue Light Blocker (Ultra)	\$50 Progressive Tier -1	20% discount Progressive -Tier 8
\$20 Glass Photogrey (Single Vision)	\$80 Progressive - Tier 2	
\$30 Glass Photogrey (Multi-Focal)	\$100 Progressive -Tier 3	
\$25 Polycarbonate (Single Vision) 19 & over	\$120 Progressive -Tier 4	
\$30 Polycarbonate (Multi-Focal) 19 & over	\$140 Progressive -Tier 5	
\$10 Scratch-Resistant Coating (Standard)	\$165 Progressive -Tier 6	

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.

These benefits are not administered by RetireeFirst

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

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

(See Chart on previous page)

*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.

Dental and Vision Rates

CareFirst Regional Dental PPO	
Individual	\$30.83
Parent/Child or Two Adults	\$66.81
Family	\$101.29

CareFirst Regional Dental Traditional	
Individual	\$35.09
Parent/Child or Two Adults	\$73.56
Family	\$123.57

Cigna Dental Care Access DHMO	
Individual	\$39.57
Parent/Child or Two Adults	\$75.86
Family	\$114.04

National Vision Administrators (NVA)	
Individual	\$1.99
Parent/Child, Two Adults, Family	\$7.61

Life Insurance – MetLife

Enrollment

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)

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:

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.

	Date	Supplemental Coverage	Basic Coverage	Total Coverage
Active	June 1, 2025	\$65,000	\$15,000	\$80,000
Retired	July 1, 2025	\$31,500	\$15,000	\$46,500*
1st Year	July 1, 2026	\$28,000	\$15,000	\$43,000
2nd Year	July 1, 2027	\$24,500	\$15,000	\$39,500
3rd Year	July 1, 2028	\$21,000	\$15,000	\$36,000
4th Year	July 1, 2029	\$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 \$84.57 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			\$31.65 (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	.30	.57	.87	1.68	2.74
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.

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/aboutus/tabco-retired/>.

Important Resources

Website: www.bcps.org

Email: 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	(443) 809-8949	bcps.org
Maryland State Retirement Agency (SRA)	(410) 625-5555	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 - VOY A/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 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 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/>

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 and Retirement 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 and Retirement 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 (866) 492-6983.
- 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 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.



The Employee and Retiree Customer Service Center provides BCPS employees and retirees with assistance and solutions to questions regarding benefits, retirement, leaves, certification, and payroll.

The center can be reached at 443-809-1000 or cschelp@bcps.org.

Location: Greenwood Campus
6901 North Charles Street, Building B
Towson, MD 21204

Service hours are Monday, Wednesday, and Friday, from 8:30 a.m. – 4:45 p.m., and Tuesday and Thursday, from 8:30 a.m. – 6:30 p.m.

Resources & Other Coverages

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.

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.

Resources & Other Coverages

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
RetireeFirst, LLC 1000 Midlantic Drive, Suite 100 Mount Laurel, NJ 08054 Phone: (443) 290-3114 (TTY 711) or Toll Free (833) 550-1676 (TTY 711) Email: baltimore@retireefirst.com Website: www.retireefirst.com/bcps	<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
Baltimore County Public Schools Office of Benefits and Retirement 6901 N. Charles Street, Towson, MD 21204 Phone: (443) 809-8949 Fax: (410) 887-8950 Email: retirement@bcps.org Website: www.bcps.org/hr/compliance/benefits_and_retirement	<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 • 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	<ul style="list-style-type: none"> • Plan benefit detail • Claims questions • Request ID card
Social Security Administration (SSA) Phone: (800) 772-1213 Website: www.ssa.gov	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Request new Medicare ID card • Ordering Medicare publications • General Medicare information