



# GOING FOR GOLD! OPEN ENROLLMENT 2025

October 15 - 30



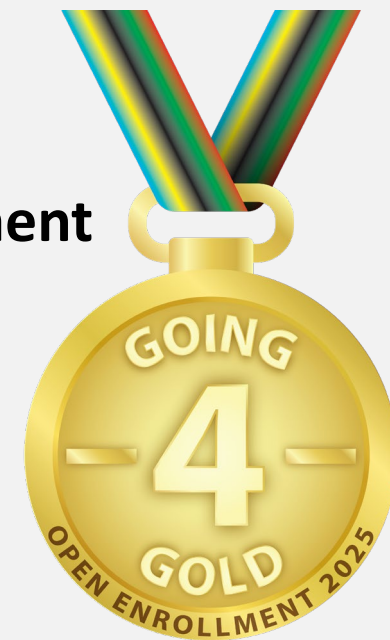
Angela D. Alsobrooks  
County Executive

Open Enrollment  
Guide  
2025

Open Enrollment  
10/15-10/30/2024

## Going For Gold with Open Enrollment Ready, Set, Go!

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# Open Enrollment Events



Open Enrollment is the time of year when eligible employees can enroll, unenroll, or make changes to benefits selections. Active employees cannot make changes to benefits outside of Open Enrollment unless the change is due to a Qualified Life Event (QLE).

**Open Enrollment is from 10/15-10/30/2025.**

## BENEFIT FAIRS

**Wed 10/16: 10am – 2pm**

**Wed: 10/23: 3pm – 6pm**

1400 McCormick Drive,  
Largo, MD 20774

- ✓ Learn about available benefits
- ✓ Engage with benefit plan vendors and ORHM teams
- ✓ Participate in wellness activities
- ✓ Vaccinations (Flu, COVID, & others)
- ✓ Get assistance for enrollment login

## ENROLLMENT ASSISTANCE SESSIONS

**(hands on support from a Benefits Analyst and Help Desk resources)**

|                                    |   |
|------------------------------------|---|
| Thu 10/17: 2pm – 5pm               | 8400 D’Arcy Road, District Heights, MD 20747  |
| Mon 10/21: 12pm – 5pm              | Fire/EMS Fitness Center, 100 Shady Glen Dr., Capital Heights, MD 20743                    |
| Thu 10/24: 12pm – 5pm              | 8801 Police Plaza, Upper Marlboro, MD 20772   |
| Fri 10/25: 9am – 12pm, & 1pm – 4pm | County Administration Building, 14741 Governor Oden Bowie Drive, Upper Marlboro, MD 20772 |
| Mon 10/28 12pm – 5pm               | 5303 Chrysler Way, Upper Marlboro, 20772  |
| Tue 10/29 5:30am -6pm              | 13400 Dille Drive, Upper Marlboro, MD 20772 <b>(Corrections employees only)</b>           |

# Eligibility



## Who Is Eligible?

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

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

## Dependents

Employees may enroll eligible dependents in the same plans chosen for themselves. Employees must submit documentation to verify dependent eligibility. See the Active Employee Benefits Guide for more details on eligibility.

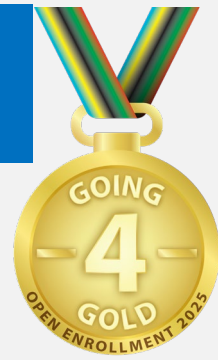
## Employees don't have to re-enroll in all benefits each year.

These benefits **MUST** be updated annually:

- Medical and/or Prescription OPT OUT
- Enrollment in Flexible Spending Account(s) (FSA)

Most employees will enroll in Benefits via the Employee Self Service portal. This guide provides all the info employees need to enroll. Note: The Benefits team accepts **NO PAPER ENROLLMENT FORMS**

# Benefits At-A-Glance



## MAKE A SPLASH WITH YOUR HEALTH JOURNEY

### 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



# 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 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

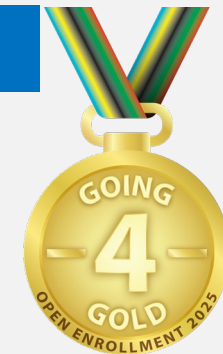
Cigna HMO offers coverage through the Open Access Plus network. Employees are encouraged to identify a Primary Care Physician (PCP), who will provide referrals to specialists. Coverage is NOT provided for out-of-network providers except in a true emergency.

## Kaiser Permanente 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 Coverage Comparison



|   | Cigna PPO                            |                      | Cigna HMO                            | Kaiser Permanente HMO                    |
|---|--------------------------------------|----------------------|--------------------------------------|--|
|   | In-Network                           | Out-of-Network       | In-Network Only                      | In-Network Only                          |
| <b>Calendar Year Deductible</b>                 |                                      |                      |                                      |  |
| Employee Only                                   | \$50                                 | \$300                | \$50                                 | None                                     |
| Family  | None                                 | \$550                | None                                 | None                                     |
| <b>Annual Out-of-Pocket Maximum<sup>1</sup></b> |                                      |                      |                                      |  |
| Employee Only                                   | \$2,000                              | \$2,000              | \$2,000                              | \$3,500                                  |
| Family  | \$4,000                              | \$4,000              | \$4,000                              | \$9,400                                  |
| <b>Emergency Services</b>                       |                                      |                      |                                      |  |
| 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                               |
| <b>Mental Health</b>                            |                                      |                      |                                      |  |
| 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                          |
| <b>Maternity Care</b>                           |                                      |                      |                                      |  |
| 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                          |
| <b>Inpatient Services</b>                       |                                      |                      |                                      |  |
| 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                          |
| <b>Outpatient Services</b>                      |                                      |                      |                                      |  |
| 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                                |

<sup>1</sup> 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.

# PRESCRIPTION PLAN



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 3<sup>rd</sup> 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](http://express-scripts.com)

## Benefits-At-A-Glance

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

\$0 Copay for the following classes:

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

## ---- 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.



# DENTAL PLAN



To learn about the Aetna DMO and PPO programs go to [www.aetna.com](http://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](http://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..

# VISION PLANS



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                            |
|--------------------------------------|--|-------------------------------------|--|----------------------------------|
| <b>WellVision Exam</b>               | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>   | \$10                                | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>   | \$10                             |
| <b>PRESCRIPTION GLASSES</b>          |  | \$10                                | <b>PRESCRIPTION GLASSES</b>  | \$10                             |
| <b>Frame</b>                         | <ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance \$80 Walmart@/Costco@ frame allowance</li> <li>Every other calendar year</li> </ul>                                      | Included in Prescription Glasses    | <ul style="list-style-type: none"> <li>\$250 allowance for a wide selection of frames</li> <li>\$270 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance \$135 Walmart@/Costco@ frame allowance</li> <li>Every other calendar year</li> </ul>                                     | Included in Prescription Glasses |
| <b>Lenses</b>                        | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>  | Included in Prescription Glasses    | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>  | Included in Prescription Glasses |
| <b>Lens Enhancements</b>             | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> <li>Every calendar year</li> </ul>  | \$0<br>\$80 - \$90<br>\$120 - \$160 | <ul style="list-style-type: none"> <li>Progressive lenses</li> <li>Anti-reflective coating</li> <li>Average savings of 35-40% on other lens enhancements</li> <li>Every calendar year</li> </ul>   | \$0<br>\$10                      |
| <b>Contacts (instead of glasses)</b> | <ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>   | Up to \$60                          | <ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>   | Up to \$60                       |
| <b>DIABETIC EYECARE PLUS PROGRAM</b> | <ul style="list-style-type: none"> <li>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.</li> <li>As needed</li> </ul> | \$20                                | <ul style="list-style-type: none"> <li>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.</li> <li>As needed</li> </ul> | \$20                             |

# Rates – General Schedule



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 |
|-------------------|-------------------------|------------------|----------------|---------------|
| <b>Medical</b>    |                         |                  |                |               |
| 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    |

|                         | Employee Per Pay Period | Participant Monthly | County Monthly | Total Monthly |
|-------------------------|-------------------------|---------------------|----------------|---------------|
| <b>Prescription</b>     |                         |                     |                |               |
| 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      |
| <b>Vision</b>           |                         |                     |                |               |
| 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       |
| <b>Dental</b>           |                         |                     |                |               |
| 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      |

### 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

# 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 |
|--------------------------|-------------------------|------------------|----------------|---------------|
| <b>Medical</b>           |                         |                  |                |               |
| <b>Kaiser Permanente</b> |                         |                  |                |               |
| 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    |
| <b>Cigna HMO</b>         |                         |                  |                |               |
| 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    |
| <b>Cigna PPO</b>         |                         |                  |                |               |
| 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 |
|--------------------------------|-------------------------|---------------------|----------------|---------------|
| <b>Prescription</b>            |                         |                     |                |               |
| <b>Express Scripts</b>         |                         |                     |                |               |
| 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      |
| <b>Vision</b>                  |                         |                     |                |               |
| <b>VSP Base Plan</b>           |                         |                     |                |               |
| 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       |
| <b>VSP Buy-Up Plan</b>         |                         |                     |                |               |
| 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       |
| <b>Dental</b>                  |                         |                     |                |               |
| <b>Aetna Dental Plan (DMO)</b> |                         |                     |                |               |
| 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       |
| <b>Aetna Dental Plan (PPO)</b> |                         |                     |                |               |
| 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      |

# I Want to Enroll in/Change Benefits and/or Add/Change My Dependents

**Before Open Enrollment Begins on October 15, 2024:**

## All Employees

1



### CONFIRM YOUR ACCESS TO ESS

In September:

- Login to the ESS Portal.
- If required, reset your ESS password.
- If you have login/password problems, contact 301-883-5322 for assistance.

### **Before and During Open Enrollment:**

## All Employees

3



### DETERMINE THE BENEFITS THAT MEET YOUR NEEDS

From September through October 30:

- Review *2025 Enrollment Guide for Active Employees* for information on benefits.
- Determine the benefits you want for you and your eligible dependents.

## Current Employees

2



### REVIEW YOUR CURRENT BENEFIT SELECTIONS AND BENEFICIARY INFORMATION

From September through October 14:

- Login to the ESS Portal.
- Review your current benefit selections and beneficiary information.
- Update and save your beneficiary information as needed.\*

### **During Open Enrollment October 15 - 30, 2024:**

## All Employees

4



### SELECT YOUR BENEFIT CHOICES

From October 15 – 30, 2024:

- Login to the ESS Portal.
- Select and save the benefits of your choice for you and your eligible dependents.

OR

## New Employees/Newly Eligible Employees



### ADD YOUR BENEFICIARY INFORMATION

From September through October 14:

- Login to the ESS Portal.
- Add and save your beneficiary information.\*

***\* Your beneficiary information must be updated/added in ESS prior to enrolling your eligible dependents in the benefits you select during Open Enrollment.***

### **During Open Enrollment or Within 30 days of Enrolling Eligible Dependents:**

## All Employees

5



### SUBMIT DEPENDENT VERIFICATION FORM AND DOCUMENTATION

Within 30 days of enrolling an eligible dependent in benefits:

- Complete the Dependent Verification Form.
- Submit the Dependent Verification Form and supporting documentation to OHRM Benefits Division.



# I Don't Want to Change My Current Benefits or Dependent Selections

**Before Open Enrollment Begins on October 15, 2024:**

## All Employees

1



### **CONFIRM YOUR ACCESS TO ESS**

In September:

- Login to the ESS Portal.
- If required, reset your ESS password.
- If you have login/password problems, contact 301-883-5322 for assistance.

## Current Employees

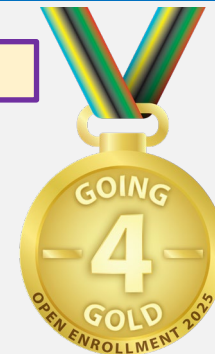
2



### **REVIEW YOUR CURRENT BENEFIT SELECTIONS AND BENEFICIARY INFORMATION**

From September through October 14:

- Login to the ESS Portal.
- Review your current benefit selections and beneficiary information.



**Before and During Open Enrollment:**

## All Employees

3



### **DETERMINE THE BENEFITS THAT MEET YOUR NEEDS**

From September through October 30:

- Review *2025 Enrollment Guide for Active Employees* for information on benefits.
- Confirm that your current benefit selections meet the needs of you and your eligible dependents and will remain unchanged for 2025.

**During Open Enrollment October 15 - 30, 2024:**

## Current Employees

4



### **CONFIRM YOUR UNCHANGED BENEFIT CHOICES**

- Login to the ESS Portal.

# Important Reminders

**Before Open Enrollment Begins on October 15, 2024:**

## Update Existing or Add New Beneficiary Information

### CURRENT EMPLOYEES

#### UPDATE YOUR CURRENT BENEFICIARY INFORMATION

BEFORE October 15:

- Login to the ESS Portal.
- Review your current beneficiary information.
- Update and save your beneficiary information as needed.\*

### NEW EMPLOYEES

#### ADD YOUR BENEFICIARY INFORMATION

BEFORE October 15:

- Login to the ESS Portal.
- Add and save your beneficiary information.\*



*\* Your beneficiary info must be updated/added in ESS prior to enrolling your eligible dependents in the benefits you select.*

**During Open Enrollment October 15 - 30, 2024:**

## Medical and/or Prescription Drug Plans Opt-Out for 2025

### TO RECEIVE CREDIT FOR OPT-OUT OF MEDICAL AND/OR PRESCRIPTION DRUG PLANS

From October 15 – 30, 2024:

- Go to <https://portal.sap.mypgc.us>
- Select the opt-out option.
- Login to the ESS Portal to complete the attestation.

*\*You must complete the Opt-Out process annually during Open Enrollment to receive the Opt-Out credit for the upcoming plan year.*



**During Open Enrollment or Within 30 days of Enrolling Eligible Dependents:**

## Provide Dependent Verification Documentation by November 15

### SUBMIT DEPENDENT VERIFICATION FORM AND DOCUMENTATION

- Complete the Dependent Verification Form.
- Submit the Dependent Verification Form and supporting documentation to OHRM Benefits Division.

*Failure to provide the required documentation within 30 days will result in your dependents being dropped from coverage.*



# Benefits Counseling Sessions



If you have benefit questions or require additional enrollment assistance, Benefit Counselors are available to assist! Onsite and call center support is available for employees. Please scan the QR code to schedule your call center appointment or learn more about [onsite availability](#).

## HOW LONG IS A TYPICAL ENROLLMENT SESSION AND WHAT IS DISCUSSED?

Meetings are between 20-25 minutes, allowing the Benefit Counselor to explain and review the available benefit options, answer your specific questions, and complete the enrollment process.

## WHO ARE THE BENEFITS COUNSELORS AND HOW CAN THEY SUPPORT ME?

All Benefit Counselors are experienced, trained, licensed, and prepared to provide you with the personalized benefits education and guidance you need to feel confident you've selected the right benefits for you and your family.

## HOW SHOULD I PREPARE FOR MY MEETING WITH A BENEFIT COUNSELOR?

Review your benefit guide and discuss it with your family. Please bring any necessary information (e.g., dependent social security numbers, birth dates etc.) to ensure properly updated demographic and beneficiary information.





# Benefit Providers



## YOUR HEALTH AND WELLNESS

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

## YOUR FINANCIAL FUTURE

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

This Benefits 365 Decision Guide provides an overview of benefit options for 2025. Every effort was made to ensure the information in this guide is accurate and easy to understand as possible. However, this guide is not intended to be a complete description of 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 plan 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.

## YOUR VOLUNTARY OPTIONS

|                                      |   |
|--------------------------------------|---|
| <b>Critical Illness and Accident</b> | <b>Unum</b><br>1-800-635-5597<br><a href="http://www.unum.com">www.unum.com</a>   |
| <b>Supplemental Dental</b>           | <b>Aflac</b><br>1-800-992-3522<br><a href="mailto:PrinceGeorges.aflac@gmail.com">PrinceGeorges.aflac@gmail.com</a><br>(email) |
| <b>Legal Services</b>                | <b>Legal Resources</b><br>1-800-728-5768<br><a href="http://www.legalresources.com">www.legalresources.com</a>                |
|                                      | <b>LegalShield</b><br>1-800-654-7757<br><a href="http://www.legalshield.com">www.legalshield.com</a>                          |
| <b>Whole Life</b>                    | <b>Unum</b><br>1-800-635-5597<br><a href="http://www.unum.com">www.unum.com</a>   |
| <b>Short-Term Disability</b>         | <b>Unum</b><br>1-800-635-5597<br><a href="http://www.unum.com">www.unum.com</a><br>(coverage prior to 1/1/2022)               |

# APPENDIX

## Step by Step Instructions:

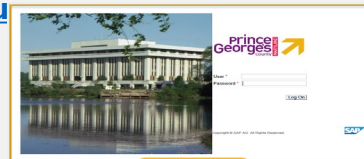
- ESS Portal Login
- Review current selections
- Change existing enrollments
- New enrollments



# How To : Access The Open Enrollment Portal

To access the Open Enrollment portal, you must log in to the SAP Employee Self-Service (ESS) Module. You can access your SAP ESS account at: <https://portal.sap.mypgc.u>

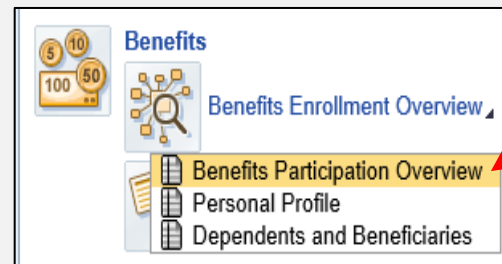
Contact the Help Desk at 301-883-5322 for password reset assistance



## CHECK CURRENT SELECTIONS

### In the Open Enrollment Portal:

1. Under the ESS overview, select **Benefits**;
2. Next, Select **Benefits Enrollment Overview**; Then select **Benefits Participation Overview** and a new window will open.



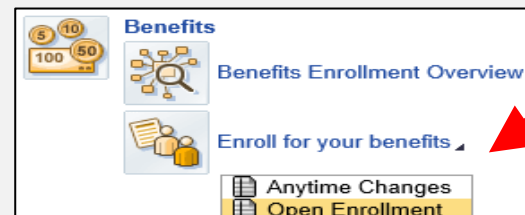
**Benefits Participation Overview**

Participation Overview as of: 05/08/2015 Display

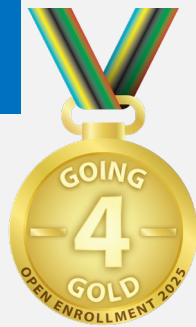
| Plan Type  | Starts On  | Status | Plan Name                   | Option       | Credit Amount  | Coverage | Dependents/Beneficiaries  | Pre-Tax Costs       | Post-Tax Costs |
|------------|------------|--------|-----------------------------|--------------|----------------|----------|---|---------------------|----------------|
| MEDICAL    | 12/14/2014 |        | Kaiser                      | Standard     |                | EE only  |   | 41.53 USD Bi-weekly |                |
| VISION     | 12/14/2014 |        | Vision                      | Standard     |                | EE only  |   | 0.40 USD Bi-weekly  |                |
| AD&D       | 12/14/2014 |        | Accidental Death            | 10K Coverage | 10,000.00 USD  |          | Tommy Trainer (50%) Timothy Trainer (25%)<br>Malificent Trainer (25%) |                     |                |
| BASIC LIFE | 12/14/2014 |        | Basic Life (2 Times Salary) | 2 X Salary   | 150,000.00 USD |          | Tommy Trainer (50%) Timothy Trainer (25%)<br>Malificent Trainer (25%) |                     |                |

## To MAKE CHANGES FOR OPEN ENROLLMENT

1. Under the ESS overview, select **Benefits**;
2. Next, select **Enroll for your benefits**;
3. Then select **Open Enrollment** and the Open Enrollment Module will pop up in a new window.



# How To: Add or Remove a Spouse or Dependent



## To Add a Dependent:

### Under Step (2) Dependents and Beneficiaries:

View your spouse and/or dependent(s) and beneficiary information.

You must add your dependents in Step 2 to include dependent coverage in your health plan selections in Step 4.

1. To add a dependent, click on the pencil icon next to **Edit Dependents and Beneficiaries**; a new window will open. Select **Add** next to Family Members/Dependents and a drop-down list will appear.
2. Select the Dependent Type (spouse, child, etc.) from the drop-down list.
3. Fill in dependent information on the screen. Note: The asterisk (\*) fields are required and must be completed.
4. Select Save – if you are adding more than one dependent or beneficiary, select 'Save and Back' to add the next person.
5. Continue to step 4 to finish enrolling a spouse or dependent in a health benefit plan.
6. To enroll or make a change to a health benefit plan, click on the pencil icon next to the plan and select the plan and coverage level (individual, family, Two-person, family, etc.)
7. Under "Enroll Dependents" select the dependent(s) to cover. Ensure that every dependent to be covered has a check mark in the box next to their name.
8. Click 'Add' to complete the change.
9. Follow these instructions for each plan that requires a change.
10. Continue through Step 7: **Review and Save** to review changes and select the save button at the top of the portal to finalize.
11. Be sure to send required verification document to [OpenEnrollment@co.pg.md.us](mailto:OpenEnrollment@co.pg.md.us) BEFORE November 2<sup>nd</sup>.

## To Remove a Dependent:

### Under Step (4) Health Plans:

1. Continue to Step 4 to remove a spouse or dependent from a health benefit plan (medical, dental, etc.)
2. Click the pencil icon next to the plan and select the plan and coverage level.
3. Under "Enroll Dependents", uncheck the box next to the name of the dependent to be removed.
4. Click on "Add" to complete the change to the plan
5. Repeat these steps to remove other dependents from plans.
6. Continue through Step 7: **Review and Save** to review changes and select the save button at the top of the portal to finalize.

# How To: Update Beneficiary & Life Insurance

## In the Open Enrollment Portal:

### How to Make a Change to my Basic Life Insurance:

1. Proceed to **Step 5: Insurance Plans**;
2. To change your Basic Life Insurance option level (from two [2] times to one [1] times your salary or vice versa): click on the pencil icon next to the plan and make your selection.
3. Click "**Add**";
4. Continue through Step 7: *Review and Save* to review changes and select the save button at the top of the portal to finalize changes.

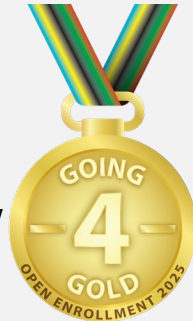
**Please Note:** *Beneficiary updates and/or changes made through the Open Enrollment portal will not become effective until January 1, 2025. You can update or change your beneficiary(ies) immediately through the ESS under the Benefits portal under **Anytime Changes**.*

## How To Add a New Beneficiary:

1. **Under Step 2: Insurance Plans:** click on the pencil icon next to **Edit Dependents and Beneficiaries**; a new window will open. Select **Add** next to Family Members/Dependents and a drop-down list will appear.
2. Select the Dependent Type: Beneficiary from the drop-down list.
3. Fill in beneficiary information on the screen. Note: The asterisk (\*) fields are required fields and must be completed.
4. Select Save – If you are adding more than one beneficiary, select "Save and Back" to add your additional beneficiaries.
5. Continue to step 5 to finish enrolling a spouse or dependent in a health benefit plan(s) [e.g., medical, dental, prescription, vision].

## How To Designate or Update a Beneficiary:

1. **Under Step 5: Insurance Plans:** At the bottom under "**Designated Beneficiaries** select the name(s) of your beneficiary(ies) from the list";
2. Apply the percentage amount for each beneficiary. **Note: The percentage amount must be whole numbers and must equal 100%. (Contingent Beneficiaries are optional).**
3. Click "Add" and follow the process outlined above for all insurance plans that require a change.
4. Go Continue through Step 7: *Review and Save* to review changes and select the save button at the top of the portal to finalize changes.



# How To: Add, Change or Drop a Health Plan



## In the Open Enrollment Portal:

### How to Change a Health Plan:

1. Proceed to **Step Four (4): Health Benefit Plans** to make a change(s) to a health benefit plan(s) [e.g., medical, dental, prescription, vision].
2. Click on the pencil icon next to the health plan.
3. Select the coverage level (e.g., Individual, Two-Person, Family) you want.
4. Under "Enroll Dependents," select the check box next to the dependent(s) you want to cover.
5. Click "Add" and follow the process outlined above for all health plans that require a change.
6. Go Continue through Step 7: *Review and Save* to review changes and select the save button at the top of the portal to finalize changes.




### How to Drop a Health Plan:

1. Proceed to **Step Four (4): Health Benefit Plans** to make a change(s) to a health benefit plan(s) [e.g., medical, dental, prescription, vision].
2. Click on the trashcan icon next to the health plan that you no longer want.
3. Go Continue through Step 7: *Review and Save* to review changes and select the save button at the top of the portal to finalize changes.

| Actions | Plan Type    | Starts On  | Status  |
|---------|--------------|------------|---------|
|         | DENTAL       | 01/01/2020 | Current |
|         | MEDICAL      | 01/01/2020 | Current |
|         | MEDICAL      | 01/01/2020 | Current |
|         | PRESCRIPTION | 01/01/2020 | Current |
|         | VISION       | 01/01/2020 | Current |

# How To: Add, Change or Drop a Health Plan (cont'd)

## How to Add a New Health Plan:

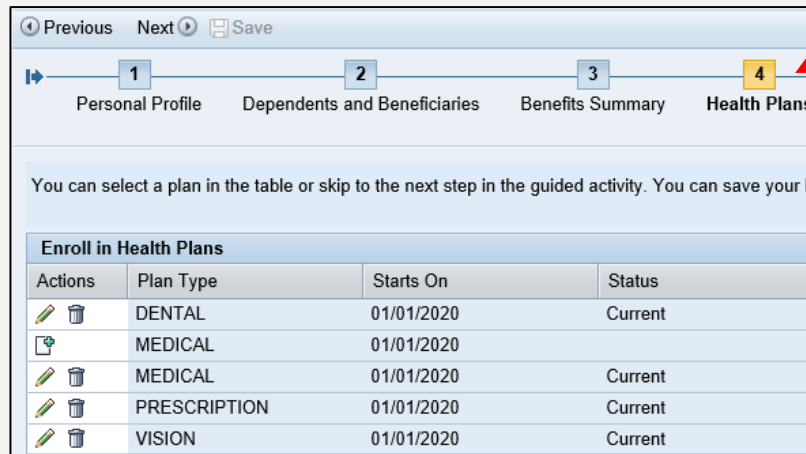
1. Proceed to **Step Four (4): Health Benefit Plans** to add a new health benefit plan(s) [e.g., medical, dental, prescription, vision].
2. Click on the paper icon  next to the health plan.
3. Select the plan coverage level (e.g., Individual, Two-Person, Family) you want.
4. Under "Enroll Dependents," select the check box next to the dependent(s) you want to cover.
5. Click "Add" and follow the process outlined above for all health plans that you wish to be enrolled.
6. Go Continue through Step 7: *Review and Save* to review changes and select the save button at the top of the portal to finalize changes.



## Medical and Prescription Opt-Out Credit Plans:

If you want to opt-out of the medical and/or prescription plans, click on the opt-out option under the medical and/or prescription plans.

1. Select "Add" to complete your change.
2. Go Continue through Step 7: *Review and Save* to review changes and select the save button at the top of the portal to finalize changes.












Previous Next Save

1 2 3 4

Personal Profile Dependents and Beneficiaries Benefits Summary Health Plans


You can select a plan in the table or skip to the next step in the guided activity. You can save your be

| Enroll in Health Plans  |              |            |         |
|---|--------------|------------|---------|
| Actions   | Plan Type    | Starts On  | Status  |
|   | DENTAL       | 01/01/2020 | Current |
|    | MEDICAL      | 01/01/2020 |         |
|   | MEDICAL      | 01/01/2020 | Current |
|   | PRESCRIPTION | 01/01/2020 | Current |
|   | VISION       | 01/01/2020 | Current |

# How To: Enroll in or Drop Extra Life Insurance (XLI) or Long Term Disability (LTD)

## How to Enroll or Drop Extra Life Insurance (XLI):


1. Proceed to **Step Six (5): Insurance Plans**
2. Click on the pencil icon (if changing) or click the paper icon (new enrollees) next to the plan;
3. Select your select the option level (1X, 2X, 3X or 4X your salary);
4. Select "Add."
5. Continue through Step 7: *Review and Save* to review changes and select the save button at the top of the portal to finalize changes.



| Select a EXTRA LIFE Plan            |            |           |
|-------------------------------------|------------|-----------|
|                                     | Plan Name  | Option    |
| <input type="checkbox"/>            | Extra Life | 1X Salary |
| <input type="checkbox"/>            | Extra Life | 2X Salary |
| <input checked="" type="checkbox"/> | Extra Life | 3X Salary |
| <input type="checkbox"/>            | Extra Life | 4X Salary |

## How to Enroll or Drop Long Term Disability (LTD):

1. Proceed to **Step Six (5): Insurance Plans**
2. Click on the pencil icon (if changing) or click the paper icon (new enrollees) next to the plan;
3. Select your coverage option (50% or 60%);
4. Select "Add."
5. Continue through Step 7: *Review and Save* to review changes and select the save button at the top of the portal to finalize changes.



| Select a LTD Plan                   |                      |                  |
|-------------------------------------|----------------------|------------------|
|                                     | Plan Name            | Option           |
| <input checked="" type="checkbox"/> | Long Term Disability | LTD 50% Coverage |
| <input type="checkbox"/>            | Long Term Disability | LTD 60% Coverage |



# How To: Enroll in a Flexible Spending Account



## How to Enroll or Continue in a Flexible Spending Account(s):

1. Proceed to **Step Six (6): Flexible Spending Accounts;**
2. To continue participation or enroll in the Health and/or Dependent Care Flexible Spending Accounts for 2025 click on the pencil icon (if renewing) or click the paper icon (new enrollees) next to the plan and enter the annual dollar amount you want for calendar year 2025.
3. Click **“Calculate”** to obtain your bi-weekly cost.
4. Select **“Add.”**
5. After you select **“Add,”** your 2025 election should state **“New.”**
6. Continue through Step 7: *Review and Save* to review changes and select the save button at the top of the portal to finalize changes.

**If you do not see your new annual election amount and the word “New”, repeat steps one (1) through five (5) above. Otherwise, you will not be enrolled for calendar year 2025.**

**Please Note: You must complete step 5 even if you want to elect the same annual amount that you elected in calendar year 2024. Failure to complete step 6 will result in you not being enrolled in the Health Care and/or Dependent Care Accounts for calendar year 2025.**

| Acti... | Plan Type     | Starts On  | Status  | Plan Name       | Pre-Tax Costs       | Post-Tax Cos |
|---------|---------------|------------|---------|-----------------|---------------------|--------------|
|         | DEPENDENT FSA | 01/01/2020 |         |                 |                     |              |
|         | HEALTH FSA    | 01/01/2020 | Current | Health Care FSA | 25.93 USD Bi-weekly |              |

Enter HEALTH FSA Plan Information

Select Plan

Plan Name

Health Care FSA

Details: Annual Contribution for Health Care FSA for period 01/01/2020 - 12/31/2020

Annual Contribution Amount:  USD ( Minimum 0.00 USD - Maximum 2,750.00 USD )

Amount per Paycheck:  USD

The calculation is based on the employee Hire date through remainder of the calendar year

# How To: Confirm Change(s) For Upcoming Year

## How to Confirm Change(s):

1. Proceed to **Step Six (7): Review and Save** to review your 2021 open enrollment benefit elections.
2. Click on the "SAVE" button at the top of the portal to finalize changes. It is imperative that you SAVE any enrollments or changes made in steps 4 through 6 so they can be updated to the ESS system.
3. You will see the message; **"Data Saved Successfully."**
4. You will receive a confirmation email sent to your county email.



### What do you want to do next?

[Print Benefit Elections Summary](#)

[Go to Enrollment](#)

[Go to Benefits Participation Overview](#)

#### Benefit Elections Summary

| Plan Type    | Starts On  | Status  | Plan Name                                       | Option                        | Credit Amount | Coverage           |
|--------------|------------|---------|---|-------------------------------|---------------|--------------------|
| DENTAL       | 01/01/2017 | Current | <a href="#">Dental DMO</a>                      | Standard                      |               | EE + Family        |
| MEDICAL      | 01/01/2020 | Current | <a href="#">Kaiser</a>                          | Standard                      |               | EE + Family        |
| PRESCRIPTION | 08/02/2015 | Current | <a href="#">Prescription</a>                    | Standard                      |               | EE + Family        |
| VISION       | 08/02/2015 | Current | <a href="#">Vision</a>                          | Standard                      |               | EE + Fam<br>Vision |
| AD&D         | 08/01/2017 | Current | <a href="#">Accidental Death</a>                | 10K Coverage                  |               | 10,000.00<br>USD   |
| BASIC LIFE   | 01/01/2020 | Current | <a href="#">Basic Life (2<br/>Times Salary)</a> | Current<br>Coverage<br>Amount |               | 133,000.00<br>USD  |
| EXTRA LIFE   | 07/22/2020 | Current | <a href="#">Extra Life</a>                      | 3X Salary                     |               | 202,000.00<br>USD  |
| 457(b)       | 05/03/2019 | Current | <a href="#">457(b) Mass<br/>Mutual</a>          |                               |               |                    |
| HEALTH FSA   | 01/01/2020 | Current | <a href="#">Health Care FSA</a>                 |                               |               |                    |



**Congratulations! You have completed Open Enrollment!**