

2025

ACTIVE EMPLOYEE BENEFITS GUIDE
PRINCE GEORGE'S COUNTY GOVERNMENT

BENEFITS

365

PROUDLY SERVING YOU EVERY DAY



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BENEFITS 365

Benefits 365 provides Prince George's County employees and retirees access to:



Competitive Coverage – We compare our benefits to what other organizations offer to ensure it is competitive. Our competitive coverage balances the needs of our government—helping us attract and retain top talent to achieve our Proud Priorities, Proud Results—with sustaining our investment in Benefits 365 for the future.



Caring Connections – Benefits 365 provides caring connections: programs, resources and tools which help our employees access financial planning resources, mental health support, actively manage chronic health conditions, engage in wellness activities, and practice preventive care.



Quality Care – Benefits 365 brings our employees access to quality care with designations to help them identify quality providers and access to specialists to support their physical, mental, and financial health. Quality care provides opportunities for our employees to play an active role in preventive care, seek the support they need for ongoing management and treatment of diagnosed conditions and access to vetted income security and retirement savings options.



Comprehensive Choices – Benefits 365 offers our employees new plans, new programs, new vendor partners, new tools, and resources. That means more choices to better meet our employees' needs—today and tomorrow.

We are committed to providing the tools, resources and information employees need to make the right decisions for themselves and their families.

BENEFITS SNAPSHOT

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For your health:

- Medical PPO and HMO Plans (Cigna, Kaiser Permanente)
- Prescription Drug Plans (ESI)
- Dental HMO and PPO plans (Aetna)
- Vision Plan (VSP)



For your peace of mind:

- Life Insurance options (Metlife, Unum)
- Accident insurance (Unum)
- Critical illness insurance (Unum)
- Short term disability insurance (Metlife)
- Long term disability insurance (Metlife)
- Legal Services (Legal Shield, Legal Resources)



For your well-being:

- Employee Assistance Program (Inova)
- Telework and Alternative schedules
- Wellness Program
- Commuter Program



For your tax savings:

- Health care and Dependent Care flexible spending accounts (Voya)



For your retirement:

- Pension Plans
- 457(b) savings plan (Empower)



For your work life balance:

- Holidays
- Annual Leave
- Personal Leave
- Sick Leave
- Parental Leave

BENEFITS AT-A-GLANCE



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Benefits 365 provides employees with the benefits they need to protect themselves and their families every day of the year.

County Covers Full Cost

- Level Up (Employee Wellness Program) *
- Employee Assistance Program (EAP) *
- Basic Life Insurance
- Accidental Death & Dismemberment
- Five Classes of Generic Prescription Drugs
- First Responder Program
- Supplemental Life Insurance (for certain agencies)
- Leave Benefits *

* Enrollment is automatic for newly eligible employees



Employee and County Share the Cost

Medical

Choose from three medical plans:

- Kaiser Permanente HMO
- Cigna Open Access Plus HMO
- Cigna Open Access Plus PPO

Prescription Drug

- Express Scripts

Vision

Choose from 2 vision options:

- VSP Basic
- VSP Buy-up

Pension Plan

Employee Covers Full Cost

Dental

Choose from 2 dental options:

- Aetna Dental DMO
- Aetna Dental PPO

Extra Life Insurance

Whole Life Insurance

Disability Insurance

- Short Term
- Long Term

Critical Illness Accident

Supplemental Dental

Legal Services

- Legal Resources
- Legal Shield

Health Care and Dependent Care

Flexible Spending Accounts (FSA)

457(b) Deferred Compensation Plan



ELIGIBILITY & ENROLLMENT OVERVIEW

New employees have 30 days from date of hire to enroll in benefits.

Who Is Eligible?

Prince George's County Government employees eligible to receive benefits include:

- Full-time permanent employees
- Part-time permanent employees who generally 15+ hours per week
- Active Accessor or Judge (Circuit & District Court)
- Limited Term Grant Funded (LTGF) employees whose position includes funding for medical benefits (Cigna Medical Plans only)

Dependent Eligibility

Employees may enroll eligible dependents in the same plans chosen for themselves. Employees must submit documentation to verify dependent eligibility. Dependents means:

- Spouse of the employee
- Any child of the employee who is under the age of twenty-six (26) ("Child" includes a natural child, legally adopted child, step- child, legal guardianship)
- Any child of the employee who is physically or mentally incapable of self support (Disabled Dependent)

Ineligible Dependents

- Dependent children over the age of 26 (unless certified disabled)
- Dependent children for whom you do not have guardianship or legal custody
- Common law spouses
- Ex-Spouses

Dependents with Disabilities:

- Eligible employees can continue coverage of children over 26 if medical certification exists to confirm that the child is physically or mentally incapable of self support. Continued coverage request must be submitted prior to the child's 26th birthday.
- Recertification for dependents with disabilities required every 2-3 years. The child's disability must be continuous, and the child must be unmarried.
- Copy of Medicare card is required if the dependent is eligible for Medicare through disability.

To Add Dependents:

- New hires must add their dependents in the Employee Self Service Portal (ESS) and submit their dependent verification documents via the NEOGOV system, within the first 30 days of their hire date.
- Open Enrollment dependent additions or changes are entered into the ESS portal during the Open Enrollment window (or after a QLE) and the documents are submitted to: Benefits@co.pg.md.us

----- NOTE -----

When employees enroll online, they must also submit dependent eligibility verification. Failure to comply will result in a cancellation of health care coverage for that dependent.

If you fail to notify the Benefits Office within 30 days of your new hire date or when you experience a qualifying life event, you may not enroll, cancel or change coverage until the annual Open Enrollment period unless you have another qualifying life event.

Qualifying Life Events (QLE)



LIFE CHANGES? MAKE CHANGES!

If an eligible employee experiences a qualifying life event outside of the Open Enrollment window, the employee must complete and sign the Active Employee Enrollment/Change Form to request changes. The form is available on the Benefits Administration webpage. QLE change processing typically requires 2-3 business days.

Qualifying Event	Documentation Required & Process
Marriage	<ul style="list-style-type: none"> ➤ Government issued Marriage Certificate (paper or photo), AND ➤ Proof of current joint ownership if marriage was prior to last 12 months (shared bank account, credit card, property) may be required
Divorce	<ul style="list-style-type: none"> ➤ Divorce Decree
Legal Separation or Limited Divorce	<ul style="list-style-type: none"> ➤ Legal Separation or Limited Divorce papers signed by judge or attorney
Birth of a child	<ul style="list-style-type: none"> ➤ Notice of Live Birth (or Government issued Birth Certificate that includes parents' names), and ➤ Child's Social Security Card (Notice of live birth will suffice until birth certificate is provided)
Adoption of a child	<ul style="list-style-type: none"> ➤ Amended Government issued Birth Certificate or ➤ Adoption Certificate or Placement Agreement, and ➤ Social Security Card
Step-Child	<ul style="list-style-type: none"> ➤ Government issued Birth Certificate that includes parents' names, AND ➤ Government issued Marriage Certificate
Legal Guardianship	<ul style="list-style-type: none"> ➤ Government issued Birth Certificate, ➤ Court Ordered Document of Guardianship, AND ➤ Social Security Card of ward
Loss of Coverage	<ul style="list-style-type: none"> ➤ Documentation that includes date of termination and details of lost coverage. ➤ If adding dependents, required documentation from them is requested

---- NOTE ----

If an employee fails to notify the Benefits Administration team within 30 days, the employee cannot enroll, cancel, or change coverage until the next annual Open Enrollment window, unless there is an additional QLE prior to that window.

Email documents or ask questions of the Benefits team.
Benefits@co.pg.md.us.

Phone: 301-883-6380



MEDICAL PLANS

The County offers 3 medical plans to choose from: two options with Cigna Healthcare; and one option with Kaiser Permanente. **NOTE:** Prescription coverage is not included in any of the medical plans.



Cigna®

Cigna PPO

The Cigna PPO offers Coverage through the Open Access Plus network. Coverage is available in- and out- of network; however, the employee will pay less for in network providers. A Primary Care Physician (PCP) is not required, nor are referrals for specialists.

Cigna HMO

Cigna HMO offers coverage through the Open Access Plus network. Employees are encouraged to identify a Primary Care Physician (PCP), who will provide referrals to specialists. Coverage is NOT provided for out-of-network providers except in a true emergency.



KAISER PERMANENTE®

Kaiser Permanente HMO

Kaiser Permanente offers coverage through facilities that house physicians, specialists, radiology, labs, and pharmacies. Employees must identify a Primary Care Physician (PCP), who will provide referrals to specialists.

NOTE: Employees may OPT-OUT of medical coverage from the County to receive a credit of \$400, to be paid evenly across pay periods for the year. This credit is prorated based on hire date for new hires.

MEDICAL PLANS CIGNA

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myCigna: Your Personal Health Manager

myCigna gives employees a simple way to personalize, organize, and access important health information. It puts employees in control of their health, to get more out of life and Benefits 365. Get started at myCigna.com.



Healthcare Professional Directory

- Search for a doctor or healthcare facility from the Cigna national network and compare quality-of-care ratings
- Access maps for driving directions



ID Cards

- As of Jan 1, 2025, CIGNA will no longer provide physical ID cards
- Log into myCigna.com or the myCigna application to view and print ID cards



Claims

- View and search recent and past claims
- Bookmark and group claims for easy reference



Account Balances

- Review plan deductibles and coinsurance



Estimate Costs

- Estimate the cost of in-network services before treatment
- Look up the cost of medications before you have your prescription filled



Wellness Programs

- Connect with a health coach
- Access health and wellness phone seminars
- Learn from Cigna Health and Wellness Library



Telehealth

- Meet with a board-certified doctor by phone or video via MDLIVE

CARE WHEN YOU NEED IT

REACH A DOCTOR 24/7

Telehealth is a great option for non-emergency care.

How to access telehealth:

- ▶ **Call your personal provider**

Many doctors and mental health professionals will treat patients through telehealth.

- ▶ **Use MDLIVE (Cigna participants)**

Meet with a board-certified doctor by phone or video. Register now, so you are ready when you need it:

MDLIVE
MDLIVE
forCigna.com
888-726-3171

Prince George's County Direct
1-800-244-6224, 443-591-1496

PGCGInquireies@cignahealth.com

MEDICAL PLANS

KAISER PERMANENTE

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The Kaiser Permanente HMO uses a regional network of providers and experts in medical emergencies, the plan does not provide benefits for care received out-of-network. Kaiser Permanente of the Mid-Atlantic has medical facilities in Maryland, Virginia, and the District of Columbia. Members have exclusive access to over 1,000 primary care and specialty physicians, plus access to over 12,000 community-based physicians. With the Kaiser Permanente HMO plan, you choose a primary care physician to coordinate your care.

When you participate in the Kaiser Permanente HMO, you have access to:

Top-rated Doctors



Kaiser Permanente of the Mid-Atlantic States has 1,500+ specially selected physicians recognized in the community for the quality of care they provide. On a scale of 1 to 10, more Kaiser members rate their doctor a 9 or 10 than any other health plan in the area.

Personalized Care



Your doctors, nurses, and specialists are connected to your electronic health record, so they can work together to deliver great care that's right for you.

More Care Options



Kaiser Permanente of the Mid-Atlantic States has 1,500+ specially selected physicians—and they're recognized in the community for the quality of care they provide. On a scale of 1 to 10, more Kaiser members rate their doctor a 9 or 10 than any other health plan in the area.

More Services Under One Roof



Do more in less time. In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions—all in a single trip.

Digital Health Tools



With Kaiser Permanente, you can manage your health on the devices you already use every day. You can email your doctor's office with non-urgent questions, schedule routine appointments, and check most lab test results online.

Wellness Programs



Kaiser Permanente members have access to podcasts, healthy lifestyle programs, an information library to learn about specific conditions and diseases, wellness coaching, center-based classes and workshops, and so much more.



CARE WHEN YOU NEED IT

REACH A DOCTOR 24/7

► Use Video Visits (Kaiser Permanente participants)

Make an appointment for a video visit by signing into kp.org, using the mobile app, or calling:

1-800-777-7904 (1-800-700-4901, TTY)

MEDICAL PLANS



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----- NOTE -----

Review coverage and cost information across available plans to determine what works best for you and your family.

Contact the Benefits Administration team with questions:

Email: Benefits@co.pg.md.us

Phone: 301-883-6380

¹ Premiums, balance billing, penalties for failure to obtain pre-authorization, and expenses for services not covered by the plan do not apply toward the out-of-pocket maximum.

Calendar Year Deductible	Cigna PPO		Cigna HMO	Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Employee Only	\$50	\$300	\$50	None
Family	None	\$550	None	None
Annual Out-of-Pocket Maximum¹				
Employee Only	\$2,000	\$2,000	\$2,000	\$3,500
Family	\$4,000	\$4,000	\$4,000	\$9,400
Emergency Services				
Emergency Room/Care (waived if admitted)	\$150 copay/visit AND deductible		\$150 copay/visit AND deductible	\$50 copay/visit
Emergency Medical Transport	No charge		No charge	No charge
Urgent Care	\$50 copay/visit AND deductible		\$50 copay/visit AND deductible	\$15/visit
Mental Health				
Outpatient Care Physician's Office	\$10 copay/visit	80% after deductible	\$10 copay/visit	Individual: \$10/visit; Group: \$5/visit
Inpatient Care	\$250 copay/visit AND deductible	80% after deductible	\$250 copay/visit AND deductible	\$100/admission
Maternity Care				
Office Visits (for mother)	\$35 for initial visit, then 100%	80% after deductible	\$35 for initial visit, then 100%	No charge
Childbirth/delivery: Physician Services	No charge after deductible	80% after deductible	No charge after deductible	Included in facility fee
Childbirth/delivery: Facility services	\$250 copay/admission AND deductible	80% after deductible	\$250 copay/admission AND deductible	\$100/admission
Inpatient Services				
Hospital Stay	\$250 copay/admission AND deductible	80% after deductible	\$250 copay/admission AND deductible	\$100/admission
Hospice Care	No charge after deductible	80% after deductible	No charge after deductible	No charge
Skilled Nursing Care	No charge after deductible	80% after deductible	No charge after deductible	\$100/admission
Outpatient Services				
Primary Care Visit	\$30 copay	80% after deductible	\$30 copay	\$15/visit
Specialist Visit	\$35 copay	80% after deductible	\$35 copay	\$15/visit
Preventive Care	No charge	80% after deductible	No charge	No charge
Diagnostic Test (X-ray, blood work)	No charge	80% after deductible	No charge	No charge

PRESCRIPTION DRUG BENEFITS

Express Scripts, Inc. (ESI) provides prescriptions at retail or via mail order pharmacies.

Mandatory Generics.

The plan has a mandatory generic requirement when a generic is available.

Maintenance Medications

- Drugs that treat ongoing conditions like asthma, diabetes, high cholesterol, and birth control and considered maintenance medications.
- A maintenance medication can also be a drug taken for 3-6 months and then discontinued (such as for seasonal allergies)
- These medications must be filled for a 90- day supply via the ESI home delivery program.
- An employee can only fill maintenance drugs at a retail pharmacy twice. The 3rd in person refill must be done via a designated delivery service, or the employee pays full price out of pocket.
- Contact Express Scripts with questions at 1-800-711-0917 or at express-scripts.com

----- NOTE -----

Employees may OPT-OUT of Prescription coverage from the County to receive a credit of \$200, to be paid evenly across pay periods for the year. This credit is prorated based on hire date for new hires.



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Benefits-At-A-Glance

	Express Scripts
Annual Deductible	\$50 per person
Out-of-Pocket Maximum	\$3,850/individual \$7,700/family
Retail Pharmacy (30-day supply)	
Generic Drug	\$10 copay
Formulary Brand Name Drug	20% coinsurance (\$20 min/\$50 max)
Non-Formulary Brand Name Drug	30% coinsurance (\$40 min/\$50 max)
Home Delivery (90-day supply)	
Formulary Brand Name Drug	20% coinsurance (\$40 min/\$100 max)
Non-Formulary Brand Name Drug	30% coinsurance (\$80 min/\$100 max)
Generic Drug	\$20 copay

\$0 Copay for the following classes:

- Anxiety
- Cholesterol
- Depression
- Diabetes
- High Blood Pressure

SAVE ON DRUGS

EVERYDAY
TIPS

The average American pays nearly \$1,200/year for prescription costs. There are ways for you to lower your prescription drug costs:

- Generic medications provide you with the same quality, strength, purity, and stability as the brand name - but cost 80% lower, on average, than brand-name products.
- When you use mail order, you save on a 3-month supply delivered right to your door.
- Ask your doctor to refer to the Preferred Drug list when prescribing a new medication. These preferred drugs are generally considered to offer equal or greater therapeutic value and to be more cost-effective than the other drugs in the same drug category.

Go to www.express-scripts.com to review the Preferred Drug List & estimate drug costs.



DENTAL BENEFITS

Dental coverage is provided through Aetna. Learn about our DMO & PPO dental insurance plans.

To learn about the Aetna DMO and PPO programs go to www.aetna.com and follow the instructions to create an account. Call 1-877-238-6200 for assistance.

Aetna Dental DMO Features

- Employees must select a Primary care dentist (PCD) by completing a DMO form, available online or through the application.
- Your PCD will manage dental care.
- A referral is needed for specialists, except for orthodontists.
- Download the Aetna DMO application for easy access to services www.aetna.com
- Dental premium are lower.
- There are no deductibles or yearly dollar maximums.

Aetna Dental PPO Features

- Employees do not have to select a primary care dentist.
- Access to large number of providers
- Dental premiums are higher.
- Plan includes deductibles and yearly dollar maximums.
- No referral is needed for specialists.

	Aetna DMO	Aetna Dental PPO (non-participating)
Annual Deductible	None	\$25 individual, \$0 family
Annual Benefit Maximum	None	Plan pays \$1,500 a person each calendar year
Preventative & Diagnostic Services	Refer to Fee Schedule on Benefits Admin webpage	Covered at 100%
Basic Services		Covered at 100% after deductible
Major Services		Covered at 100% after deductible
Orthodontia		Up to 50%, \$1,500 maximum

---- NOTE ----

Aetna does not provide physical ID cards. If you select DMO and do not identify a PCD within 60 days, your coverage will be terminated..

STAY IN-NETWORK

When you visit a dentist or specialist who is in the network, your out-of-pocket costs are usually lower. That's because participating dentists have agreed to accept negotiated fees for covered services that are usually 30% to 45% less than the average charges. Before you receive care, check if your provider participates in the **Aetna Dental network**.



VISION BENEFITS



Vision coverage is available through the Vision Service Plan (VSP). Choose from two vision coverage options: the VSP Basic Plan and VSP Buy-Up Plan.

Both plans provide coverage for eye exams, eyeglasses, and contact lenses through a national network of providers.

Benefit	Base Coverage with a VSP Provider	Copay	Buy Up Coverage with a VSP Provider	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
PRESCRIPTION GLASSES		\$10	PRESCRIPTION GLASSES	\$10
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Walmart@/Costco@ frame allowance Every other calendar year 	Included in Prescription Glasses	<ul style="list-style-type: none"> \$250 allowance for a wide selection of frames \$270 allowance for featured frame brands 20% savings on the amount over your allowance \$135 Walmart@/Costco@ frame allowance Every other calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$80 - \$90 \$120 - \$160	<ul style="list-style-type: none"> Progressive lenses Anti-reflective coating Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$10
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
DIABETIC EYECARE PLUS PROGRAM	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20



FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible spending accounts allow you to use pre-tax dollars for certain expenses: The county offers two different plans, both provided by VOYA

- Health Care Flexible Spending Account is used for eligible out-of-pocket health care expenses
- Dependent Care Flexible Spending Account is used for eligible dependent care expenses while you work

You can choose to contribute to one or both of these options.

How do the plans work?

- You decide how much you want to contribute for each calendar year.
- Your contributions are taken out of your paycheck in equal amounts each pay period before taxes are deducted.
- You and your tax qualified dependents incur eligible expenses. You can use your FSA Debit Card to pay for healthcare and/or dependent care expenses at participating locations, or file a claim online, via mobile app, via fax or mail for reimbursement.
- Your reimbursements are paid to you tax-free.

What are the advantages?

Flexible spending accounts are a great way to save money because your eligible expenses are paid using tax-free dollars. You don't pay Federal, FICA, or most state income taxes on contributions you make to the FSA. Depending on your tax bracket you may save as much as \$40 for every \$100 you contribute to an FSA.

Dependent Day Care FSA vs. Dependent Care Tax Credit

As you consider a Dependent Day Care FSA, think about what works best for you — the FSA or the dependent care tax credit provided by federal law. It is important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through an FSA. In some cases, the tax credit may provide more savings than an FSA.

FLEXIBLE SPENDING ACCOUNTS (FSA)

FLEXIBLE SPENDING ACCOUNT CHART



	How much you can contribute	Examples of eligible expenses
Health Care FSA	\$100 to \$3,300. The money is available as soon as you receive the card or the effective enrollment date.	Healthcare expenses not covered by your medical, dental and vision plans, including Deductibles; Co pays; Coinsurance
Dependent Care FSA	\$100 to \$5,000 (or \$2,500, if you and your spouse file separate income returns). The money is available when it is deposited into the account.	Dependent care while you're at work including Day care (including adult day care); After-school programs; Care in your home

Things to Note:

- Employees cannot use Health Care FSA dollars to pay for dependent care expenses, and vice versa. The accounts are independent of each other.
- Your coverage period is January 1 (or your coverage start date (whichever is later)) to December 31. You have until March of the following calendar year to file claims to Voya
- Flexible Spending accounts are subject to the IRS "use it or lose it" The Health care FSA allows \$640 to rollover into the next plan year. The Dependent Care FSA does not have a roll over and must be used by the end of current plan year.
- Always keep your receipt in case you need to provide it as additional documentation.
- VOYA contact 1-888-401-3539 or <https://myhealthaccount.voya.com>

ENROLL CAREFULLY

When enrolling in an FSA account, be careful to choose the correct option: Health Care FSA and/or Dependent CARE DCA. The selection cannot be changed once the enrollment is submitted.

Use-it-or-lose-it

Because of the tax advantages these accounts provide, IRS regulations require that unused money left in a Health Care FSA and/or Dependent Care DCA at the end of the plan year will be forfeited. However, employees can rollover up to \$640 for use in the following year.

Health Care FSA
Your full election is available on the first day of the play year.

Dependent Care DCA
Your funds are available as they accumulate through payroll deductions.

Access & Manage Your FSA Online

The Voya online portal provides 24/7 access to:

- File a claim for reimbursement
- Upload receipts and track expenses
- View real time account balances
- View account activity, claims and reimbursement histories
- Report a lost/stolen card and request a new one
- Download plan information, forms, and notifications

Access the portal at:

<https://myhealthaccount.voya.com>

In the upper right corner, select **Individual Login, then Rewards, Reimbursements, Savings & Spending Accounts**. The first login, select **Create Your Username and Password** link.

FSA Debit Card

Employees will receive a Voya debit card pre-loaded with the full annual Health Care FSA election amount. Use the card to pay for IRS-Qualified expenses directly at the point of sale or when paying a bill. The cards work in settings such as physician offices, dental offices, optometrists, pharmacies, urgent care centers, and hospitals.

If an employee also enrolls in DCA, the debit card can also be used in dependent care settings. Remember that the card will only work for an amount that does not exceed the available balance in the DCA account on that day.

The IRS requires that employees keep all original documentation for purchases associated with the debit card. Voya may also request copies of documentation to verify a debit card purchase.

Electronic and Paper Reimbursement

Reimbursements made payable to the employee, either by paper check or direct deposit, typically take 3-5 business days.

All reimbursement methods required the employee to submit documentation using one of the following methods:

- Online at <https://myhealthaccount.voya.com>
- Voya mobile app, or
- Fax, secure email, or mail using a paper claim form.

FSA Rollover

The rollover feature on the Health FSA allows up to \$640 to roll over to the new plan year.

- On the last day of the 2024 plan year, any balance of \$640 or less will automatically be rolled over to the new plan year.
- If an employee has a rollover amount but does NOT enroll in the new 2025 plan year, Voya will create a new account for that employee.
- The amount an employee enrolls in for the 2025 plan year will be ADDED to the rollover amount in the account.
- At the end of the plan year, there is a 90-day runout period that allows employees to submit claims incurred during the prior plan year.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP helps you balance the challenges of day-to-day life.

Short-Term Counseling

- Relationships
- Alcohol
- Family
- Depression
- Anxiety

Elder Care Resources

- Adult day care centers
- Assisted living centers
- Nursing homes
- Transportation services
- Nutrition services
- Respite care
- Home care services
- Geriatric health and mental health

Legal Assistance

- Consultation with an attorney
- Web-based legal documents

Online Savings Center

- Merchant discounts

Child Care Services

- Nursery/preschools
- Emergency/back-up care
- Before-after school care
- Care for mildly ill children
- Child care centers
- In-home care agencies
- Family day care and group homes
- Nanny/au pair agencies
- Summer camps

Adoption Services

- U.S. adoption agencies
- International adoption agencies
- Support groups

Resources for Children with Special Needs

- ADD/ADHD
- Disability
- Autism

Parental Services

- Birthing classes
- Support groups
- Exercise and nutrition
- Parent education

HELP IS HERE

Ease your stress with EAP

- Access online Support: www.inova.org/eap (username: prince, Password: George)
- Talk with a counselor: 1-800-346-0110

Educational Resources

- Identify schools
- Navigate applications
- Evaluate educational consultants
- Apply for grants, financial aid, and scholarships

Health and Wellness Resources

- Exercise program
- Holistic care
- Nutrition counselors
- Personal trainers
- Self-help programs

Finances

- Unbiased financial consultation

Identity Theft

- Web based monitoring
- Phone consultation

Pet Services

- Veterinarians
- Boarding facilities
- Pet sitters
- Groomers
- Obedience trainers

Daily Living

- Entertainment and sports tickets
- Grocery shopping
- Housekeeping
- Lawn maintenance
- Real estate and relocation professionals

LIFE INSURANCE

BENEFITS
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BASIC LIFE

The County provides Basic Life Insurance up to 2x base salary (up to \$225,000 based on the employee's salary schedule). Coverage is administered through MetLife and becomes effective on the date of hire. The coverage amount will automatically increase or decrease when there is a change in base salary.

- Basic Life Insurance offers a flat \$50,000 amount to anyone who does not want to receive the two (2) times salary offering and would prefer a reduced flat amount. There is no credit provided to those electing this change.
- Employer-paid coverage amounts over \$50,000 are subject to imputed income (This option is only available to employees whose salary is over \$25,000 a year.)

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The County provides AD&D coverage. Coverage is administered through MetLife and becomes effective on the date of hire. A benefit is payable for death or personal loss caused by an accident on or off the job, up to a maximum benefit of:

- \$50,000 for Police officers, deputy sheriffs, correctional officers, firefighters, paramedics and emergency response technicians.
- \$30,000 for Deputy sheriff civilians
- \$10,000 all other employee groups

LONG-TERM DISABILITY (LTD)

All benefits-eligible employees may enroll in the Long-Term Disability (LTD) Insurance administered by MetLife. Long-Term Disability insurance provides income replacement that may be used in conjunction with your annual or sick leave. This program has a 180-day elimination period. Income is replaced at 50% or 60% percent of your base pay, reduced by deductible income.

- Deductions for the program are done on an after-tax basis; therefore, any money received is not taxed
- Coverage for 1 year or more
- Eligible 180 days after date of hire
- Instructions for calculating monthly premium: multiply the rate times your base salary rounded to the nearest hundred. Divide the annual amount by 12 to find the monthly cost for this benefit.

LIFE INSURANCE

BENEFITS
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EXTRA LIFE

Employees may purchase Extra Life Insurance equal to one to four times base pay up to \$600,000. Coverage is provided through MetLife.

An employee can enroll or increase existing Extra Life coverage (up to 4x annual salary to a max of \$600,000, or up to \$800,000 for Fire Civilians only) by answering 5 medical questions. Premiums for Extra Life Insurance are based on salary and age.

SUPPLEMENTAL LIFE

This benefit applies only to police officers, deputy sheriffs, firefighters, paramedics and emergency response technicians.

Supplemental Life is administered by MetLife and is equal to 50 times your monthly salary with a maximum benefit of \$600,000. The County provides this coverage at no cost.

DEPENDENT LIFE INSURANCE

Dependent Life Insurance offered by MetLife is available to employees who already have or are applying for Extra Life Insurance.

Spouse Coverage:

- Enroll for \$10,000 or \$25,000 of coverage without answering any health questions. Employees may apply for higher coverage amount by answering five health questions.
- Outside of Open Enrollment or new hire period, a Statement of Health will be required for future spouse coverage (outside of a Qualifying Life Event).
- Spouse Coverage is based on your age as of December

Dependent Child(ren) Coverage:

- No health questions are required.
- Child(ren)'s eligibility is from 15 days to 26 years old. Coverage levels are \$5,000, \$10,000, or \$20,000).

SHORT-TERM DISABILITY (STD)

Short-Term Disability insurance through MetLife protects a portion of income if an employee is unable to work due to a covered injury or illness. Coverage includes injuries, a covered pregnancy, and digestive problems, such as gall bladder surgery.

Key features include:

- Deductions for the program are done on an after-tax basis; therefore, any money received is not taxed
- Coverage of up to 26 weeks
- Eligible 7 days after date of hire
- Statement of Health (SOH) will be required to enroll for coverage.

Statement of Health (SOH)

A Statement of Health (SOH) is required for the following:

- New enrollments, other than new hires
- Increase of coverage for Extra Life and/or
- Spouse/Dependent Life

SUPPLEMENTAL COVERAGE

BENEFITS
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CRITICAL ILLNESS INSURANCE

Critical illness insurance through Unum helps pay expenses not covered by medical insurance including deductibles, copays, child care, travel expenses, and more.

Critical illness insurance pays a lump sum cash benefit upon diagnosis of a covered critical illness. Examples of covered illnesses include:

- Heart attack
- Stroke
- Cancer
- Permanent paralysis
- Major organ failure
- End-stage renal (kidney) failure
- Coronary bypass surgery

This coverage also includes a \$50 Wellness Benefit. Employees pay the full cost of coverage through after-tax payroll deductions, and can purchase coverage for family members

ACCIDENT INSURANCE

Accident insurance through Unum can help with out-of-pocket costs associated with common and serious accidents on and off the job. In the event of a covered incident, Accident insurance provides cash benefits to help pay for the medical and out-of-pocket expenses that add up so quickly after an injury, including treatment-related costs and everyday bills.

Covered expenses include, but are not limited to:

- Emergency room fees, X-rays and exams
- Physical therapy and follow-up
- Ambulance
- Hospital stay

Employees pay the full cost of coverage through after-tax payroll deductions, and can purchase coverage for family members

WHOLE LIFE INSURANCE

Whole life insurance is available through Unum for employees and their families. Whole Life insurance is designed to pay a benefit to beneficiaries, but it can also gain cash value to be used anytime. This benefit offers an affordable, guaranteed level premium that will not increase due to age. Whole life insurance

- Individual spouse coverage
- Individual child coverage
- Child term life benefit

Whole life insurance will be in addition to the coverage provided by the County and can supplement amount you purchase, and the premium is paid via after tax payroll deductions. Benefit payments are not taxed.

SUPPLEMENTAL DENTAL INSURANCE

Supplemental Dental insurance through Aflac provides coverage for particular procedures not covered by the county dental plan.

Key features include:

- Choose your own dentist
- No pre-certification requirements
- Pays an annual wellness benefit
- Premiums start as low as \$5.73 per week

COMPARE COVERAGE



Accidental Death & Dismemberment (AD&D)	Basic Life Insurance	Extra Life Insurance	Spouse Life Insurance	Dependent Child Life insurance
County Provided	County Provided	Voluntary Election	Voluntary Election	Voluntary Election
Date of hire or 1 st day of Eligibility	Date of hire or 1 st day of Eligibility	Sign up within 30 days of hire or eligibility, during Open Enrollment or because of a Qualifying Life Event (QLE)	Sign up during first 30 days of hire or eligibility, Open Enrollment or Qualifying Life Event (QLE)	Sign up during first 30 days of hire or eligibility, Open Enrollment or Qualifying Life Event (QLE)
\$10,000* \$30,000 (Deputy Sherriff Civilians only)	Determined by your salary schedule	4x's base pay up to \$600,000 \$800,000(Fire Civilian only)	\$50,000	\$10,000
			Employee must have Extra Life Insurance to enroll in this plan	Employee must have Extra Life Insurance to enroll in this plan

Coverage	Accidental Death & Dismemberment (AD&D)	Supplemental Life
	County Provided	County Provided
Police Officers, Deputy Sheriffs, Firefighters, Paramedics, Emergency respond Technicians	Maximum benefit: \$50,000	Up to 50x monthly salary, Maximum Benefit \$600,000
Deputy Sheriff Civilians	Maximum benefit: \$30,000	
All Other Employee Groups	Maximum benefit: \$10,000	

LEGAL BENEFITS

The County offers two legal services options:

- Legal Resources
- LegalShield

LEGAL RESOURCES

The Legal Resources network has 13,000 attorneys nationwide. Participants can select a law firm from a well-established local law firm network. There is no limit on fully covered benefits for the following services: attorney telephone calls, attorney letters on your behalf, and document review of personal legal documents.

Please note that enrollment in Legal Resources requires a minimum commitment of 1 year before you are eligible to unenroll.

Legal Resources – 1-800-728-5768

www.legalresources.com

LEGAL SHIELD

LegalShield has worked with over 100,000+ law firms and attorneys nationwide. Provider law firms must be AV rated by Martindale Hubble, the National Law Firm Directory. A mobile app provides easy access to legal and ID theft support 24/7.

Legal Shield – 1-800-654-7757

www.legalshield.com

	Legal Resources	LegalShield
Enrollment Requirement	12 months	None
Cost for Coverage	\$17/month (Identity Theft Services included)	Legal Only: \$7.27/paycheck or \$15.75/month Identity Theft Only: \$6.90/ paycheck Legal & Identity Theft: \$11.86/paycheck
Divorce	Fully covered (no waiting period) 25% discount for advice and consultation	Fully covered 25% discount for advice and consultation
Adoption (Uncontested)	Fully covered	Fully covered
Traffic Ticket Defense	Fully covered	Fully covered (15-day waiting period)
Will Preparation Standard Will, Powers of Attorney, Living Wills, Codicils, Complex Will	Fully covered Consultations covered in full; 25% discount	Fully covered Consultations covered in full; 25% discount
Document Preparation	Fully covered – no limits	Fully covered
Purchase or Sale of Home	100% attorney fees covered on buying, selling, or refinancing primary residence	Fully covered
Identity Theft Defense	Fully covered for household	Fully covered for 10 family members ID theft monitoring and restoration included
Immigration Assistance	Consultation/document review fully covered; 25% discount	Consultation/document review fully covered; 25% discount
Financial and Tax Planning Services	Consultation/document review fully covered; 25% discount for Financial Plan	Consultation/document review fully covered; 25% discount for Financial Plan
Civil Litigation	Attorney fees 100% covered for household	Covered – Increasing defense hours each year Year 1: 60 hours; Year 5: 300 hours

LEAVE BENEFITS

BENEFITS
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Holidays

The County observes all Federal Holidays, in addition to the day after Thanksgiving (Employee Appreciate Day)

Personal Days

All eligible employees are allocated 3 personal days at the start off the calendar year. Advanced approval is required to take personal days.

Annual Leave

- Employees begin to accrue annual (vacation) leave hours upon date of hire. Advanced approval is required to take annual leave.
- Employees can Roll Over up to 360 hours into new calendar year. Anything over 360 will be converted to sick time. (additional hours convert to sick leave)

Accrual Schedule	
Tenure	Accrued per pay period
1-3 years	4 hours, total of 13 days
4-15 years	6 hours, total of 20 days
16+ years	8 hours, total of 26 days

Sick Leave

Employee begin to accrue sick time upon date of hire. Each employee accrues 4.5 hours of sick time per pay period.

Bereavement Leave

Each employee is eligible for 3 Bereavement days upon date of hire. Bereavement can be used when an immediate family member passes away (spouse, child, parent, sibling). Advanced approval is required.

Parental Leave

All employees are eligible for 10 days of parental leave upon date of hire. Employees are eligible for an additional 10 days of parental leave if each of the following criteria is met:

- Employee is eligible to earn annual leave, and
- have been employed by the county for at least 12 months and
- have been paid for at least 1,040 hours

County Family Medical Leave

Employees are eligible for up to 15 workweeks of leave if they meet the following criteria:

- Employees must be eligible to earn annual leave and
- Have been employed by the County for 12 months, and
- Have been paid for 1,040 hours during the previous 12 months

Federal Family Medical Leave

- Per Federal law, the County provides eligible employees with up to twelve (12) workweeks of unpaid, job-protected leave in a 12-month period for qualifying family and medical reasons.
- Employees must have been employed for 12 months and must have worked 1,250 hours during the previous 12 months to qualify for this benefit

Disability Leave

- The County offers eligible employees paid Disability Leave (DL) benefits not charged against an employee's accrued annual or sick leave balances, unless specifically identified in a Collective Bargaining Agreement (CBA).
- Full time and some part-time employees are eligible.
- Upon approval of a claim, the benefit provides full, taxable wages for up to 180 calendar days, unless extended by a CBA.

PENSIONS & RETIREMENTS



Take charge of your retirement income early to help you make smart decisions toward a financially-secure retirement

PENSION PLANS

Administered by Maryland State Retirement and Pension System (MSRPS), you and Prince George’s County Government fund the Prince George’s County Government Retirement Plans. All eligible employees may automatically contribute a percentage (varies by salary limits) of their annual salary and receive a defined monthly pension benefit at retirement.

There are separate pension plans for County sworn police officers, deputy sheriffs, firefighters, paramedics and correctional officers. The Police, Fire Service, Deputy Sheriffs’, and Correctional Officers’ Pension Plans (Comprehensive Plans) provide retirement and disability benefits for all full-time persons covered by the Plan.

All other qualified general civilian employees of the County are covered by the State of Maryland Pension and Retirement System. In addition, the County has established supplemental pension plans.

457(b) DEFERRED COMPENSATION PLAN

The County offers a 457(b) Deferred Compensation Plan to help you achieve your retirement goals. Both full- and part-time employees are eligible to participate.

You contribute on a tax-deferred basis, up to the IRS limits. The minimum amount you can contribute is \$10 per pay period or 1%. You may also make post tax Roth 457(b) deferrals.

You can enroll, increase, reduce or stop your contributions at any time

If you are within three years of normal retirement, you may be eligible to make additional contributions. The County has partnered with **EMPOWER** to administer the 457(b) plan.

457(b) Enrollment

All permanent employees can enroll in the plan at any time and manage their contribution changes directly through the Empower website: empower.com/pgcounty

457(b) Contribution Changes

All contribution changes are completed directly through Empower either **online, via Mobile App, or by phone.**

RESOURCES TO HELP YOU

OFFICE OF HUMAN RESOURCES MANAGEMENT (OHRM)

Benefits Division
1400 McCormick Drive
Suite 110
Largo, MD 20774

301-883-6380

Monday – Friday
8:30 a.m. – 5:00 p.m., ET

Pensions Division
1400 McCormick Drive
Suite 125
Largo, MD 20774

301-883-6390

Monday – Friday
8:30 a.m. – 5:00 p.m., ET

OFFICE OF FINANCE

Payroll
1301 McCormick Drive
Suite 1100
Largo, MD 20774

301-952-5362

Monday - Friday
9:00 a.m. - 4:30 p.m., ET

BENEFITS
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YOUR HEALTH AND WELLNESS

Medical	<p>Cigna Member Services 1-800-244-6224 myCigna.com</p> <hr/> <p>Kaiser Permanente 301-468-6000 or 1-888-225-7202 my.kp.org/ princegeorgescountygovernment</p>
Prescription Drug	<p>Express Scripts 1-800-711-0917 www.express-scripts.com</p>
Vision	<p>Vision Services Plan 1-800-877-7195 https://princegeorgescounty-acpt.vspforme.com/?view=pre</p>
Dental	<p>Aetna 1-877-238-6200 DMO: www.aetnadmodental.com PPO: www.aetnappodental.com</p>
Flexible Spending Account (FSA)	<p>Voya 1-888-401-3539 https://myhealthaccount.voya.com</p>
Employee Assistance Program (EAP)	<p>Inova 1-800-346-0110 www.inova.org/eap (Username: prince Password: george)</p>

YOUR FINANCIAL FUTURE

457(b) Deferred Compensation Plan	<p>Empower Retirement (formerly MassMutual) 1-800-743-5274 www.retiresmart.com</p>
Pension Plans	<p>OHRM Benefits Division 301-883-6390 Pensions@co.pg.md.us</p>
Life and AD&D	<p>MetLife 1-800-638-6420 www.metlife.com</p>
Long-Term Disability Short-Term Disability	<p>MetLife 1-833-622-0135 www.metlife.com</p>
<p>It's all online: https://www.princegeorgescountymd.gov/3137/Benefits</p> <p>Questions? Email: benefits@co.pg.md.us</p>	

YOUR VOLUNTARY OPTIONS

Critical Illness and Accident	<p>Unum 1-800-635-5597 www.unum.com</p>
Supplemental Dental	<p>Aflac 1-800-992-3522 PrinceGeorges.aflac@gmail.com</p>
Legal Services	<p>Legal Resources 1-800-728-5768 www.legalresources.com</p> <hr/> <p>LegalShield 1-800-654-7757 www.legalshield.com</p>
Whole Life	<p>Unum 1-800-635-5597 www.unum.com</p>
Short-Term Disability*	<p>Unum 1-800-635-5597 www.unum.com *coverage started before 1/1/2022</p>

HOW TO ENROLL



To get started, **log in to Employee Self-Service (ESS)** at <https://portal.sap.mypgc.us>.

If you need help accessing the system, contact the OIT Helpdesk at 301-883-5322.

CORE BENEFITS

Medical

Dental

Vision

Prescription Drug

Flexible Spending
Accounts (FSA/DCA)

Life

Disability

- **Personal Profile** – Review and update your personal information.
- **Dependents and Beneficiaries** – Add your dependent information. Beneficiary updates and/or changes can be made at any time during the year using “Anytime Changes” in the Employee Self-Service (ESS) Portal.
- **Benefits Summary** – Review your current elections.
- **Health Benefit Plans** – Select your medical, prescription drug, dental and/or vision coverage. Select your option for each plan, then click ‘Add’.
- If you want to **opt-out of the medical and/or prescription drug plans**, you must:
 - Click on the opt-out option under the medical and/or prescription drug plans;
 - Attest to understanding of the medical opt out agreement prompt
 - **Insurance Plans** – Select Life and Disability plans.
- **Flexible Spending Accounts (FSAs)** – Enter the annual dollar amount you want to contribute to a Health Care and/or Dependent Care FSA Account. Click ‘Calculate’ to estimate the bi-weekly cost.
- **Review and Save** – Click the “Save” button to complete and submit your enrollment elections. You will see the message: “Data Saved Successfully.” Click the “PRINT Benefit Elections Summary” to print a copy for your records. If you do not receive this option, please immediately contact OHRM at benefits@co.pg.md.us to confirm your elections were properly submitted.

HOW TO ENROLL IN VOLUNTARY BENEFITS

To participate in one of the voluntary benefit options, you must contact the provider directly:

- **Unum:** Call Unum at 301-298-8140
- **Legal:** Call Legal Resources at 1-800-728-5768 or LegalShield at 1-800-654-7757
- **Supplemental Dental plan:** Call Aflac at 410-394-9617 or [schedule an appointment](#)

NOTE

If you are a limited-term grant funded employee, you may only change enrollment elections if your contract permits. Enrollment in the Cigna HMO or Cigna PPO is subject to department approval.

Rates General Schedule Employees

The County pays most of the cost of your employee benefits; however, you also contribute to the cost of your benefits through tax-free or after-tax payroll deductions

	Employee Per Pay Period	Employee Monthly	County Monthly	Total Monthly
Medical				
Kaiser Permanente				
Individual	\$94.43	\$157.38	\$472.12	\$629.50
Two-Person	\$188.50	\$314.16	\$942.47	\$1,256.63
Family	\$273.16	\$455.26	\$1,365.79	\$1,821.05
Cigna HMO				
Individual	\$98.74	\$164.57	\$493.70	\$658.27
Two-Person	\$197.56	\$329.26	\$987.77	\$1,317.03
Family	\$276.26	\$460.43	\$1,381.27	\$1,841.70
Cigna PPO				
Individual	\$154.72	\$257.86	\$601.68	\$859.54
Two-Person	\$312.08	\$520.13	\$1,213.62	\$1,733.75
Family	\$438.29	\$730.49	\$1,704.47	\$2,434.96

Before Tax

- Medical
- Prescription Drug
- Vision
- Dental
- Health Care FSA
- Dependent Care DCA
- 457(b) Plan
- Pension

After Tax

- Critical Illness and Accident
- Supplemental Dental
- Whole Life
- Short-Term Disability
- Long-Term Disability
- Legal
- Extra Life

	Employee Per Pay Period	Participant Monthly	County Monthly	Total Monthly
Prescription				
Express Scripts				
Individual	\$21.81	\$36.35	\$205.98	\$242.33
Two-Person	\$43.98	\$73.30	\$415.34	\$488.64
Family	\$56.19	\$93.65	\$530.70	\$624.35
Vision				
VSP Base Plan				
Individual	\$0.74	\$1.23	\$6.96	\$8.19
Two-Person	\$1.26	\$2.10	\$11.91	\$14.01
Family	\$1.68	\$2.80	\$15.86	\$18.66
VSP Buy-Up Plan				
Individual	\$1.31	\$2.19	\$12.40	\$14.59
Two-Person	\$2.41	\$4.02	\$22.79	\$26.81
Family	\$3.29	\$5.49	\$31.09	\$36.58
Dental				
Aetna Dental Plan (DMO)				
Individual	\$12.66	\$21.10	N/A	\$21.10
Two-Person	\$19.69	\$32.81	N/A	\$32.81
Family	\$25.06	\$41.77	N/A	\$41.77
Aetna Dental Plan (PPO)				
Individual	\$26.29	\$43.81	N/A	\$43.81
Two-Person	\$48.14	\$80.23	N/A	\$80.23
Family	\$71.28	\$118.80	N/A	\$118.80

Rates Crossing Guards

The County pays most of the cost of your employee benefits; however, you also contribute to the cost of your benefits through tax-free or after-tax payroll deductions

	Employee Per Pay Period	Employee Monthly	County Monthly	Total Monthly
Medical				
Kaiser Permanente				
Individual	\$94.43	\$157.38	\$472.12	\$629.50
Two-Person	\$188.50	\$314.16	\$942.47	\$1,256.63
Family	\$273.16	\$455.26	\$1,365.79	\$1,821.05
Cigna HMO				
Individual	\$98.74	\$164.57	\$493.70	\$658.27
Two-Person	\$197.56	\$329.26	\$987.77	\$1,317.03
Family	\$276.26	\$460.43	\$1,381.27	\$1,841.70
Cigna PPO				
Individual	\$154.72	\$257.86	\$601.68	\$859.54
Two-Person	\$312.08	\$520.13	\$1,213.62	\$1,733.75
Family	\$438.29	\$730.49	\$1,704.47	\$2,434.96

Before Tax

- Medical
- Prescription Drug
- Vision
- Dental
- Health Care FSA
- Dependent Care DCA
- 457(b) Plan
- Pension

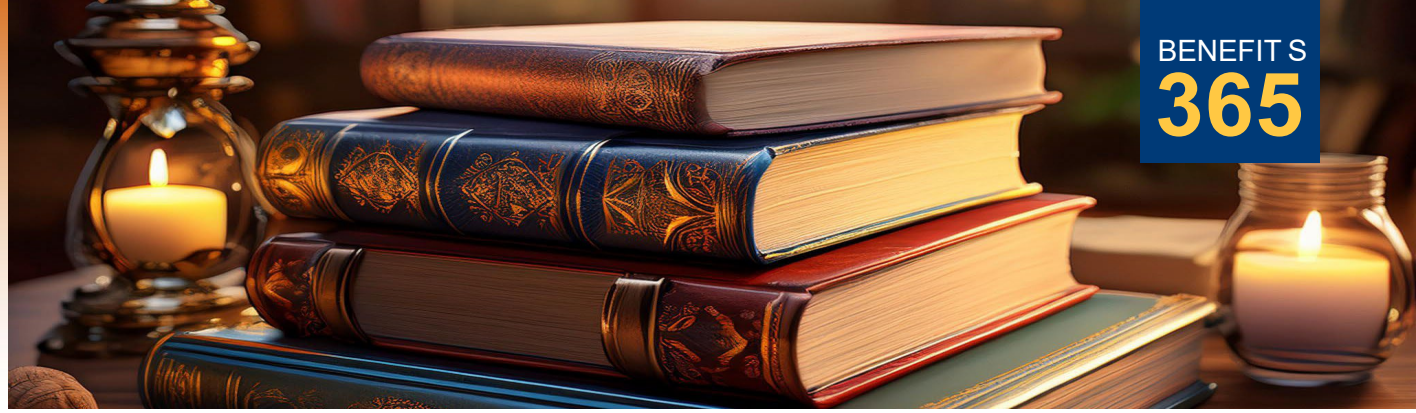
After Tax

- Critical Illness and Accident
- Supplemental Dental
- Whole Life
- Short-Term Disability
- Long-Term Disability
- Legal
- Extra Life

	Employee Per Pay Period	Participant Monthly	County Monthly	Total Monthly
Prescription				
Express Scripts				
Individual	\$21.81	\$36.35	\$205.98	\$242.33
Two-Person	\$43.98	\$73.30	\$415.34	\$488.64
Family	\$56.19	\$93.65	\$530.70	\$624.35
Vision				
VSP Base Plan				
Individual	\$0.74	\$1.23	\$6.96	\$8.19
Two-Person	\$1.26	\$2.10	\$11.91	\$14.01
Family	\$1.68	\$2.80	\$15.86	\$18.66
VSP Buy-Up Plan				
Individual	\$1.31	\$2.19	\$12.40	\$14.59
Two-Person	\$2.41	\$4.02	\$22.79	\$26.81
Family	\$3.29	\$5.49	\$31.09	\$36.58
Dental				
Aetna Dental Plan (DMO)				
Individual	\$12.66	\$21.10	N/A	\$21.10
Two-Person	\$19.69	\$32.81	N/A	\$32.81
Family	\$25.06	\$41.77	N/A	\$41.77
Aetna Dental Plan (PPO)				
Individual	\$26.29	\$43.81	N/A	\$43.81
Two-Person	\$48.14	\$80.23	N/A	\$80.23
Family	\$71.28	\$118.80	N/A	\$118.80

USEFUL TERMS

Needed to see what is required for cursory understanding.

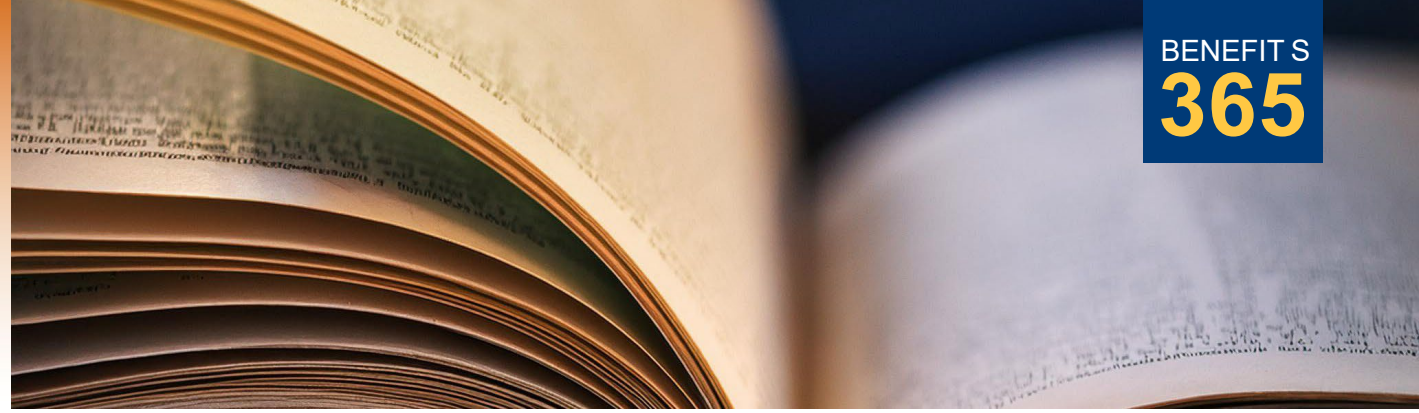


Allowable Amount	The maximum amount that a health insurance plan will pay to a health care service covered by the health insurance plan.
Co-Insurance	The cost of services is shared between the health care company and the covered employee. Co-insurance refers to a percentage of a health care cost—such as 20 percent—that the covered employee pays after meeting the deductible.
Co-Payment	The fixed dollar amount—such as \$25 for each doctor visit—that the covered employee pays, out-of-pocket, for medical services.
COBRA	The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires covered employers to offer continuation of group health coverage to qualified employees and their dependents who lost coverage due to certain life events (i.e. divorce, separation of employment, turning age 26, etc.)
Covered Services	Services deemed medically necessary for the care and treatment of an injury or illness
Deductible	A fixed dollar amount that the covered employee must pay out of pocket each calendar year before the plan will begin reimbursing for non-preventative health expenses.
Deferred Compensation 457(b)	The 457(b) Deferred Compensation Plan permits employees to set aside a portion of their current salary before (pre-tax) or after tax (ROTH) for placement into an account for their retirement.

Dependent	Any eligible person covered by the employee's benefits (spouse, child, ward, etc)
Dependent Care FSA	Employees set aside funds (pre-tax) to be used for qualified childcare or eldercare expenses.
Disability Insurance	Insurance that replaces part of an employee's income if they cannot work due to illness or injury. The County offers Long-Term and Short-Term disability Insurance plans.
Employee Assistance Program (EAP)	A confidential employer-sponsored program that provides free services to employees and covered family members who are having work-related or personal problems. Services include assessments, short-term counseling and referrals.
Employer Contributions	The amount an employer pays towards an employee's benefit plan on behalf of the County employees (i.e. employer contribution towards health insurance premiums).
Explanation of Benefits (EOB)	Statement sent by your health insurance company to explain what medical treatments and or services were paid on your behalf. These are not bills.
Flexible Spending Account (FSA)	An employer sponsored benefit that enables employees to set aside funds before taxes (pre-tax) via payroll deductions to pay for qualified out of pocket healthcare expenses and/or dependent care expenses. County offers Dependent Care FSA and Health Care FSA. <ul style="list-style-type: none"> ➤ Health Care FSA - employees set aside funds (pre-tax) to be used for approved medical and dependent care expenses ➤ Dependent Care FSA

USEFUL TERMS

Continued.....



Formulary	A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand-name or specialty drugs.
Health Maintenance Organizations (HMO)	HMOs are managed health care programs that offer health care services through a network of healthcare facilities. Must choose a primary care physician, and referrals are required for specialists.
In-Network	Doctors, clinics, hospitals and other providers the health plan contracts with to care for its members. Health plans cover a greater share of the cost for contracted providers than for out of network providers.
Long Term Disability	Disability insurance coverage, available after a 180-day waiting period.
Out-of-pocket limit	The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including co-payments and co-insurance. When you have spent this amount in your plan year on deductibles, copayments, and coinsurance for in-network services, your health insurer will pay for 100% of your healthcare services.
Out-of-network	A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

Preferred Provider Organization (PPO)	PPOs offer reduced costs when you utilize health care providers within the plans network of doctors and hospitals. Does not require deductibles, Primary Care Physician, or referrals for specialists.
Primary Care Physician (PCP)	Provide general health care, preventative services, and treatment for common illnesses. In an HMO, a PCP refers a patient to a specialist.
Premium	The portion of the insurance cost that employees contribute every pay period.
Referral	Form completed by a Primary Care Physician to allow an employee to visit a specialist. Only required for HMOs.
Short Term Disability	Disability insurance available after a 7-day waiting period. Offers coverage up to 26 weeks.
Statement of Health	Offers proof that an employee and/or dependents are in good health. May be required for Life Insurance Coverage.
Summary Plan Description (SPD)	A Summary Plan description is a document that summarizes the main components of the health insurance plan. The SPD communicates the rights and obligations to participants and beneficiaries.