



BENEFITS
365
PROUDLY SERVING YOU EVERY DAY

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KNOW YOUR RIGHTS AND RESPONSIBILITIES

To access required notices that outline your rights and responsibilities, visit:

ohrm.mypgc.us

or request a printed copy by calling **301-883-6380**.



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 programs, resources, and tools that help our employees and retirees access financial planning resources, mental health support, actively manage chronic health conditions, and practice preventive care.



Quality Care – Benefits 365 brings our retirees 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 and retirees to play an active role in preventive care, and seek the support they need for ongoing management and treatment of diagnosed conditions.



Comprehensive Choices – Benefits 365 offers our retirees choices to meet their needs—today and tomorrow.

We are committed to providing the tools, resources, and information you need to make the right decisions for you and your family. Use this guide to understand the benefit programs and resources to help you make the most of Benefits 365.

BENEFITS OVERVIEW

With Benefits 365, you have more options, more choice, more flexibility, more value—so you can customize your benefits to meet your needs.

YOUR BENEFIT OPTIONS

Medical

Choose from three medical options:

- ▶ Kaiser Permanente Health Maintenance Organization (Kaiser HMO)
- ▶ Cigna Open Access Plus In-Network (Cigna HMO)
- ▶ Cigna Open Access Plus (Cigna PPO)

Prescription Drug

Coverage available based on your Medicare eligibility:

- ▶ Non-Medicare Prescription Drug Plan administered through Express Scripts (for retirees and dependents under age 65)
- ▶ Medicare Part D administered through Express Scripts (for retirees and dependents eligible for Medicare)

Dental

Choose from two dental options:

- ▶ Aetna Dental DMO
- ▶ Aetna Dental PPO

Vision

Choose from two vision options:

- ▶ VSP Basic
- ▶ VSP Buy-up



▶ Retiree Basic Life

If you receive Basic Life insurance from the County, amounts over \$50,000 will be treated as taxable income also known as imputed income.

▶ Every Eye Program

Free eye exam offered to retirees and their eligible dependents who are not enrolled in the County's Vision Service Plan. This discount program is designed for eye health.

If you have questions about eligibility or the enrollment process, contact the **OHRM Benefits Division**.



OPTIONS FOR REHIRED RETIREES

If you are a retiree and re-employed by the County, you can enroll in the core benefit plans (e.g., medical, prescription drug, dental, vision) as a retiree or as an active employee. It is your responsibility to decide which option best fits your needs.

If you are a full-time or part-time rehired retiree actively working at least 15 hours per week, you can also enroll in the voluntary benefit plans:

Unum

- ▶ Critical Illness
- ▶ Accident Insurance Plan
- ▶ Whole Life Insurance Plan

Aflac

- ▶ Supplemental Dental

MetLife

- ▶ Short-Term Disability
- ▶ Dependent Life Insurance

Legal Services

- ▶ Legal Resources
- ▶ Legal Shield

ELIGIBILITY

- Retirees can make ANY TIME changes, they **DO NOT** have Open Enrollment.
- Retiree Benefit Guides are updated and distributed annually.



Who Is Eligible?

You are eligible for the benefits described in this guide if you are a Prince George’s County Government Retiree and have maintained continuous enrollment in County benefits.

If you are unsure of your retirement status, please contact pensions at pensions@co.pg.md.us

Length of Service Award Program (LOSAP) and vested retirees are not eligible for County Benefits.



Dependent Eligibility

Retired 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 retiree
- ▶ Any child of the retiree who is under the age of twenty-six (26) (“Child” includes a natural child, legally adopted child, step- child, legal guardianship or custody)
- ▶ Any child of the retiree 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 legal guardianship or custody
- ▶ Common law spouses
- ▶ Ex-Spouses

Dependents with Disabilities

- ▶ Eligible retirees 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.

Qualifying Life Event

- ▶ If an eligible retiree experiences a qualifying life event, the retiree must complete and sign the Retiree Enrollment/Change Form* to request changes.
- ▶ The form is available on the Benefits Administration Webpage Benefits | Prince George’s County (and on page 25 in this guide)

* Eligible retirees are retirees under the Maryland State, Deputy Sheriff comprehensive plan, and Correctional Officer’s Comprehensive and Supplemental plan.

QUALIFYING LIFE EVENTS (QLE)

Life Changes? Make Changes!

Spouses of Active Employees

If an eligible retiree experiences a qualifying life event, the retiree must complete and sign the Retiree Enrollment/Change Form to request changes. The form is available on the Benefits Administration Webpage, Benefits | Prince George's County and on page 25 in this guide.



NOTE:

If you have questions about eligibility or the enrollment process, contact the **OHRM Benefits Division** by phone (301) 883-6380 or email benefits@co.pg.md.us

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

ENROLLMENT OVERVIEW

When You Can Enroll?

- ▶ Retirees can make ANY TIME changes, they **DO NOT** have Open Enrollment.
- ▶ Retiree Benefit Guides are updated and distributed annually.

To enroll in or make a change to your current retiree benefit elections, please complete and submit the Enrollment/Change Form to the Benefits Division.

- ▶ **Enroll in a medical, dental, vision or prescription drug plan.** Retirees or surviving spouses may drop a plan or a dependent at any time. County employees retiring under the Maryland State Retirement System, Deputy Sheriff's Comprehensive Plan, and Correctional Officer's Comprehensive or Supplemental Plan are not eligible to enroll in new benefits unless they have a qualifying event.
- ▶ **Change plans** from one medical, dental or vision option to another.
- ▶ **Add an eligible dependent** who is not currently covered. To add your dependent to the health benefit plans, you must verify their eligibility – see table on page 5.
- ▶ **Cancel enrollment** in any benefit plan option for you or your dependents.



How To Enroll

You must complete and submit the Enrollment Change Form to the OHRM Benefits Division.

Email: Benefits@co.pg.md.us

Fax: 301-883-6192

If You Don't Enroll

If you do not make any changes, your current elections will roll over at 2025 rates effective January 1, 2025.

Don't Forget:

Don't forget to update your address! If you have moved or changed contact information, please reach out to OHRM Benefits Division:

Call: 301-883-6380

Email: Benefits@co.pg.md.us

Surviving Spouses and Dependents of Retirees

- ▶ Spouses and dependents of retirees who are covered under the retiree's health insurance plan(s) can continue their coverage upon the retiree's death.
- ▶ Surviving spouses will be allowed to continue coverage with the County until their death, unless they remarry. If the spouse remarries, they and any dependents on the plan will be offered COBRA, and their coverage with County will terminate at the end of the month of the marriage. Surviving Spouses must notify the Benefits Administration within 30 days of the marriage.
- ▶ Surviving dependents will be allowed to continue coverage up until the end of the month in which they turn 26, and then will be offered COBRA.
- ▶ Surviving dependents are not allowed to add new dependents to their coverage.

Applicable Options to Pay for Health Benefit Coverage

- ▶ Survivor Annuity - costs deducted from deceased's monthly pension
- ▶ Direct Bill – Surviving dependent(s) create account with Voya
- ▶ COBRA - Surviving dependent(s) create account with Voya

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.



Know Your Health Risks

When health risks are detected early, they are often treatable: weight, tobacco use, nutrition, and fitness. Knowing your current health status is an important first step.

OHRM encourages you to complete an annual online health assessment, which provides important information to help you make lifestyle choices to improve your health.

Cigna Participants

Log into **mycigna.com**. Click on “My Health.”

Kaiser Permanente Participants

- ▶ Log into www.kp.org. Click “Register now.”
- ▶ From the “Health & Wellness” tab click “Programs & Classes.”
- ▶ Select “Total Health Assessment” in the left navigation. Click “Start a Total Health Assessment now.”



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 (IN) 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 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.

CIGNA

myCigna: Your Personal Health Manager

myCigna gives you a simple way to personalize, organize, and access your important health information. It puts you in control of your health, so you can get more out of life—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
MDLIVEforCigna.com
888-726-3171

Prince George's County Direct
1-800-244-6224, 443-591-1496
PGCGInquireies@cignahealth.com

KAISER PERMANENTE HMO

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.



More services under one roof

Do more in less time. In most of Kaiser's 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).

YOUR MEDICAL OPTIONS AT-A-GLANCE

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	\$35 copay/visit AND deductible		\$35 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	\$15 copay	80% after deductible	\$15 copay	\$15/visit
Specialist Visit	\$25 copay	80% after deductible	\$25 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

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.



ABOUT MEDICARE

Medicare coverage—should you enroll? In a word, yes.

When a retiree turns age 65, they must enroll in Medicare Parts A and B through the Social Security Administration, if eligible.

They can enroll in one of the Medicare medical plans offered by the County, via a Retiree Enrollment/Change Form (available on page 25 of this guide and on the Benefits Administration Webpage Benefits | Prince George's County).

This also applies to individuals who are eligible to receive disability benefits from the Social Security Administration (SSA).

Coverage provided through the County for medicare-eligible participants supplements Medicare Part A and Part B. You must elect one of the County's supplemental medical plans:

- ▶ Kaiser Permanente Medicare Advantage Plan
- ▶ Cigna Open Access Plus In-Network (Cigna HMO)
- ▶ Cigna Open Access Plus (Cigna PPO)

Medicare will become the primary payer of medical claims and the supplemental plan will act as the secondary payer.

Kaiser Permanente Medicare Advantage Plan

- ▶ Offers medical, hospital, and prescription benefits.
- ▶ Kaiser will review the enrollment form and, if accepted, will notify the retiree.
- ▶ If you elect the Kaiser Permanente Medicare Advantage Plan, **you must discontinue enrollment in the County's prescription plan.**
- ▶ If not accepted, the retiree can still receive the reduced rate for medical coverage.

Cigna Open Access Plus (HMO and PPO) Plans

- ▶ Offers the same plans and coverage as non-Medicare employees & retirees, but at reduced rates.
- ▶ No approvals needed

Split Eligibility

If you are eligible for Medicare and one of your dependents is not (or vice versa) you must maintain the appropriate coverage level and the senior premium rates will not apply until you remove any additional dependents. If this applies to you, contact the OHRM Benefits Division at **301-883-6380**.

What You Need To Do

- ▶ To enroll in Medicare, contact the Social Security Administration three months before you and/or your spouse turn age 65.
- ▶ Complete an Enrollment/Change Form to enroll in one of the County's supplemental medical plans.
- ▶ Submit the form(s) with a copy of your Medicare card showing enrollment in Part A and Part B to the OHRM Benefits Division:
- ▶ Email: Benefits@co.pg.md.us
- ▶ Fax: 301-883-6192

If you do not enroll in Medicare Part A and B (if eligible), your coverage in the County's medical plan(s) will be discontinued.

If you enroll in a Medicare Part D prescription plan outside of the County, your coverage in the County's prescription plan will be discontinued.

MEDICARE PRESCRIPTION COVERAGE

MEDICARE PRESCRIPTION COVERAGE

The County offers a Medicare Part D Prescription Drug plan through Express Scripts for retirees in a Medicare Part A & B Medical plan that does not provide prescription coverage.

The Medicare Part D plan offers:

- ▶ Purchase up to a 90- day supply of maintenance medications (medications that treat ongoing conditions) either at the retail or mail-order pharmacy.
- ▶ Mandatory generic requirement does not apply. Therefore, if a brand name medication has a generic alternative, you can get the brand name medication without penalty.
- ▶ You may qualify for “extra help” from the federal government to assist with your prescription plan premium and co-payments.



If a retiree selects the Kaiser Advantage Medicare Plan, Medicare Part D prescription drugs are covered, and current enrollment in the County’s prescription plan will be terminated.

If a retiree selects a Cigna Plan (which does not provide prescription drug coverage) the OHRM Benefits Division will automatically enroll them in the Medicare Part D plan, if currently enrolled in the county’s prescription plan.

Note that the Medicare Part D plan and Supplemental CIGNA Medical plan enrollments are independent of each other, and may not take effect on the same date.

- ▶ If a retiree is enrolled in the Non-Medicare Prescription Drug Plan, they will remain enrolled until the County enrolls you in the Medicare Part D Plan. The OHRM Benefits Division and Express Scripts will provide retirees with additional information regarding enrollment in the Medicare Part D plan.
- ▶ The Low-Income Subsidy (LIS) helps people with Medicare cover the costs for prescription drugs. To qualify, a retiree must be receiving Medicare, have limited resources and income, and reside in one of the 50 States or the District of Columbia.

NOTE: Medicare does impose an additional Part D premium for high wage earners, which is paid directly to Social Security. This requirement is known as the Part D Income Related Monthly Adjustment Amount (IRMAA). Social Security will notify you if this requirement applies to you.



PRESCRIPTION DRUG BENEFITS

Express Scripts, Inc (ESI) provides coverage through a nationwide network of pharmacies.

MANDATORY GENERICS

With the Non-Medicare Prescription Drug Plan, you can receive your prescriptions at a retail or mail order pharmacy.

MAJOR COST SHIFT FOR NON-UNION RETIREES

Since 2024, the County changed the cost share amount for non-union retirees from 75% retiree share to 25% retiree share. This cost share percentage for retirees will continue in plan year 2025 to show how much the County continues to value its retirees.

Mandatory Generics

If you request a brand name drug when a generic equivalent is available, you pay the difference in cost.



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: Anxiety Cholesterol Depression Diabetes High Blood Pressure

SAVE ON DRUGS

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 and estimate drug costs.

DENTAL

Dental coverage is available through Aetna. Benefits are available for both in-and out-of-network dental services.

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/person each calendar year
Preventative and Diagnostic Services	Refer to fee schedule	Covered at 100%
Basic Services	Refer to fee schedule	Covered at 100% after deductible
Major Services	Refer to fee schedule	Covered at 100% after deductible
Orthodontia	Refer to fee schedule	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

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. A comprehensive list of covered services is available at: www.princegeorgescountymd.gov/3683/Vision.

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 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. 	\$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. 	\$20

RESOURCES TO HELP YOU

If you have questions about the plans and programs described in this guide, contact the appropriate benefit partner.



Benefit	Contact
Medical	Cigna Member Services 1-800-244-6224 myCigna.com
	Kaiser Permanente 301-468-6000 or 1-888-225-7202 my.kp.org/princegeorgescountygovernment
Prescription	Express Scripts 1-800-711-0917 1-866-544-6963 Medicare Part D www.express-scripts.com
	Vision Services Plan 1-800-877-7195 www.vsp.com
Dental	Aetna 1-877-238-6200 Aetna.com
Life Insurance	MetLife 1-800-638-6420 www.metlife.com

OFFICE OF HUMAN RESOURCES MANAGEMENT (OHRM)

Benefits Division

1400 McCormick Drive
Suite 110
Largo, MD 20774

301-883-6380
301-883-6192 (fax)

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

[Benefits | Prince George's County](#)

Pensions Division

1400 McCormick Drive
Suite 125
Largo, MD 20774

301-883-6390
301-883-6031 (fax)

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

This Retiree Benefits 365 Decision Guide provides you with an overview of your benefit options. We have made every effort to ensure the information in this guide is as accurate and easy for you to understand as possible. However, this guide is not intended to be a complete description of your benefits. This guide and any oral statements are not a substitute for the official insurance policies. If there is a difference between what is in this guide or told to you orally, and the insurance policies, the official insurance policies will govern. Prince George's County Government reserves the right to modify, amend or terminate any benefit plans at any time, with or without advance notice to participants. In no way does this guide or any of the benefits constitute a guarantee of continued employment.

COST OF COVERAGE

FIRE CIVILIAN RETIREES RETIRED AFTER 7/1/1998 &
POLICE CIVILIANS RETIRED AFTER 7/1/1996

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$157.38	\$472.12	\$629.50
Two-Person	\$314.16	\$942.47	\$1,256.63
Family	\$455.26	\$1,365.79	\$1,821.05
(Must Enroll in Senior if Enrolled in Medicare)			
One Senior	\$76.65	\$229.95	\$306.60
Two Seniors	\$152.71	\$458.12	\$610.83
Senior + Individuals	\$253.50	\$760.48	\$1,013.98
Cigna HMO			
Individual	\$164.57	\$493.70	\$658.27
Two-Person	\$329.26	\$987.77	\$1,317.03
Family	\$460.43	\$1,381.27	\$1,841.70
(Must Enroll in Senior if Enrolled in Medicare)			
One Senior	\$91.99	\$275.95	\$367.94
Two Seniors	\$185.67	\$556.99	\$742.66
Senior + Individuals	\$257.52	\$772.55	\$1,030.07
Cigna PPO			
Individual	\$257.86	\$601.68	\$859.54
Two-Person	\$520.13	\$1,213.62	\$1,733.75
Family	\$730.49	\$1,604.47	\$2,434.96
(Must Enroll in Senior if Enrolled in Medicare)			
One Senior	\$99.45	\$232.04	\$331.49
Two Seniors	\$200.65	\$468.19	\$668.84
Senior + Individuals	\$359.05	\$837.78	\$1,196.83

Note: You must enroll as a senior if you are enrolled in Medicare.

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Express Scripts			
Individual	\$36.35	\$205.98	\$242.33
Two-Person	\$73.30	\$415.34	\$488.64
Family	\$93.65	\$530.70	\$624.35
Vision			
VSP Basic Plan			
Individual	\$1.23	\$6.96	\$8.19
Two-Person	\$2.10	\$11.91	\$14.01
Family	\$2.80	\$15.86	\$18.66
VSP Buy-Up Plan			
Individual	\$2.19	\$12.40	\$14.59
Two-Person	\$4.02	\$22.79	\$26.81
Family	\$5.49	\$31.09	\$36.58
Dental			
Aetna Dental DMO			
Individual	\$21.10	N/A	\$21.10
Two-Person	\$32.81	N/A	\$32.81
Family	\$41.77	N/A	\$41.77
Aetna Dental PPO			
Individual	\$43.81	N/A	\$43.81
Two-Person	\$80.23	N/A	\$80.23
Family	\$118.80	N/A	\$118.80

COST OF COVERAGE

POLICE, FIRE, & CORRECTIONS RETIREES RETIRED BEFORE 02/01/2018

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$138.49	\$491.01	\$629.50
Two-Person	\$276.46	\$980.17	\$1,256.63
Family	\$400.63	\$1,420.42	\$1,821.05
(Must Enroll in Senior if Enrolled in Medicare)			
One Senior	\$67.45	\$239.15	\$306.60
Two Seniors	\$134.38	\$476.45	\$610.83
Senior + Individuals	\$223.08	\$790.90	\$1,013.98
Cigna HMO			
Individual	\$144.82	\$513.45	\$658.27
Two-Person	\$289.75	\$1,027.28	\$1,317.03
Family	\$405.17	\$1,436.53	\$1841.70
(Must Enroll in Senior if Enrolled in Medicare)			
One Senior	\$80.95	\$286.99	\$367.94
Two Seniors	\$163.39	\$579.27	\$742.66
Senior + Individuals	\$226.62	\$803.45	\$1,030.07
Cigna PPO			
Individual	\$232.08	\$627.46	\$859.54
Two-Person	\$468.11	\$1,265.64	\$1,733.75
Family	\$657.44	\$1,777.52	\$2,434.96
(Must Enroll in Senior if Enrolled in Medicare)			
One Senior	\$89.50	\$241.99	\$331.49
Two Seniors	\$180.59	\$488.25	\$668.84
Senior + Individuals	\$323.14	\$873.69	\$1,196.83

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Express Scripts			
Individual	\$29.08	\$213.25	\$242.33
Two-Person	\$58.64	\$3430.00	\$488.64
Family	\$74.92	\$549.43	\$624.35
Vision			
VSP Basic Plan			
Individual	\$0.98	\$7.21	\$8.19
Two-Person	\$1.68	\$12.33	\$14.01
Family	\$2.24	\$16.42	\$18.66
VSP Buy-Up Plan			
Individual	\$1.75	\$12.84	\$14.59
Two-Person	\$3.22	\$23.59	\$26.81
Family	\$4.39	\$32.19	\$36.58
Dental			
Aetna Dental DMO			
Individual	\$21.10	N/A	\$21.10
Two-Person	\$32.81	N/A	\$32.81
Family	\$41.77	N/A	\$41.77
Aetna Dental PPO			
Individual	\$43.81	N/A	\$43.81
Two-Person	\$80.23	N/A	\$80.23
Family	\$118.80	N/A	\$118.80

Medical HMO - County pays 78% and Participant pays 22%
 Medical PPO - County pays 73% and Participant pays 27%
 Prescription/Vision - County pays 88% and Participant pays 12%

Note: You must enroll as a senior if you are enrolled in Medicare.

COST OF COVERAGE

SHERIFF RETIREES RETIRED BEFORE 02/01/2018

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$138.49	\$491.01	\$629.50
Two-Person	\$276.46	\$980.17	\$1,256.63
Family	\$400.63	\$1,420.42	\$1,821.05
(Must Enroll in Senior if Enrolled in Medicare)			
One Senior	\$67.45	\$239.15	\$306.60
Two Seniors	\$134.38	\$476.45	\$610.83
Senior + Individuals	\$223.08	\$790.90	\$1,013.98
Cigna HMO			
Individual	\$144.82	\$513.45	\$658.27
Two-Person	\$289.75	\$1,027.28	\$1,317.03
Family	\$405.17	\$1,436.53	\$1,841.70
(Must Enroll in Senior if Enrolled in Medicare)			
One Senior	\$80.95	\$286.99	\$367.94
Two Seniors	\$163.39	\$579.27	\$742.66
Senior + Individuals	\$226.62	\$803.45	\$1,030.07
Cigna PPO			
Individual	\$232.08	\$627.46	\$859.54
Two-Person	\$468.11	\$1,265.64	\$1,733.75
Family	\$657.44	\$1,777.52	\$2,434.96
(Must Enroll in Senior if Enrolled in Medicare)			
One Senior	\$89.50	\$241.99	\$331.49
Two Seniors	\$180.59	\$488.25	\$668.84
Senior + Individuals	\$323.14	\$873.69	\$1,196.83

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Express Scripts			
Individual	\$29.08	\$213.25	\$242.33
Two-Person	\$58.64	\$430.00	\$488.64
Family	\$74.92	\$549.43	\$624.35
Vision			
VSP Basic Plan			
Individual	\$8.19	N/A	\$8.19
Two-Person	\$14.01	N/A	\$14.01
Family	\$18.66	N/A	\$18.66
VSP Buy-Up Plan			
Individual	\$14.59	N/A	\$14.59
Two-Person	\$26.81	N/A	\$26.81
Family	\$36.58	N/A	\$36.58
Dental			
Aetna Dental DMO			
Individual	\$21.10	N/A	\$21.10
Two-Person	\$32.81	N/A	\$32.81
Family	\$41.77	N/A	\$41.77
Aetna Dental PPO			
Individual	\$43.81	N/A	\$43.81
Two-Person	\$80.23	N/A	\$80.23
Family	\$118.80	N/A	\$118.80

Medical HMO - County pays 78% and Participant pays 22%
 Medical PPO - County pays 73% and Participant pays 27%
 Prescription/Vision - County pays 88% and Participant pays 12%

Note: You must enroll as a senior if you are enrolled in Medicare.

COST OF COVERAGE

ALL OTHER RETIREES, SURVIVING SPOUSES, AND COBRA*

Plan	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly*
Medical				
Kaiser Permanente				
Individual	\$157.38	\$472.12	\$629.50	\$642.09
Two-Person	\$314.16	\$942.47	\$1,256.63	\$1,281.76
Family	\$455.26	\$1,365.79	\$1,821.05	\$1,857.47
(Must Enroll in Senior if Enrolled in Medicare)				
One Senior	\$76.65	\$229.95	\$306.60	\$312.73
Two Seniors	\$152.71	\$458.12	\$610.83	\$623.05
Senior + Individuals	\$253.50	\$760.48	\$1,013.98	\$1,034.26
Cigna HMO				
Individual	\$164.57	\$493.70	\$658.27	\$671.44
Two-Person	\$329.26	\$987.77	\$1,317.03	\$1,343.37
Family	\$460.43	\$1,381.27	\$1,841.70	\$1,878.53
(Must Enroll in Senior if Enrolled in Medicare)				
One Senior	\$91.99	\$275.95	\$367.94	\$375.30
Two Seniors	\$185.67	\$556.99	\$742.66	\$757.51
Senior + Individuals	\$257.52	\$772.55	\$1,030.07	\$1,050.67
Cigna PPO				
Individual	\$257.86	\$601.68	\$859.54	\$876.73
Two-Person	\$520.13	\$1,213.62	\$1,733.75	\$1,768.43
Family	\$730.49	\$1,704.47	\$2,434.96	\$2,483.66
(Must Enroll in Senior if Enrolled in Medicare)				
One Senior	\$99.45	\$232.04	\$331.49	\$338.12
Two Seniors	\$200.65	\$468.19	\$668.84	\$682.22
Senior + Individuals	\$359.05	\$837.78	\$1,196.83	\$1,220.77

Note: You must enroll as a senior if you are enrolled in Medicare.

Plan	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly*
Prescription				
Express Scripts				
Individual	\$60.58	\$181.75	\$242.33	\$247.18
Two-Person	\$122.16	\$366.48	\$488.64	\$498.41
Family	\$156.09	\$468.26	\$624.35	\$636.84
Vision				
VSP Basic Plan				
Individual	\$8.19	N/A	\$8.19	\$8.35
Two-Person	\$14.01	N/A	\$14.01	\$14.29
Family	\$18.66	N/A	\$18.66	\$19.03
VSP Buy-Up Plan				
Individual	\$14.59	N/A	\$14.59	\$14.88
Two-Person	\$26.81	N/A	\$26.81	\$27.35
Family	\$36.58	N/A	\$36.58	\$37.31
Dental				
Aetna Dental DMO				
Individual	\$21.10	N/A	\$21.10	\$21.52
Two-Person	\$32.81	N/A	\$32.81	\$33.47
Family	\$41.77	N/A	\$41.77	\$42.61
Aetna Dental PPO				
Individual	\$43.81	N/A	\$43.81	\$44.69
Two-Person	\$80.23	N/A	\$80.23	\$81.83
Family	\$118.80	N/A	\$118.80	\$121.18

* COBRA includes an additional 2% administrative fee.

Medical HMO - County pays 78% and Participant pays 22%

Medical PPO - County pays 73% and Participant pays 27%

Prescription/Vision - County pays 88% and Participant pays 12%

COST OF COVERAGE

POLICE, FIRE, CORRECTIONS RETIREES RETIRING ON OR AFTER 02/01/2018

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$157.38	\$472.12	\$629.50
Two-Person	\$314.16	\$942.47	\$1,256.63
Family	\$455.26	\$1,365.79	\$1,821.05
<i>(Must Enroll in Senior if Enrolled in Medicare)</i>			
One Senior	\$76.65	\$229.95	\$306.60
Two Seniors	\$152.71	\$458.12	\$610.83
Senior + Individuals	\$253.50	\$760.48	\$1,013.98
Cigna HMO			
Individual	\$164.57	\$493.70	\$658.27
Two-Person	\$329.26	\$987.77	\$1,317.03
Family	\$460.43	\$1,381.27	\$1,841.70
<i>(Must Enroll in Senior if Enrolled in Medicare)</i>			
One Senior	\$91.99	\$275.95	\$367.94
Two Seniors	\$185.67	\$556.99	\$742.66
Senior + Individuals	\$257.52	\$772.55	\$1,030.07
Cigna PPO			
Individual	\$257.86	\$601.68	\$859.54
Two-Person	\$520.13	\$1,213.62	\$1,733.75
Family	\$730.49	\$1,704.47	\$2,434.96
<i>(Must Enroll in Senior if Enrolled in Medicare)</i>			
One Senior	\$99.45	\$232.04	\$331.49
Two Seniors	\$200.65	\$468.19	\$668.84
Senior + Individuals	\$359.05	\$837.78	\$1,196.83

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Express Scripts			
Individual	\$36.35	\$205.98	\$242.33
Two-Person	\$73.30	\$415.34	\$488.64
Family	\$93.65	\$530.70	\$624.35
Vision			
VSP Basic Plan			
Individual	\$1.23	\$6.96	\$8.19
Two-Person	\$2.10	\$11.91	\$14.01
Family	\$2.80	\$15.86	\$18.66
VSP Buy-Up Plan			
Individual	\$2.19	\$12.40	\$14.59
Two-Person	\$4.02	\$22.79	\$26.81
Family	\$5.49	\$31.09	\$36.58
Dental			
Aetna Dental DMO			
Individual	\$21.10	N/A	\$21.10
Two-Person	\$32.81	N/A	\$32.81
Family	\$41.77	N/A	\$41.77
Aetna Dental PPO			
Individual	\$43.81	N/A	\$43.81
Two-Person	\$80.23	N/A	\$80.23
Family	\$118.80	N/A	\$118.80

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Note: You must enroll as a senior if you are enrolled in Medicare.

COST OF COVERAGE

SHERIFF RETIREES RETIRING ON OR AFTER 02/01/2018

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$157.38	\$472.12	\$629.50
Two-Person	\$314.16	\$942.47	\$1,256.63
Family	\$455.26	\$1,365.79	\$1,821.05
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Individual	\$164.57	\$493.70	\$658.27
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Individual	\$257.86	\$601.68	\$859.54
Two-Person	\$520.13	\$1,213.62	\$1,733.75
Family	\$730.49	\$1,704.47	\$2,434.96
(Must Enroll in Senior if Enrolled in Medicare)			
One Senior	\$99.45	\$232.04	\$331.49
Two Seniors	\$200.65	\$468.19	\$668.84
Senior + Individuals	\$359.05	\$837.78	\$1,196.83

Note: You must enroll as a senior if you are enrolled in Medicare.

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Express Scripts			
Individual	\$36.35	\$205.98	\$242.33
Two-Person	\$73.30	\$415.34	\$488.64
Family	\$93.65	\$530.70	\$524.35
Vision			
VSP Basic Plan			
Individual	\$8.19	N/A	\$8.19
Two-Person	\$14.01	N/A	\$14.01
Family	\$18.66	N/A	\$18.66
VSP Buy-Up Plan			
Individual	\$14.59	N/A	\$14.59
Two-Person	\$26.81	N/A	\$26.81
Family	\$36.58	N/A	\$36.58
Dental			
Aetna Dental DMO			
Individual	\$21.10	N/A	\$21.10
Two-Person	\$32.81	N/A	\$32.81
Family	\$41.77	N/A	\$41.77
Aetna Dental PPO			
Individual	\$43.81	N/A	\$43.81
Two-Person	\$80.23	N/A	\$80.23
Family	\$118.80	N/A	\$118.80

Medical HMO - County pays 78% and Participant pays 22%

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Prescription/Vision - County pays 88% and Participant pays 12%

USEFUL TERMS



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.
Dependent	Any eligible person covered by the employee’s benefits (spouse, child, ward, etc)
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.
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.
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.

USEFUL TERMS



Medicare	Medicare is federal health insurance for anyone age 65 and older, and some people under 65 with certain disabilities or conditions. The Fee For Service types of Medicare are Part A -Hospital Insurance (inpatient, skilled nursing care, hospice, etc) and Part B- Medical Insurance (provider services and appointments, labs, outpatient care, medical equipment)
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.
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.
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.



PRINCE GEORGE'S COUNTY GOVERNMENT
 BENEFITS ADMINISTRATION DIVISION
 1400 MCCORMICK DRIVE, SUITE 110, LARGO, MARYLAND 20774
 PHONE: 301-883-6380 BENEFITS@CO.PG.MD.US FAX: 301-883-6192



FOR OFFICE USE ONLY
 Transmitted: _____
 Entered: _____

ENROLLMENT/CHANGE FORM – RETIREE/COBRA/SURVIVING SPOUSE

NAME: _____ SOCIAL SECURITY #: _____
 STREET: _____ DATE OF BIRTH: _____
 CITY/STATE: _____ ZIP: _____ EFFECTIVE DATE: _____
 PHONE: WORK: _____ HOME: _____ EMAIL: _____ GENDER: M or F

Status	Activity Requested	Reason – Change in Family Status
<input type="checkbox"/> Retired MSRS <input type="checkbox"/> Retired Police Officer <input type="checkbox"/> Retired Fire Fighter, Paramedic, ERT <input type="checkbox"/> Retired Correctional Officer <input type="checkbox"/> Retired Deputy Sheriff <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Surviving Dependent <input type="checkbox"/> COBRA <input type="checkbox"/> Assessor <input type="checkbox"/> Judge <input type="checkbox"/> Other	<input type="checkbox"/> Enroll Self <input type="checkbox"/> Enroll Spouse <input type="checkbox"/> Enroll Dependent(s) <input type="checkbox"/> Reinstate Coverage <input type="checkbox"/> Remove Spouse <input type="checkbox"/> Remove Dependent(s) <input type="checkbox"/> Switch to New Plan <input type="checkbox"/> Other: _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Medicare <input type="checkbox"/> Relocate In/Out of Area <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Birth of Child <input type="checkbox"/> Adoption or Permanent Legal Guardianship of Child Date of Event: _____

Attach documentation (i.e. Marriage License, Divorce Decree, etc.). Submit copy of Birth Certificate as soon as received.

Medical Coverage	Dental Coverage	Prescription	Vision
<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage <input type="checkbox"/> One Senior <input type="checkbox"/> Two Seniors <input type="checkbox"/> Individual plus Senior	<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage	<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage	Base Plan <input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage Buy-Up Plan <input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage

Name of Medical Plan: _____
 HMO
 PPO

Primary Care Physician (PCP): _____

Other Health Coverage: Must be completed if you or your dependents have other coverage.
 Name of Carrier: _____
 Policy Number: _____

DEPENDENTS	SS#	RELATION	CIRCLE COVERAGE	PRIMARY CARE PHYSICIAN	BIRTH DATE	CIRCLE ONE
1. _____	_____	Spouse	MED RX VIS DEN	_____	_____	ADD DROP
2. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP
3. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP
4. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP

EXPLAIN BENEFIT CHANGES (if needed): _____
 If enrolled in Kaiser Medical HMO or the Dental DMO, you and your dependents must select a Center/Dentist. If you have any questions concerning your benefits and services either provided or excluded under your choice of health plan, please contact the Member Services Department of that health plan before signing this application below.

By signing this form, I understand that I cannot make changes during the plan year unless there is a family status change and I complete a benefits form within 30 days of the event. Rules for the plan changes will vary depending on my status. This form authorizes any licensed physician, hospital or health care provider to furnish my health plan with such medical information about myself and any eligible dependent as needed. I understand that my coverage and benefits may be adversely affected by my failure to provide complete and accurate information.

 Signature

 Date



Prince George's County Government
Office of Human Resource Management
1400 McCormick Drive, Suite 110
Largo, MD 20774

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For more information, please visit ohrm.mypgc.us.