Baltimore County Public Schools

Active Employees Benefit Guide

Effective January 1, 2024 – December 31, 2024

ENGAGE. EMPOWER.EXCEL

October 2023

Dear Baltimore County Public Schools' Employees,

I am pleased to share the 2024 Benefits Enrollment Guide. Ensuring the health and well-being of our staff is essential to our success and we are pleased to be able to continue to offer a competitive benefits package for you and your family.

The Guide provides details of your 2024 benefit plan options as well as information about how to enroll in coverage or make changes to existing coverage. Every effort has been made to ensure that the information presented in this Guide is accurate; however, if there are any discrepancies, the summary plan documents and actual contract for each plan will govern. Copies of these and other plan materials are available electronically on the Web page for the Office of Benefits and Retirement, or from the insurance carriers.

Our employer-sponsored health plans meet or exceed the Minimum Essential Coverage and the Affordable and Minimum Value requirements under the Affordable Care Act. Employees are encouraged to assess their own circumstances when making benefit election decisions. Employees currently not eligible to enroll in one of our medical plans may view their options for enrolling in medical plans offered through the Health Care Exchange by visiting www.healthcare.gov.

Open Enrollment will begin on Monday, October 16, 2023, through Friday, November 10, 2023. You can find additional information about Open Enrollment in the Guide.

Thank you for your dedication and continued investment in our nearly 111,000 students. Working together, we will raise the bar, close gaps, and prepare students for their future.

Sincerely,

Dr. Myriam Yarbrough
Superintendent

TEAM BCPS
Baltimore County Public Schools
Engage. Empower. Excel.

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The purpose of the Active Guide is to provide information about your options and how to enroll for coverage or make changes to existing coverage. This Guide is only a summary of your choices and does not fully describe each option. Please refer to the Summary Plan Description for more detailed information about the plans.

Every effort has been made to ensure that the information presented in this Guide is accurate; however, if there are any discrepancies, the summary plan documents and actual contract for each plan will govern. Copies of the Guide, plan documents, and other plan materials are available from the insurance carriers.

IMPORTANT CONTACTS

Coverage/Service	Phone Number	Website
Medical - Cigna	(800) 896-0948	myCigna.com
Mental Health – Cigna	(800) 896-0948	myCigna.com
Medical – Kaiser Permanente	(800) 777-7902	Healthy.kaiserpermanente.org
Mental Health – Kaiser Permanente	(800) 777-7904	Healthy.kaiserpermanente.org
Dental – CareFirst	(866) 891-2802	Member.CareFirst.com
Dental – Cigna	(800) 896-0948	myCigna.com
Vision - National Vision Administrators (NVA)	(800) 672-7723	www.e-nva.com
Life & AD&D – Metlife	(866) 492-6983	Metlife.com/mybenefits
Flexible Spending Accounts – Voya	(888) 401-3539	www.Voya.com
Employee Assistance Program (External) – Cigna	(888) 431-4334	myCigna.com Employer ID: baltimore
Employee Wellness – BCPS	N/A	empwellness@bcps.org
Long Term Disability – Sun Life Financial	(800) 247-6875	www.sunlife.com
COBRA Billing – Voya	(888) 401-3539	www.Voya.com
Credit Union – First Financial Credit Union	(410) 321-6060	Firstfinancial.org

EMPLOYEE AND RETIREE Customer Service Center

Phone: (443) 809-1000
Email: cschelp@bcps.org

The Employee and Retiree Customer Service Center provides BCPS employees and retirees with assistance and solutions to questions regarding benefits.

ELIGIBILITY & ENROLLMENT

Who is Eligible for Benefits?

All full-time and part-time employees working a minimum of 0.5 FTE may choose to enroll in any combination of benefits. New hires will have **60 days** from their date of hire to enroll in benefits. Benefits will become effective on the first of the month following their completed enrollment in the Employee Self-Serve (ESS) Wizard and dependent verification.

Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents under the Medical/Prescription, Dental, Vision, Supplemental Life, and Accidental Death and Dismemberment (AD&D) Plans upon proof of relationship documents. Eligible dependents are defined below:

- Spouse: a person to whom you are legally married by ceremony.
- Dependent Children: You or your spouse's biological, adopted, legal dependents (including grandchildren for whom you have legal custody) up to age 26 regardless of financial, residential, or marital status. Dependent coverage terminates at the end of the month in which the dependent turns age 26.
- Acceptable dependent verification includes a marriage certificate, birth certificate, signed federal tax return, court orders, and adoption papers.

Qualifying Life Events (QLE) include:

- Loss or gain of coverage due to marriage or divorce.
- Birth, adoption, or gain of legal custody of a child.
- Loss or gain of non-BCPS coverage by your spouse or dependent children.
- Loss or gain of coverage due to a change in employment status.
- Increase to 0.5 or greater, or reduction below 0.5 in FTE status.
- Loss of dependent child status (dependent has reached age 26).
- Eligibility for Medicare.
- Loss or gain of eligibility for coverage under Medicaid or Children's Health Insurance Plan.

***The Employee must enroll within 30 days of the date of the QLE, including supporting documentation, in order to make a change to your benefits.**

Employees who submit falsified information intended to obtain benefit coverage for alleged dependents who are not eligible for such coverage may be subject to discipline up to and including termination of employment. Such employees will also be required to reimburse the Board of Education for any payments made on behalf of or for the benefits of an ineligible person claimed as a dependent.

COBRA Coverage

Eligibility

Once you are enrolled in medical/prescription, dental, and/or vision plans you and your eligible dependents have the right to continue these coverages under COBRA following the loss of coverage for any reason other than gross misconduct.

ELIGIBILITY & ENROLLMENT

COBRA Coverage

Enrollment

Individuals will have 60 days following the loss of coverage in which to elect to continue their coverage. The effective date of coverage will be retroactive to the date immediately following the loss of coverage and will continue for:

- 18 consecutive months following a loss of coverage due to termination of employment, or a reduction in hours resulting in loss of eligibility; or
- 36 consecutive months following a loss of coverage due to death, divorce, or loss of dependent eligibility.

Flexible Spending Accounts (FSA) – Action Required

Employees who would like to participate in one or both of the **FSA programs MUST make new elections during Open Enrollment through the ESS portal every year.**

New Enrollment for Optional Life

Employees may elect Optional Life for the first time for themselves and/or their spouse by:

- Completing the MetLife Enrollment/Change Form and submitting to the Office of Benefits; and
- **Completing a Health Statement form and returning it to MetLife (return address is on the form).** EOI is required regardless of the amount of coverage elected. If you are electing coverage for a spouse, your spouse must also complete a Health Statement.

Now is a good time to review or make changes to your beneficiaries through MetLife. You can find the form by going to bcps.org, under Office of Benefits and Retirement, Forms Repository, MetLife Beneficiary Designation form (this form is included in the Appendix of this guide).

Visit the Income Protection section of this guide for more information.

MEDICAL INSURANCE

Plan Name	Cigna Open Access Plus In-Network (OAPIN)	Cigna Open Access Plus In and Out-of-Network (OAP)		Kaiser Permanente HMO Select
Group Number	3216080	3216080		7434-6
Network	Nationwide	Nationwide		Regional (MD/DC/NoVA)
Plan Features	**In-Network Only**	**In-Network**	**Out-of-Network**	**In-Network Only**
Calendar Year Deductible	Individual: None Family: None	Individual: $200 Family: $400	Individual: $300 Family: $600	Individual: None Family: None
Calendar Year Out-of-Pocket Maximum (Medical Services)	Individual: $1,100 Family: $3,600	Individual: $1,000 Family: $2,000	Individual: $1,500 Family: $3,000	Individual: $3,500 Family: $9,400
Coinsurance	100% (after applicable Copay)	85%	75%	100% (after applicable Copay)
PCP Required?	No	No		Yes
Referrals Required for Specialist?	No	No		Yes
Deductible/OOP Max Accrual	Embedded	Embedded		Embedded
Preventative Care Services	**In-Network Only**	**In-Network**	**Out-of-Network**	**In-Network Only**
Adult Physicals & Well Child Visits	No Charge	No Charge	25% (AD)[1]	No Charge
Immunizations	No Charge	No Charge	25% (AD)	No Charge
Mammogram, PAP, & PSA Tests	No Charge	No Charge	No Charge	No Charge
Office Visits, Labs & Testing	**In-Network Only**	**In-Network**	**Out-of-Network**	**In-Network Only**
Office Visits	PCP: $15 Copay Specialist: $25 Copay	PCP: $20 Copay Specialist: $30 Copay	25% (AD)	PCP: $5 Copay Specialist: $5 Copay
Laboratory Tests & X-Rays	No Charge [2]	No Charge	25% (AD)	No Charge
Advanced Imaging (CT, MRI, PET)	No Charge[2]	No Charge	25% (AD)	No Charge
Physical/Speech/Occupational Therapy	$25 Copay[3]	$30 Copay	25% (AD)	$5 Copay
Emergency Care, Urgent Care, & Hospital Services				
Urgent Care Center	$25 Copay	$30 Copay		$5 Copay
Emergency room (Waived if Admitted)	$100 Copay	$100 Copay		$35 Copay
Inpatient Facility Services	$100 Copay	15% (AD)	25% (AD)	No charge
Outpatient Facility Services	No charge	15% (AD)	25% (AD)	$5 Copay

[1] (AD) refers to After Deductible
[2] Subject to PCP or Specialist Copay if performed at the physician's office
[3] Number of approved visits per plan year may very

PRESCRIPTION DRUG INSURANCE

Plan Name	Cigna Open Access Plus In-Network (OAPIN)	Cigna Open Access Plus In and Out-of-Network (OAP)		Kaiser Permanente HMO Select
Prescription Drug Coverage	**In-Network Only**	**In-Network**	**Out-of-Network**	**In-Network Only**
Calendar Year Deductible (RX)	Individual: None	Individual: None	Individual: None	Calendar Year Deductible (RX)
Calendar Year Out-of-Pocket Maximum (RX)	Individual: $5,500 Family: $9,600	Individual: $5,600 Family: $11,200	Combined with Medical	Calendar Year Out-of-Pocket Maximum (RX)
OOP Max Accrual	Embedded	Embedded	Embedded	OOP Max Accrual
Retail 30 Day Supply	**In-Network Only**	**In-Network**	**Out-of-Network**	**In-Network Only**
Generic (Tier 1)	$10 Copay	$10 Copay		$12 Copay[4]
Preferred Brand (Tier 2)	$20 Copay	$20 Copay		$30 Copay[5]
Non-Preferred Brand (Tier 3)	$35 Copay	$35 Copay		$45 Copay[5]
Retail 90 Day Supply	**In-Network Only**	**In-Network**	**Out-of-Network**	**In-Network Only**
Generic (Tier 1)	$30 Copay	$30 Copay		$5 Copay[5]
Preferred Brand (Tier 2)	$60 Copay	$60 Copay		$60 Copay[5]
Non-Preferred Brand (Tier 3)	$105 Copay	$105 Copay		$90 Copay[5]
Mail-Order 90 Day Supply	**In-Network Only**	**In-Network**	**Out-of-Network**	**In-Network Only**
Generic (Tier 1)	$20 Copay	$20 Copay		$24 Copay[5]
Preferred Brand (Tier 2)	$40 Copay	$40 Copay		$60 Copay[5]
Non-Preferred Brand (Tier 3)	$70 Copay	$70 Copay		$90 Copay[5]

[4] Copay applies to prescriptions at a Kaiser Permanente Medical Center. Copays will be higher when visiting a participating community pharmacy; $15 for generic, $45 for brand drugs, and $60 for brand-name, non-formulary 30-day supply.

CIGNA RESOURCES

Cigna One Guide

The myCigna app includes a Cigna One Guide® service upgrade with even more tools and support. With One Guide you can get tips and reminders to help you stay on track with appointments and preventive care, sign up for messages that can guide you to savings, and access support including click-to-chat functionality. Go to the myCigna.com website or launch the myCigna App and select "Register Now."

- Understand your plan
  - Learn how your coverage works
  - Get answers to your health care or plan questions
- Get care
  - Find an in-network health care provider, lab or urgent care center
  - Connect with health coaches, pharmacists and more
  - Connect with dedicated, one-on-one support for complex health situations
- Save and earn
  - Earn Incentives (if provided by your employer)
  - Get cost estimates to avoid surprises

Cigna Virtual Care

With virtual care, you get the care and attention you'd expect from an in-office visit, wherever and whenever is most convenient for you. Virtual care is designed to handle:

- Minor nonemergency medical care
- Primary care for routine care, plus preventive care with a virtual wellness screening
- Dermatology, convenient treatment for more than 3,000 skin, hair, and nail conditions
- Behavioral support - allows you to talk privately with a licensed counselor, psychiatrists or board-certified doctor via video or phone

Cigna Behavioral Health provides access to virtual counseling through its own network of providers. To find a Cigna Behavioral Health network provider: visit myCigna.com, go to "Find Care & Costs" and enter "Virtual counselor" under Doctor by Type. To schedule an appointment online, go to myCigna.com or call MDLIVE directly at (888) 726-3171.

Nurse Line

- The Health Information Line has trained nurses available to provide health and medical information and direction to the most appropriate resource. You can also call and listen to hundreds of topics contained in the audio library or listen via live stream at myCigna.com. Call (866) 494-2111.

CIGNA RESOURCES

Open Access Plus In-Network (OAPIN)

With the Open Access Plus In-Network plan (OAPIN), you get choice. So, each time you need care, you choose the in-network doctor or facility that works best for you.

Options for Care

- **Primary Care Physician (PCP) –** You can decide to choose a PCP as your personal doctor to help coordinate care and act as a personal health advocate. It's recommended, but not required.
- **In-network –** Choose to see doctors or other health professionals who are in the Cigna network to keep your costs lower and eliminate paperwork.
- **No-referral specialist care –** If you need to see a specialist, you don't need a referral.
- You may need precertification for hospital stays and some types of outpatient care. Use in-network health care professionals, and there's no paperwork for you to fill out.
- **Cigna Care Designation –** Cigna evaluates in-network providers in the most common specialties. Only those who meet Cigna standards for both quality and cost efficiency receive the Cigna Care Designation.
- **Cigna Centers of Excellence –** Cigna identifies hospitals as Centers of Excellence when they achieve the highest performance in both health outcomes and savings.
- **Out-of-network –** Services will only be covered in emergencies.
- **Emergency and urgent care–** When you need care, you have coverage.
- **24/7/365 service –** Whenever you need us, customer service representatives are available to take your call: 1-800-896-0948.

Once you reach your out-of-pocket maximum, the health plan pays your covered health care costs at 100%.

CIGNA RESOURCES

CIGNA MEDICAL & PRESCRIPTION DRUG PLANS

Prescription Drug Programs

With Cigna's pharmacy benefit, you'll be able to receive phone and online support.
The prescription program covers most medications which require a prescription by either State or Federal law and are prescribed by a licensed practitioner.

Prescription Drug List

Cigna's Prescription Drug List (PDL) is an extensive listing of generic and brand name prescription medications. Your pharmacy plan covers the cost of medications on the PDL - all you have to pay is your plan's copays - see page 11 of this guide.
Medications are grouped into three tiers:

- 1st Tier, Generic Medications: Generics have similar strength and active ingredients as their brand name counterparts. You will usually pay less for generic medications.
- 2nd Tier, Preferred Brand Medications: These medications will usually cost more than a generic, but may cost less than a non-preferred brand.
- 3rd Tier, Non-Preferred Brand Medications: Non-preferred brands generally have generic alternatives and/or one or more preferred brand options within the same drug class. You will usually pay more for non-preferred medications.

Acute Medications

For prescription drugs needed for shorter-term needs such as antibiotics, the plan allows for a 34-day supply per copay up to a maximum 102-day supply with refills based on your physician's instructions. Prescriptions filled at a retail Pharmacy require one copay per monthly supply.

Maintenance Medications

For prescription drugs needed on an on-going (sometimes daily basis), the plan allows for a 102-day supply of maintenance medication with refills based on your physician's instructions. Prescriptions filled at a retail Pharmacy require one copay per monthly supply. Mail order prescriptions require two copays for up to 102-day supply.

Home Delivery Service is for prescription drugs needed on a daily basis, like high blood pressure or cholesterol medications. These are delivered directly to your home
mail box. This also saves you money; for a 3 month supply you will pay a 2-month copay.

Express Scripts Pharmacy is Cigna's home delivery pharmacy. As part of the first fill of a prescription through Express Scripts Pharmacy, members will need to provide payment information by phone with a Cigna representative or via the myCigna app or website. For assistance call 1-800-896-0948.

Prior Authorization

Some prescription medications require a Prior Authorization review in certain situations before being covered. Prior Authorization verifies that a medication is appropriate for the diagnosis, dosage, frequency and duration of therapy. To initiate a request, have your doctor contact Cigna Pharmacy at 1=877-530-4437.

CIGNA RESOURCES

CIGNA MEDICAL & PRESCRIPTION DRUG PLANS

Prescription Drug Programs

Specialty Pharmacy
Managing a complex medical condition isn't easy. The Accredo team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your therapy. Accredo will help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

Step Therapy
Step Therapy is a prior authorized program which means that certain medications need approval before they are covered. In Step Therapy you and your doctor follow a series of steps when choosing your medication. Step Therapy encourages you to try the most cost- effective and appropriate medications available to treat your condition. Typically, these medications are generics or low cost brands. You need to try these first before more expensive medications are approved.

When you fill a prescription for a Step Therapy medication, Cigna will send you and your doctor a letter explaining what steps you need to take before you refill your medication. This may include trying a generic or lower cost alternative, or asking Cigna for authorization for coverage of your medication. At any time, if your doctor feels a different medication isn't right for you due to medical reasons, he/she can request authorization for continued coverage of a Step Therapy medication.

SavonSP Program
When filling an eligible specialty medication, a representative from SaveonSP will contact you to discuss enrolling in the program. If you choose to participate, you will pay $0 for eligible specialty medications. If you choose NOT to participate, you will pay a higher copay when you fill your medication. Call the Cigna pharmacy line on the back of your ID card for additional information.

Enroll in SaveonSP and pay a $0 copay for select specialty medications. There is not cost to participate in the program!

To manage your specialty medication Log in to the myCigna app or website.
Click on the Prescriptions tab and select Manage Prescriptions. Then click the button next to your medication's name. We'll automatically connect you to your Accredo online account portal.

CIGNA RESOURCES

FREQUENTLY ASKED QUESTIONS (FAQ)

How do I find out if my doctor is in the Cigna network before I enroll?

- Our dedicated Enrollment Information Line is available 24/7/365 to help you learn about the benefits and advantages of Cigna. Call today and a knowledgeable Enrollment Specialist will provide you with assistance in identifying participating providers. Call 1-800-896-0948.

Do I have to choose a Primary Care Physician?

- No. However, a PCP gives you and your covered family members a valuable resource and can be a personal health advocate.

Do I need a referral to see a specialist?

- No. Though you may want your personal doctor's advice and assistance in arranging care with a specialist, you do not need a referral to see a participating specialist.

How does my plan cover my care?

- When you visit a doctor who participates in the Cigna network, you receive in-network coverage. Participating health care providers have agreed to charge lower fees, and your plan covers a share of the charges. **If enrolled in the OAPIN plan and you choose to visit a doctor outside of the network, your care will not be covered by your plan.**

What if I need to be admitted to the hospital?

- In an emergency, your care is covered. Requests for non- emergency hospital stays other than maternity stays must be approved in advance or "pre-certified." This enables Cigna to determine if the services are covered.
- Precertification is not required for maternity stays of 48 hours for vaginal deliveries or 96 hours for caesarean sections. Depending on your plan, you may be eligible for additional coverage. Any hospital stay beyond the initial 48 or 96 hours must be approved.

Who is responsible for obtaining precertification?

- Your doctor will help you decide which procedures require inpatient care and which can be handled on an outpatient basis. If your doctor participates in the Cigna network, he or she will arrange for precertification. Your plan materials will identify which procedures require precertification.

What is Case Management?

- Case management is a program that assists customers with the hardships of an illness. A nurse Case Manager will help to coordinate the most appropriate care and works with you, your family and your physicians for the best results.

CIGNA RESOURCES

FREQUENTLY ASKED QUESTIONS (FAQ)

What if I go to an out-of-network physician who sends me to a network hospital? Will I pay in-network or out-of-network charges for my hospitalization?

- Cigna will cover authorized medical services provided by an Open Access Plus participating hospital at your in-network benefits level—whether you were sent there by an in-network or out-of-network doctor.

Why would Cigna call me?

- Your employer offers you Cigna programs to help you get healthy and live well. When we call, we want to start a conversation so we can learn what's important to you–whether that's a chronic condition, making healthy choices, or filling a prescription. You may also be eligible for incentives for your participation. Every phone call is private and confidential.

Can Express Scripts Pharmacy help transfer my current prescription from my local retail pharmacy?

- Yes. Simply call 1-800-835-3784 and have your doctor's contact information and prescription medication name(s) and dosage(s) ready. Express Scripts Pharmacy will do the rest.

KAISER PERMANENTE RESOURCES

Away From Home Care

Urgent Care

Urgent care need requires prompt attention, usually within 24-48 hours, but is not an emergency; examples include upper-respiratory symptoms, severe cough or sore throat, earaches, or minor burns or cuts. You can visit an urgent care or retail clinic and you will be covered as long as it can't wait until you return home.

For emergency and urgent care services outside our service areas, members can:

- Get remote care from Kaiser Permanente by scheduling a phone or video visit or speaking with a licensed care provider 24/7 for medical advice.
- Visit a Cigna PPO Network provider, a MinuteClinic (located in select CVS and Target stores) or a Concentra urgent care center in states where Kaiser Permanente does not operate.
- Go to the nearest urgent care facility or hospital—anywhere in the world.
- Members are also covered for routine, urgent, and emergency care in any Kaiser Permanente region.
- Here are the resources that support employees before, during, and after travel:
    - Away from Home Travel Line – A single number to call about getting care away from home: 951-268-3900. Available anywhere in the world, anytime.
    - kp.org/travel – The site covers many questions that may come up about getting care away from home services

Wellness Services

Kaiser Permanente offers a variety of services aimed at preventing illness. Your PCP can encourage you to attend a variety of the "Be Well" classes offered in the Kaiser Permanente medical centers. The list of classes offered is printed in the provider directory and include classes on such topics as asthma management for children, heart failure, pediatric weight management, prenatal care/breastfeeding, smoking cessation, managing high blood pressure and more.

Members can also access a number of online services that Kaiser Permanente offers to aid in weight management, smoking cessation and relaxation. At www.kp.org/healthylifestyles, members can learn how to balance weight management and physical fitness through individualized programs. They can create an individualized nutrition plan, a personalized stress management program based on their own sources and symptoms of stress, or a personal plan to help decrease dependency on cigarettes.

KAISER PERMANENTE RESOURCES

KAISER PERMANENTE MEDICAL & PRESCRIPTION DRUG PLAN

Covered Preventive Care Services

Members will have no copay requirement for preventive care services. Those services include, but are not limited to, the following age and gender appropriate physical exams, screening tests and the corresponding explanation of the results:

- Routine physical examinations
- Well-woman exams — including pap smear and screening mammograms
- Well-child examinations
- Routine age-based immunizations
- Bone mass measurement to determine risk for osteoporosis
- Prostate cancer screening exams and routine screening Prostate Specific Antigen (PSA) tests
- Colorectal cancer screenings
- Cholesterol screening tests

Note: Non-preventive issues and services managed during a scheduled preventive visit or service can result in additional charges for those non-preventive services.

What is not covered as preventive?

The exam, screening tests, or interpretations for the following is not considered preventive:
Monitoring chronic disease or as follow-up tests once you have been diagnosed with a disease
Testing for specific diseases for which you have been determined to be at high risk for contracting
Travel consultations, immunizations, and vaccines

More care options for traveling employees

As your employees are getting back to business trips and family vacations, the last thing they want to worry about on the journey is their health coverage. Now, it's easier than ever to get care if something unexpected happens while they're traveling.

Routine care

Members can always schedule in-person, phone, or video visits in states with Kaiser Permanente facilities.

Urgent care

Members can get urgent care anywhere in the world. And at many locations outside Kaiser Permanente states, they'll only pay their copay or coinsurance – no need to file a claim:

- Cigna PPO Network*
- MinuteClinic®, including pharmacies
- Concentra

In some places, members can also get 24/7 medical advice by phone or video from a Kaiser Permanente clinician. At all other locations, members can pay the full cost of care upfront and file a claim for reimbursement later.

Emergency care

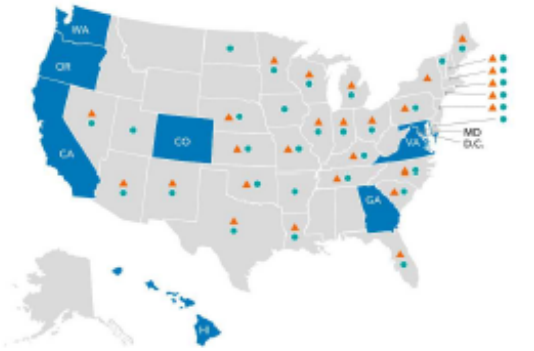
No matter where they are, members can simply go to the nearest hospital and file a claim with us for reimbursement. If it's a Kaiser Permanente location or Cigna provider, they'll only pay their normal copay or coinsurance – no need to file a claim later.

Travel support

Away from Home Travel Line – Your employees can call **951-268-3900** (TTY **711**) for travel support anytime, anywhere.

kp.org/travel – Members can get answers to questions they may have before, during, or after their trip.

Find a facility



*The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.

Cigna is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna PPO Network is available through Cigna's contractual relationship with the Kaiser Permanente health plans. The Cigna PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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KAISER PERMANENTE®

910899757 August 2022

DENTAL PLAN AT-A-GLANCE

Prevention First!

Make sure you take advantage of your preventive dental visits. Preventive care services are not subject to any deductible and all three plans cover 100% of the cost when you visit an in-network provider.

Need to Locate a Participating Provider?

CareFirst

Visit www.CareFirst.com. Click on "Find a Doctor" and then "Continue as Guest". Select "Dental" and then either "Preferred Dental PPO" or "Traditional dental".

Providers in the Traditional Dental network who do not also participate in the Preferred Dental PPO network, will accept the insurance for members enrolled in the Regional Dental PPO and the coverage will be paid at the out-of-network level. The Traditional provider however, may not balance bill.

Cigna

Visit www.myCigna.com. Click on "Find a Doctor, Dentist or Facility" and then "For plans offered through work or school". Enter your zip code and select Cigna Dental Care HMO - Cigna Dental Care Access.

Plan Name	CareFirst Regional Dental PPO		CareFirst Regional Dental Traditional		Cigna Dental Care Access DHMO[6]
Group Number	7J91		7J91		10013509
Network	Nationwide		Nationwide		Nationwide
Plan Features	**In-Network**	**Out-of-Network[5]**	**In-Network**	**Out-of-Network[6]**	**In-Network Only**
Calendar Year Deductible	Individual: $10 Family: $20	Individual: $25 Family: $50	Individual: $10 Family: $25		None
Maximum Benefit Per Calendar Year	$1,500 Per Person		$1,250 Per Person		Unlimited
Service	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Preventative & Diagnostic Services	No Charge	20%[6]	No Charge	No Charge [6]	No Charge
Basic Services	20% (AD)	40% (AD) [6]	20% (AD)	20% AD)[6]	$0-$220 Copay
Major Services Surgical	50% (AD)	70% (AD)	50% AD)	50% AD)[6]	$15-$335 Copay
Major Services Restorative	50% (AD)	70% (AD)	50% AD)	50% (AD)[6]	$15-$335 Copay
Dentures & Bridges	50% (AD)	70% (AD) [6]	50% AD)	50%(AD) [6]	$15-$335 Copay
Orthodontia Lifetime Maximum Benefit	$1,500 Per Person	$1,500 Per Person	$1,200 Per Person		24 Months
Orthodontia	50%[6]	50%	50%	50%	See Fee Schedule
Implants	50%	50%	50%	50%	Not Covered

Summary of Exclusions: Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.
Benefits issued under policy form numbers: Care First of Maryland, Inc.: CFMI/51 +/GC (R. 7/1 OJ• CFMI/EOC/D-V (7/09) • CFMI/DENTAL DOCS (R. 9/11) • CFMI/DENTAL SOB (7/09) • CFMI/ELIG/D-V (7/09) as amended; Group Hospitalization and Medical Services, Inc.: MD/CF/GC (R. 7/1 OJ MD/CF/EOC/D-V (10/08) • MD/CF/DENTAL DOCS (R. 9/11) • MD/CF/DO-SOB (7 /03)M D/CF/ELIG (R. 1 /08) as amended.

[5] CareFirst payments for Out-of-Network services are based on the Allowable Benefit. Non-participating providers may balance bill for the difference
[6] Orthodontia is only available to dependent children up to age 19 if you select one of the CareFirst Options

VISION PLAN AT-A-GLANCE

NVA (National Vision Administrators)

NVA offers a vast national network of providers at national, regional, and local chains or in private practice and provides 24/7/365 customer service. With NVA, you'll receive more choices and access to the NVA Smart Buyer® program; designed to help members understand the choices and related costs they will face when purchasing eyewear. Fixed pricing on expensive items like lens options ensures a uniform pricing regardless of selected in-network provider for NVA members. Discounts are also provided on LASIK, contact lenses and hearing aids, and additional eyewear discounts are available even after the benefit is exhausted (when allowable by law). The result is lower member out-of-pocket costs.

Vision Benefit Plan Features

NVA Standard Network		
Plan Features	**In-Network**	**Out-of-Network[7]**
Eye Exams (Once Every 12 Months)	$20 Copay	Covered up to $35
Spectacle Lenses (Once Every 24 Months)		
Single Vision	$20 Copay	Covered up to $25
Lined Bifocal	$20 Copay	Covered up to $40
Line Trifocal	$20 Copay	Covered up to $55
Lenticular	$20 Copay	Covered up to $80
Frames (Once Every 24 Months)		
Tower Collection	Covered up to $130	Covered up to $35
Non-Tower Frames	Yes	N/A
Contact Lenses (Once Every 24 Months)		
Elective (In Lieu of Lenses and Frames)	Covered up to $130	Covered up to $130
Medically Necessary[8]	$0 Copay	Covered up to $725

Enhance Your Eyeglasses

Lens Options[9] (add to spectacle lens prices)	
Transition Lenses	$0 Copay
Photochromic Lenses	$0 Copay
Scratch-Resistant Coating	$35 Copay
Anti-Reflective Coating (AR)	$48 Copay
Ultraviolet Coating	$60 Copay
Premium Progressive Lenses	$0 Copay

[7] Medically necessary contacts through LensCrafters are covered at 100% in-network once every 24 months. The out-of-network benefit is covered up to $210.
[8] Discount not applicable when visiting LensCrafters Locations.
[9] *Listed lens copays apply to in-network benefits only. See the NVA Schedule of Benefits for details regarding out-of-network coverages.*

FLEXIBLE SPENDING ACCOUNT (FSA)

What is an FSA?

Flexible Spending Accounts allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family. There are two types of FSAs: Health Care FSA and Dependent Care FSA. You can elect one or both of these accounts. The FSAs are administered by VOYA/Benefit Strategies, LLC. and all active employees are eligible to participate. **IF YOU WISH TO PARTICIPATE IN FSAMD OR FSADC, YOU MUST ELECT FSA EVERY YEAR DURING OPEN ENROLLMENT VIA EMPLOYEE SELF SERVICE. THIS BENEFIT DOES NOT CARRY OVER YEAR TO YEAR.**

Employees who participate will receive a VOYA/Benefit Strategies, LLC debit card as a way to pay up front for qualified expenses. You may also submit claims online for reimbursement.

A grace period applies to the Health Care FSA and the Dependent Care FSA. Expenses incurred during the grace period (January 1 through March 15) and approved for reimbursement, will first be paid from any remaining amount from the preceding plan. Any expenses beyond the preceding plan year's balance will be paid from the current plan year's elections. Claims will be paid in the order in which they are approved. All grace period expenses must be submitted to VOYA/Benefit Strategies, LLC by March 31.

Health Care FSA

Health Care FSAs help you pay for qualified medical expenses for you, your spouse, and your dependent children (regardless of whether or not they are enrolled in your medical plan as long as they are included as dependents on your tax return.) Examples of qualified medical expenses include medical and prescription copays, dental care, prescription sunglasses, hearing aids, and prescribed OTC medications.

Your annual contribution amount is deposited into your account and is available to you at the beginning of the plan year. As you incur expenses, simply use the debit card to pay or submit a paper claim for reimbursement. Please note that health insurance premiums paid for by an employer plan or for other health insurance coverage are not eligible for reimbursement.

Dependent Care FSA

Dependent Care FSAs help you pay for the cost of day care for your dependents so you and your spouse can work. Eligible expenses include:

- Care for your dependent child who is under the age of 13 whom you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

If the situation is educational in nature (i.e. Kindergarten), the expense cannot be reimbursed. An individual day care provider must be a non-dependent relative over the age of 19 and must claim the income on their tax return.

Your annual contribution amount is deposited into your account and only the amount you have contributed to date, less any previous reimbursements, will be available to you. You may only receive reimbursements for services already incurred.

EMPLOYEE ASSISTANCE PROGRAM (EAP) & WELLNESS

HOLISTIC WELLNESS APPROACH

The BCPS Wellness program is available to all employees regardless of part-time or full-time status and promotes "working well" to create a future focused on healthy minds and bodies. Wellness involves working both individually and collectively placing focus on the positive and the possible. It is important to take your wellness journey one day at a time, seek support when needed, be kind to yourself, and encourage those around you.

WELLNESS CHAMPIONS

Wellness Champions are employees who help to promote and provide information about the Wellness Programs and Offerings to other employees at their school or site. Every location has at least one Wellness Champion. If you do not know who your Wellness Champions are, or if you are interested in becoming a Wellness Champion, please email empwellness@bcps.org.

PROGRAMS & OFFERINGS

- Coaching for Tobacco Cessation, Weight Management, and Stress Management
- Health Assessments
- Eat Well, Work Well
- Hungry Harvest
- Healthiest Loser
- Healthy Wage
- On-site Fitness Classes
- 10,000 Steps Towards Wellness
- Fitness Center and Yoga Studio Discounts and more!

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The BCPS EAP is available to all employees and their household family members and provides 100% confidential services and support at no cost. Enrollment is automatic and benefits are available on the first day of work to help address a variety of concerns and situations that may impact you or your family's job, health, emotional well-being, and overall quality of life such as:

- General stress
- Depression
- Anxiety
- Substance Abuse

Services Include, but are not limited to:

- 10 face-to-face counseling sessions
- Legal consultation with an attorney
- Assistance finding child/elder/pet care
- Debt Counseling
- Telephonic consultations
- Fraud resolution/identity theft
- Relocation support
- Assistance with adoption

HOW TO ACCESS SERVICES

Internal: Monday through Friday
8:30AM-4:45PM

External: 24/7/365
(888) 431-4334
www.myCigna.com
Employer ID: baltimore

To access additional EAP resources online, you must first log on to myCigna.com (registration required).

INCOME PROTECTION – LIFE & DISABILITY INSURANCE

Basic Life

Life insurance helps protect your family from financial risk and a loss of income in the event of your death. BCPS provides all permanent full and part-time employees $15,000 of Basic Term Life Insurance at no cost to you through MetLife. This benefit is effective on the first of the month following your date of hire. Spouses or children who are BCPS employees are not eligible dependents for the Basic and/or Supplemental Optional Life plans.

Supplemental Optional Life

You may purchase additional Life Insurance for yourself, your spouse, and/ or your dependent children through MetLife. Participation is voluntary, and premiums are paid by you. You must be enrolled in Basic Life and Supplemental Life coverage for yourself in order to purchase coverage for your spouse and/or dependent children.

EMPLOYEE

- Elect a multiple of your annual salary from 1 to 10 times; not to exceed $1,000,000.
- EOI is required if you elect a benefit greater than 3 times your annual salary or the amount exceeds $500,000 (new hires only).

SPOUSE

- If enrolled in Basic Life ONLY you can only elect $15,000
- Elect a benefit in increments of $25,000 not to exceed the lesser of 100% of employee basic and/or optional life benefit amount(s) combined or $500,000
- EOI is required if you elect a benefit greater than $50,000 (new hires only)

CHILD(REN)

- $10,000 benefit for unmarried children up to age 26
- EOI is not required for dependent children

Evidence of Insurability (EOI)/Health Statement

MetLife requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called “Evidence of Insurability (EOI).” You will need to complete and submit a Statement of Health form to MetLife when you:

- Increase your coverage after your new hire election
- Waive coverage when you are a new hire and enroll for the first time at a later date
- New hires selecting a coverage amount over the guaranteed issue amount
- The Statement of Health form can be found in the online forms repository (link above) by selecting "MetLife Statement of Health"

INCOME PROTECTION – LIFE & DISABILITY INSURANCE

Supplemental/Optional Life Insurance

Participation is voluntary, and premiums are paid by you. You must be enrolled in in Basic and/or Supplemental Life to in order to purchase coverage for your spouse and/or dependent children. The amount of coverage for your spouse cannot exceed your total Basic Life and Supplemental coverage amount combined.

Age	Rate*
Under 25	0.02
25-29	0.03
30-34	0.03
35-39	0.04
40-44	0.05
45-49	0.07
50-54	0.11
55-59	0.21
60-64	0.32
65-69	0.62
70+	1.24
Child Coverage	
$10,000	$1.20
*Rates per $1,000 of coverage per pay period.	

How Much Will My Coverage Cost?		
Six Steps:	Calculation	Example (Employee Age 35)
Step 1: Enter your annual basic salary		$42,159
Step 2: Enter the multiple of salary desired[10]		3
Step 3: Multiply the result of Step 1 & Step 2		$126,477
Step 4: Divide the result in step 3 by 1000		126 Round amount to the nearest $1,000
Step 5: Enter the rate for your age from the table to the left		0.04
Step 6 Multiply the result of Step 4 by the rate in Step 5. This is your bi-weekly payroll deduction for this coverage		$5.05

Guaranteed Coverage Amounts (New Hires Only)	
Employees	The lesser of 3x Annual Salary or $500,000
Spouses	$50,000
Children	$10,000

Choosing who will receive your Life Insurance or AD&D benefit is an important decision. Please make sure your beneficiary is up to date. Your beneficiary is the same on both the Life Insurance and AD&D benefit. If you elect coverage for a spouse and/ or children, you are the designated beneficiary. Your spouse and/or children cannot elect a different beneficiary. Use this link to access the online forms repository and select "MetLife Beneficiary Change Form":
https://www.bcps.org/hr/compliance/benefits_and_retirement

[10] Rates shown are bi-weekly (20 pay periods) based on $1,000 of coverage. Coverage for employees are adjusted on the payroll following their date of birth and for the spouse on January 1st each year.

INCOME PROTECTION – LIFE & DISABILITY INSURANCE

Portability/Conversion

If you terminate your employment, you may be able to "port" your coverages. If you are ineligible for the portability, then you have the option to convert your term life insurance policy without having to provide EOI. Applications for portability or conversion must be completed within 31 days of the date your coverage ends through BCPS.

Increasing Optional Life

Employees may elect to increase insurance for themselves and/or their spouse by:

- Completing the MetLife Enrollment/Change Form and submitting to the Office of Benefits; and
- Completing a Health Statement form and returning it to MetLife. EOI is required regardless of the amount of coverage elected. If you are electing coverage for a spouse, your spouse must also complete a Health Statement.

Reducing or Canceling Optional Life

You can only reduce or cancel your optional life insurance during open enrollment since this coverage is purchased pre-tax.

How Much Will My Coverage Cost?		
Six Steps:	**Calculation**	**Example (Employee Age 35)**
Step 1: Enter your annual basic salary		$42,159
Step 2: Enter the multiple of salary desired		3[11]
Step 3: Multiply the result of Step 1 & Step 2		$126,477
Step 4: Divide the result in step 3 by 1000		126 Round amount to the nearest $1000
Step 5: Enter the rate for your age from the rate sheet*		0.04
Step 6: Multiply the result of step 4 by the rate in step 5. This is your bi-weekly payroll deduction for this coverage		$5.05
Employees	The lesser of 3x Annual Salary or $500,000	
Spouses	$50,000	
Children	$10,000	

**Rates can be found on the current year rate sheet included with this guide.*

[11] Guaranteed Coverage Amounts (New Hires Only)

INCOME PROTECTION – LIFE & DISABILITY INSURANCE

Accidental Death & Dismemberment (AD&D) Benefits Schedule

Cost Per Pay Period - Rate $0.01 Per $1,000				
Employee Benefit Amount	**You**	**Spouse (100%)**	**Spouse (50%)**	**Children (10%)**
$25,000	$0.25	$0.25	$0.125	$0.025
$50,000	$0.50	$0.50	$0.25	$0.05
$100,000	$1.00	$1.00	$0.50	$0.10
$200,000	$2.00	$2.00	$1.00	$0.20
$300,000	$3.00	$3.00	$1.50	$0.30
$400,000	$4.00	$4.00	$2.00	$0.40
$500,000	$5.00	$5.00	$2.50	$0.50

Benefits Schedule		
Covered Loss	You, Spouse, Children	Benefit amount payable is determined by the plan option chose. See plan document for additional information.
Life	100%	
Sight of Both Eyes	100%	
Speech and Hearing in Both Ears	100%	
Both Hands or Feet	100%	
One Hand or Foot	50%	
One Hand and Sight of One Eye	100%	
Thumb and Index Finger of the Same Hand	25%	
Coma	1% of the principal sum monthly beginning on the 7th day of the Coma to a maximum of 11 months and the remainder of the principal sum in month 12	

INCOME PROTECTION – LIFE & DISABILITY INSURANCE

Long Term Disability (LTD)

LTD insurance provides coverage in the event of an extended illness or non-work related injury and is offered through Sun Life Financial. Premiums are 100% paid by you. Your union may also offer a members-only LTD plan. You cannot participate in both. **This plan will pay no benefit for any illness or injury beginning during the first 12 consecutive months of enrollment, if the disability results from a pre-existing condition. A pre-existing condition is one for which you have seen a medical doctor or taken medication to treat in the 3 months prior to your effective date.**

How Much Will My Coverage Cost?		
Four Steps:	**Calculation**	**Example**
Step 1: Enter your gross pre-tax pay		$35,000
Step 2: Enter your rate based on your age and Sick leave Bank eligibility from the rate sheet		0.00146
Step 3: Multiply Step 1 by Step 2		$51.10
Step 4: Divide Step 3 by 20 to determine the amount that will be deducted from your check		$2.55

- Benefits begin after you have been disabled for 180 consecutive days or once sick leave is exhausted, whichever is later.
- Plan pays a benefit in the amount of 66.67% of your base monthly salary up to a maximum of $10,000 while you are disabled until you reach Social Security Normal Retirement Age (duration of benefits may be reduced if disability begins after age 60). This amount is decreased or offset by any income you receive including Social Security, sick leave, workers compensation, retirement, or pension.
- Evidence of Insurability is not required however, pre-existing limitations do apply.

INCOME PROTECTION – LIFE & DISABILITY INSURANCE

Long Term Disability (LTD)

Plan Features	Plan Coverage
Payments: To You	66 2/3% of monthly salary less applicable offset
Benefit Payments Start	After 180 days of disability or once sick leave is exhausted, whichever is later
Benefit Payment Offsets	Social security, sick leave, workers compensation, retirement, or pension
Duration of Benefit Payments	Maximum Benefit Period:
	60 – the day before the Social security Normal Retirement Age
	60-65 – 36 months
	65-68 – 24 months
	68-70 – 18 months
	70-72 – 15 months
	Over 72 – 12 months

Retro-disability benefits are paid when you are continuously hospitalized from the onset of disability for 14 or more days. Benefit is equal to six times your monthly benefit.

Employees who apply for LTD sign an acknowledgement at the time of application which states they will have to resign employment at BCPS upon approval of LTD benefits.

LONG TERM DISABILITY COSTS (LTD)

Rates Based on Age and Change as Age Increases		
Age	Sick Leave Bank Participant*	Non-Sick Leave Bank Participant
18-24	0.00063	0.00085
25-29	0.00077	0.00103
30-34	0.00111	0.00146
35-39	0.00155	0.00207
40-44	0.00299	0.00401
45-49	0.00488	0.00650
50-54	0.00633	0.00843
55-59	0.00704	0.00939
60+	0.00640	0.00852
**TABCO members contact TABCO; all others contact Payroll for information about the Sick Leave Bank*		

BENEFIT COSTS PER PAY PERIOD

BI-WEEKLY COSTS FOR EMPLOYEES

FTE	1.0 ($)	0.9 ($)	0.8 ($)
Cigna Open Access Plus In-Network (OAPIN)			
Individual	$70.44	$110.36	$150.27
Parent/Child	$139.57	$218.66	$297.75
Two Adults	$168.10	$263.36	$358.62
Family	$189.53	$296.93	$404.33
Kaiser Permanente HMO			
Individual	$79.17	$124.03	$168.89
Parent/Child(ren)	$156.85	$245.73	$334.61
Two Adults	$188.92	$295.97	$403.02
Family	$213.00	$333.70	$454.40
Cigna Open Access Plus In and Out-of-Network (OAP)			
Individual	$133.26	$173.24	$213.22
Parent/Child	$264.03	$343.24	$422.45
Two Adults	$318.01	$413.41	$508.82
Family	$358.55	$466.11	$573.68
CareFirst Regional Dental PPO			
Individual	$6.26	$7.42	$8.58
Parent/Child or Two Adults	$13.56	$16.08	$18.59
Family	$20.55	$24.37	$28.18
CareFirst Regional Dental Traditional			
Individual	$8.72	$9.88	$11.04
Parent/Child or Two Adults	$17.47	$19.99	$22.50
Family	$33.47	$37.29	$41.10
Cigna Dental DHMO			
Individual	$11.66	$12.82	$13.98
Parent/Child(ren) or Two Adults	$19.45	$21.97	$24.48
Family	$28.91	$32.73	$36.54
National Vision Administrators (NVA)			
Individual (Free if FTE is 0.5 or greater)	$0.00	$0.00	$0.00
Parent/Child, Two Adults, or Family	$3.55	$3.55	$3.55

BENEFIT COSTS PER PAY PERIOD

BI-WEEKLY COSTS FOR EMPLOYEES

FTE	0.7 ($)	0.6 ($)	0.5 ($)
Cigna Open Access Plus In-Network (OAPIN)			
Individual	$190.19	$230.11	$270.02
Parent/Child	$376.84	$455.93	$535.01
Two Adults	$453.88	$549.14	$644.39
Family	$511.74	$619.14	$726.54
Kaiser Permanente HMO			
Individual	$213.75	$258.61	$303.47
Parent/Child(ren)	$423.49	$512.37	$601.24
Two Adults	$510.08	$617.13	$724.18
Family	$575.10	$695.80	$816.50
Cigna Open Access Plus In and Out-of-Network (OAP)			
Individual	$253.20	$293.18	$333.16
Parent/Child	$501.66	$580.87	$660.08
Two Adults	$604.22	$699.63	$795.03
Family	$681.24	$788.81	$896.37
CareFirst Regional Dental PPO			
Individual	$9.75	$10.91	$12.07
Parent/Child or Two Adults	$21.11	$23.63	$26.14
Family	$32.00	$35.82	$39.63
CareFirst Regional Dental Traditional			
Individual	$12.21	$13.37	$14.53
Parent/Child or Two Adults	$25.02	$27.54	$30.05
Family	$44.92	$48.74	$52.55
Cigna Dental DHMO			
Individual	$15.15	$16.31	$17.47
Parent/Child(ren) or Two Adults	$27.00	$29.52	$32.03
Family	$40.36	$44.18	$47.99
National Vision Administrators (NVA)			
Individual (Free if FTE is 0.5 or greater)	$0.00	$0.00	$0.00
Parent/Child, Two Adults, or Family	$3.55	$3.55	$3.55

ANNUAL COSTS FOR EMPLOYEES

	Total Premium ($)	Board Share ($)	FTE 1.0 Share ($)
Cigna Open Access Plus In-Network (OAPIN)			
Individual	$9,392.28	$7,983.44	$1,408.84
Parent/Child	$18,609.24	$15,817.85	$2,791.39
Two Adults	$22,413.84	$19,051.76	$3,362.08
Family	$25,271.04	$21,480.38	$3,790.66
Kaiser Permanente HMO			
Individual	$10,555.68	$8,972.33	$1,583.35
Parent/Child(ren)	$20,912.76	$17,775.85	$3,136.91
Two Adults	$25,188.84	$21,410.51	$3,778.33
Family	$28,399.92	$24,139.93	$4,259.99
Cigna Open Access Plus In and Out-of-Network (OAP)			
Individual	$10,661.16	$7,995.87	$2,665.29
Parent/Child	$21,122.52	$15,841.89	$5,280.63
Two Adults	$25,441.08	$19,080.81	$6,360.27
Family	$28,683.84	$21,512.88	$7,170.96
CareFirst Regional Dental PPO			
Individual	$357.48	$232.36	$125.12
Parent/Child or Two Adults	$774.60	$503.49	$271.11
Family	$1,174.32	$763.31	$411.01
CareFirst Regional Dental Traditional			
Individual	$406.80	$232.36	$174.44
Parent/Child or Two Adults	$852.96	$503.49	$349.47
Family	$1,432.68	$763.31	$669.37
Cigna Dental DHMO			
Individual	$465.48	$232.36	$233.12
Parent/Child(ren) or Two Adults	$892.44	$503.49	$388.95
Family	$1,341.60	$763.31	$578.29
National Vision Administrators (NVA)			
Individual (Free if FTE is 0.5 or greater)	$25.08	$25.08	$0.00
Parent/Child, Two Adults, or Family	$96.12	$25.08	$71.04

BALTIMORE COUNTY PUBLIC SCHOOLS
QUALIFYING LIFE EVENT (QLE) CHANGE FORM
EMPLOYEES

RETURN COMPLETED FORM TO: Baltimore County Public Schools, Office of Employee Benefits, Leaves and Retirement
6901 N. Charles Street, Building B, Towson, MD 21204
SCAN AND E-MAIL FORM TO: cschelp@bcps.org **Phone:** (443) 809-1000 **FAX TO:** (410) 887-8950

1. EMPLOYEE INFORMATION			
NAME	SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	
STREE ADDRESS			PHONE NUMBER
CITY	STATE	ZIP	DATE OF BIRTH

2. TYPE OF LIFE EVENT

- □ Marriage — Date of Life Event _____
- □ Divorce
- □ Birth/Adoption of a child(ren)
- □ Gain/Lost other coverage
- □ Other _____

Reminder: If you are enrolling a spouse/child(ren) whom have not previously been covered by a BCPS benefit plan, you must also include proof of relationship (e.g. marriage certificate, birth certificate). Requests are effective on the first of the month following the life event and received supporting documentation. Please allow 5-7 business days for processing.

3. ELECTION OF BENEFITS – Refer to the Benefits Enrollment and Reference Guide for Details

Medical	**Vision**	**Dental**	***Optional Life**
□ Cigna OAPIN (in network only)	□ National Vision Administrators (NVA)	□ CareFirst BCBS Dental PPO	□ I cancel Spouse Optional Life Insurance
□ Kaiser Permanente HMO		□ CareFirst BCBS Dental Traditional	□ I cancel Child Optional Life Insurance
□ Cigna OAP (in/out network)		□ Cigna Dental Care Access DHMO	□ I add Spouse Optional Life Insurance
Coverage Level	**Coverage Level**	**Coverage Level**	□ I add Child Optional Life Insurance
□ Individual	□ Individual	□ Individual	***AD&D**
□ Parent & Child	□ Family	□ Parent & Child	□ I cancel Spouse AD&D Insurance
□ Parent & Children (children for Kaiser only)		□ Parent & Children (children for Cigna only)	□ I cancel Child AD&D Insurance
□ Two Adults		□ Two Adults	□ I add Spouse AD&D Insurance
□ Family		□ Family	□ I add Child AD&D Insurance

For Optional Life and AD&D, please go to bcps.org for MetLife Statement of Health (SOH) and required documentation

4. DEPENDENT(S) INFORMATION - List all dependents to be covered and their information

NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	KAISER MEDICAL FACILITY/ PRIMARY CARE
	SPOUSE □ ADD □ REMOVE				
	CHILD □ ADD □ REMOVE				
	CHILD □ ADD □ REMOVE				
	CHILD □ ADD □ REMOVE				
	CHILD □ ADD □ REMOVE				
	CHILD □ ADD □ REMOVE				

If you have any questions concerning the benefits and services that are provided by or excluded under the agreement, please contact the applicable plan's membership services representative before signing the application form. I hereby apply for myself and any dependents listed on this application for the coverage indicated and authorize Baltimore County Public Schools to deduct from my pension or bill me for the amount required to participate in the elected plans. I understand that the elections that I make on this form will remain in effect until a new request is submitted to BCPS. I also understand that the elections I make on this form are subject to modification by Baltimore County Public Schools to ensure that the Plan complies with applicable laws or to reflect increases in the cost of the elected coverage(s) that occur during the Plan Year. I hereby consent, for myself and for all individuals covered by the Plan through me, to any investigations or inquiries into medical condition that are deemed necessary or appropriate by the Plan Administrator and to any disclosures of medical records by anyone deemed necessary or appropriate by the Plan Administrator. The statements are true and complete and are representations made to induce the issuance of the subscription agreement(s) for which I have applied. I authorize deductions from my wages for the portion of the flexible benefit costs for which I am responsible. If the deductions for any pay period(s) are insufficient to cover the proportional cost of the flexible benefits for the pay period(s), additional deductions from subsequent wages will be in accordance with the master agreements. I have carefully read this application and agree to its terms by typing/signing my name below.

EMPLOYEE SIGNATURE DATE

RETAIN A COPY FOR YOUR RECORDS

Engage. Empower. Excel

MetLife

Ensure your Life insurance proceeds benefit your loved ones – Update your beneficiary designations today!

Have you had a major life event recently?

If you've recently tied the knot, welcomed a baby, adopted a child, undergone a divorce or suffered a death in the family, it's probably time to update your beneficiary. Should something happen to you, you wouldn't want your Life insurance benefits unintentionally left to the wrong person. Please update your beneficiary information today.

How to update your beneficiaries

Step 1

Visit our website at mybenefits.metlife.com and type in **Baltimore County Public Schools** in the **Employer or Association** field. Click **Next**.

Step 2

Log into your **MyBenefits** account with your username and password or register as a new user.

Step 3

After you log in, click **Group Life Insurance**.

Step 4

On the top of the page, click the **Beneficiaries** link and follow the instructions to add or update your beneficiaries.

You can also call us 1-866-492-6983 to designate or update a beneficiary. Changes to your beneficiary are effective immediately. You can print a copy of your designations for your records by clicking the printer icon located near the upper right-hand corner of the screen.

What will happen if you don't designate a beneficiary

Without an updated beneficiary designation, we'll distribute proceeds based on the terms of the insurance certificate.

We're here to help

Call us at 1-866-492-6983. We're available Monday through Friday, from 8:00 a.m. to 11:00 p.m. Eastern Time.

INSTRUCTIONS

FOR THE STATEMENT OF HEALTH FORM AND THE AUTHORIZATION FORM THAT FOLLOW THIS SECTION

INSTRUCTIONS TO THE RECORDKEEPER (The Recordkeeper may be the Group Customer, a Third Party Administrator or MetLife.)

1. Fill in the Group Customer Information and Insurance Information on the Statement of Health form.
2. Give the forms to the Employee.

INSTRUCTIONS TO THE EMPLOYEE

1. Fill in your name and Social Security # on the Statement of Health form. The Employee's Name and the Employee's Social Security # must appear on the form.
2. Give the forms to the Proposed Insured to complete and send to MetLife.

INSTRUCTIONS TO THE PROPOSED INSURED (The Proposed Insured is the person for whom insurance is being requested. The Proposed Insured may be the Employee or the Employee's Spouse.) A separate Statement of Health form must be completed by each Proposed Insured. Based on the enrollment form submitted by the Employee, a Statement of Health form is required to complete the employee's request for group insurance coverage for you, the Proposed Insured.

1. If the Insurance Information Section is not completed, obtain the information before finalizing the form. Contact your Employer/Benefits Administrator if the Life Insurance amounts were not provided or to confirm the Life Insurance amounts.
2. Complete the Statement of Health form and sign where indicated by an arrow.
3. Sign the Authorization form where indicated by an arrow.
4. After completion, make a copy of both completed forms for your records and FAX, MAIL or EMAIL the original forms to the address at the right. Emailed forms must be printed and signed before they are scanned and submitted.

For questions, call MetLife at 1-800-638-6420, prompt 1 (Statement of Health Unit) or email us at eoi@metlifeservice.com.

Metropolitan Life Insurance Company
Statement of Health Unit
P.O. Box 14069
Lexington, KY 40512-4069
FAX: 1-859-225-7909

To Submit Completed Forms Email:
SOHSubmissions@metlife.com

For Questions Email:
eoi@metlifeservice.com

Note: Additional medical information may be required after MetLife's initial review of a completed Statement of Health form. The additional information requested may be a physical examination, paramedical exam, or an Attending Physician Report. Correspondence will be sent within ten days by MetLife or our approved vendor. Incomplete forms will be returned to you for completion.

Some services in connection with your coverage may be performed by our affiliates, MetLife Global Operations Support Center Private Limited and MetLife Services and Solutions, LLC., unless prohibited by state or local law or by mutual agreement with the group customer.

These service arrangements in no way alter Metropolitan Life Insurance Company's obligation to you. Your coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

MetLife

Metropolitan Life Insurance Company, New York, NY 10166

STATEMENT OF HEALTH FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)

Name of Group Customer/Employer/Association	Group Customer #	Reporting Location #
Baltimore County Public Schools	225127	

Street Address	City	State	Zip Code
6901 Charles St., Bldg B	Towson	MD	21204

INSURANCE INFORMATION (To be Completed by the Recordkeeper)

Enrollment year

Term Life Insurance

- ☐ Supplemental/Optional Life: Indicate amount subject to medical underwriting $_____
- ☐ Dependent Spouse[1] Life: Indicate amount subject to medical underwriting $_____

EMPLOYEE INFORMATION (To be Completed by the Employee)

Name of Employee (First, Middle, Last)	Social Security # of Employee

YOUR INFORMATION (To be Completed by the Proposed Insured)

Name (First, Middle, Last)	Relationship to Employee ☐ Self ☐ Spouse	☐ Male ☐ Female

Street Address	City	State	Zip Code

Date of Birth (MM/DD/YYYY)	Daytime Phone #	Home Phone #	Email Address

[1] For Vermont and Washington State residents, Spouse includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available.

GEF02-1a
ADM
(The form number above applies to residents of all states except as follows: Form number GEF09-1 *applies to residents of Montana;*
GEF02-1
ADM *applies to residents of Connecticut, North Dakota and Utah)*

Please complete all sections of this form. Incomplete forms will be returned to you.

MetLife

Metropolitan Life Insurance Company, New York, NY 10166

HEALTH INFORMATION

SECTION 1

Please complete all questions below. Omitted information will cause delays. In this section, "you" and "your" refers to the person for whom insurance is being requested. Health information is required for the Proposed Insured only. For questions 5 through 11u, for "yes" answers, please provide full details in Section 2.

Your name _____ Employee's Name _____

Employee's Social Security/Identification # _____

	Yes	No
1. Your height ___ feet ___ inches Your weight ___ pounds		
2. Are you now on a diet prescribed by a physician or other health care provider? If "yes" indicate type _____	☐	☐
3. Are you now pregnant? If "yes," what is your due date (month/day/year)? _____ If "yes", provide Physician's name _____ Telephone: ( ) –	☐	☐
4. Are you now, or have you in the past 2 years, used tobacco in any form?	☐	☐
5. In the past 5 years, have you received medical treatment or counseling by a physician or other health care provider for, or been advised by a physician or other health care provider to discontinue, the use of alcohol or prescribed or non-prescribed drugs?	☐	☐
6. In the past 5 years, have you been convicted of driving while intoxicated or under the influence of alcohol and/or any drug? If "yes", specify date(s) of conviction(s) (month/day/year) _____	☐	☐
7. In the past 7 years, have you had any application for life, accidental death and dismemberment or disability insurance ☐ declined ☐ postponed ☐ withdrawn ☐ rated ☐ modified ☐ issued other than as applied for? Indicate reason _____	☐	☐
8. Are you now receiving or applying for any disability benefits, including workers' compensation?	☐	☐
9. Have you been **Hospitalized** as defined below (not including well-baby delivery) in the past 90 days? **Hospitalized** means admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.	☐	☐
10. **For residents of all states except CT, please answer the following question:** In the past 7 years, have you been diagnosed or treated by a physician or other health care provider for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection? **For CT residents, please answer the following question:** To the best of your knowledge and belief, in the past 7 years, have you been diagnosed or treated by a physician or other health care provider for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection?	☐	☐
11. In the past 7 years, have you been diagnosed, treated or given medical advice by a physician or other health care provider for:		
a. cardiac or cardiovascular disorder? Indicate type _____	☐	☐
b. stroke or circulatory disorder? Indicate type _____	☐	☐
c. high blood pressure?	☐	☐
d. cancer, Hodgkin's disease, lymphoma or tumors? Indicate type _____	☐	☐
e. anemia, leukemia or other blood disorder? Indicate type _____	☐	☐
f. diabetes? Your age at diagnosis? _____ ☐ Check if insulin treated	☐	☐
g. asthma, COPD, emphysema or other lung disease? Indicate type _____	☐	☐
h. ulcers, stomach, hepatitis or other liver disorder? Indicate type _____	☐	☐
i. colitis, Crohn's, diverticulitis or other intestinal disorder? Indicate type _____	☐	☐
j. memory loss? Indicate type _____	☐	☐
k. epilepsy, paralysis, seizures, dizziness or other neurological disorder? Specify date of last seizure (month/year) _____ Indicate type _____	☐	☐
l. Epstein-Barr, chronic fatigue syndrome or fibromyalgia? Indicate type _____	☐	☐
m. multiple sclerosis, ALS or muscular dystrophy? Indicate type _____	☐	☐
n. lupus, scleroderma, auto immune disease or connective tissue disorder?	☐	☐
o. arthritis? ☐ osteoarthritis ☐ rheumatoid ☐ other/type _____	☐	☐
p. back, neck, knee, spinal, joint or other musculoskeletal disorder? Indicate type _____	☐	☐
q. carpal tunnel syndrome?	☐	☐
r. kidney, urinary tract or prostate disorder? Indicate type _____	☐	☐
s. thyroid or other gland disorder? Indicate type _____	☐	☐
t. mental, anxiety, depression, attempted suicide or nervous disorder? Indicate type _____	☐	☐
u. sleep apnea? Indicate type _____	☐	☐

After completing the Personal Physician and Prescription Information on the next page, please provide full details in Section 2 for "yes" answers to questions 5 through 11u.

MetLife
Metropolitan Life Insurance Company, New York, NY 10166

Personal Physician Information

Personal Physician's Name:

Address (Street, City, State, Zip Code):

Telephone: ( ) –

Date of last visit (MM/DD/YYYY): / /

Reason for visit:

Prescription Information

Are you currently taking any prescribed medications? ☐ Yes ☐ No If yes, list the medications.

Medication: Condition/Diagnosis:

Prescribing Physician's Name: Telephone: ( ) –

Address (Street, City, State, Zip Code):

Medication: Condition/Diagnosis:

Prescribing Physician's Name: Telephone: ( ) –

Address (Street, City, State, Zip Code):

☐ Check here if you are attaching another sheet for any additional medications.

SECTION 2

Please provide full details below for each "Yes" answer to questions 5 through 11u in Section 1. If you need more space to provide full details, attach a separate sheet with the information and sign and date it. Delays in processing your application may occur if complete details are not provided. MetLife may contact you for additional or missing information. ☐ Check here if you are attaching another sheet.

Your name Employee's Name

Your Date of Birth / /

Question Number	Condition/Diagnosis	Please list any medication prescribed that you did not already identify in the Prescription Information above.
Date of Diagnosis (Month/Year)	**Date of Last Treatment (Month/Year)**	**Type of Treatment**

Treating Health Professional

Physician's Name:

Date of last visit: Reason for visit:

Address Street City State Zip Code

Telephone: ( ) -

Question Number	Condition/Diagnosis	Please list any medication prescribed that you did not already identify in the Prescription Information above.
Date of Diagnosis (Month/Year)	**Date of Last Treatment (Month/Year)**	**Type of Treatment**

Treating Health Professional

Physician's Name:

Date of last visit: Reason for visit:

Address Street City State Zip Code

Telephone: ( ) -

GEF09-1
HEA
(The form number above applies to residents of all states except as follows: Form number GEF09-1 *applies to residents of Montana;*
GEF09-1
HEA *applies to residents of Connecticut, North Dakota and Utah)*

Please complete all sections of this form. Incomplete forms will be returned to you.

Question Number	Condition/Diagnosis	Please list any medication prescribed that you did not already identify in the Prescription Information above.
Date of Diagnosis (Month/Year)	Date of Last Treatment (Month/Year)	Type of Treatment

Treating Health Professional

Physician's Name: _____

Date of last visit: _____ Reason for visit: _____

Address _____
Street City State Zip Code

Telephone: ( ) -

GEF09-1
HEA
(The form number above applies to residents of all states except as follows: Form number **GEF09-1** *applies to residents of Montana;*
GEF09-1
HEA *applies to residents of Connecticut, North Dakota and Utah)*

FRAUD WARNINGS

Before signing this Statement of Health form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies to the extent required by applicable law.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Insurance): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

GEF09-1
FW
(The form number above applies to residents of all states except as follows: Form number GEF09-1 *applies to residents of Montana;*
GEF09-1
FW *applies to residents of Connecticut, North Dakota and Utah)*

Please complete all sections of this form. Incomplete forms will be returned to you.

MetLife

Metropolitan Life Insurance Company, New York, NY 10166

DECLARATIONS AND SIGNATURES

By signing below, I acknowledge:

1. I have read this Statement of Health form and declare that all information I have given, including any health information, is true and complete to the best of my knowledge and belief. I understand that this information will be used by MetLife to determine insurability.
2. I have read the applicable Fraud Warning(s) provided in this Statement of Health form.

Signature of Proposed Insured	Print Name	Date Signed (MM/DD/YYYY)

GEF09-1
DEC
(The form number above applies to residents of all states except as follows: Form number **GEF09-1** *applies to residents of Montana;*
GEF09-1
DEC *applies to residents of Connecticut, North Dakota and Utah)*

Please complete all sections of this form. Incomplete forms will be returned to you.

AUTHORIZATION

This Authorization is in connection with an enrollment in group insurance and information required for underwriting and claim purposes for the proposed insured(s) ("employee", spouse, and /or any other person(s) named below). Underwriting means classification of individuals for determination of insurability and / or rates, based upon physician health reports, prescription drug history, laboratory test results, and other factors. Notwithstanding any prior restriction placed on information, records or data by a proposed insured, each proposed insured hereby authorizes:

- Any medical practitioner, facility or related entity; any insurer; MIB Group, Inc ("MIB"); any employer; any group policyholder, contract holder or benefit plan administrator; any pharmacy or pharmacy related service organization; any consumer reporting agency; or any government agency to give Metropolitan Life Insurance Company ("MetLife") or any third party acting on MetLife's behalf in this regard:
  - personal information and data about the proposed insured including employment and occupational information;
  - medical information, records and data about the proposed insured including information, records and data about drugs prescribed, medical test results and sexually transmitted diseases;
  - information, records and data about the proposed insured related to alcohol and drug abuse and treatment, including information and data records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR part 2;
  - information, records and data about the proposed insured relating to Acquired Immunodeficiency Syndrome (AIDS) or AIDS related conditions including, where permitted by applicable law, Human Immunodeficiency Virus (HIV) test results;
  - information, records and data about the proposed insured relating to mental illness, except psychotherapy notes; and
  - motor vehicle reports.

Note to All Health Care Providers: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Expiration, Revocation and Refusal to Sign: This authorization will expire 24 months from the date on this form or sooner if prescribed by law. The proposed insured may revoke this authorization at any time. To revoke the authorization, the proposed insured must write to MetLife at P.O. Box 14069, Lexington, KY 40512-4069, and inform MetLife that this Authorization is revoked. Any action taken before MetLife receives the proposed insured's revocation will be valid. Revocation may be the basis for denying coverage or benefits. If the proposed insured does not sign this Authorization, that person's enrollment for group insurance cannot be processed.

By signing below, each proposed insured acknowledges his or her understanding that:

- All or part of the information, records and data that MetLife receives pursuant to this authorization may be disclosed to MIB. Such information may also be disclosed to and used by any reinsurer, employee, affiliate or independent contractor who performs a business service for MetLife on the insurance applied for or on existing insurance with MetLife, or disclosed as otherwise required or permitted by applicable laws.
- While this authorization is in force, we may use the information we receive under this authorization to improve our underwriting and claims processes generally.
- Medical information, records and data that may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, setting forth standards for the use, maintenance and disclosure of such information by health care providers and health plans and records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR part 2, once disclosed to MetLife or upon redisclosure by MetLife, may no longer be covered by those laws or regulations.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- Information obtained pursuant to this authorization about a proposed insured may be used, to the extent permitted by applicable law, to determine the insurability of other family members.
- A photocopy of this form is as valid as the original form. Each proposed insured (or his/her authorized representative) has a right to receive a copy of this form.
- I authorize MetLife, or its reinsurers, to make a brief report of my personal health information to MIB.

Sign Here

Signature of Proposed Insured		Date Signed (MM/DD/YYYY)
Print Name	State of Birth	Country of Birth

FREQUENTLY ASKED QUESTIONS (FAQ)

How do I request an ID card?

ID cards for medical, prescription, dental, and/or vision benefits may be requested electronically through your personal online accounts with Cigna, Kaiser Permanente, CareFirst, or NVA. Temporary cards may also be downloaded from these portals. You may also call the insurance company directly.

How do I add my newborn to my coverage?

Complete an enrollment/change form with the new baby's name, gender, and date of birth within 30 days following the birth (social security number can be updated once received). Please submit proof of birth along with the form. The baby's coverage will be retroactive to the date of birth.

How do I add my new spouse to my coverage?

Complete an enrollment/change form with your spouse's information within 30 days following the date of marriage. Please submit a copy of the marriage certificate along with the form. Your spouse's benefits will be effective on the first of the month following receipt of completed paperwork.

Will I have coverage during my approved leave of absence?

As long as you have paid leave available, benefit deductions will continue. When your accrued leave is exhausted or you cease to be paid by BCPS, you must contact the Office of Benefits and Retirement to make arrangements to continue payment of your benefits to ensure continued coverage.

I turn 65 soon, but I am still working. Do I need to sign up for Medicare?

As long as you remain an active employee, you can defer enrollment in Medicare Part B.

Where can I get an estimate of what my pension check would be when I retire?

Employees should contact the appropriate retirement system, State or County, for this information.

Can I take a loan against my retirement?

Hardship withdrawals and loans are only available to employees who are contributing to either a 403(b) or 457(b) supplemental retirement account. Loans may not be taken against your pension retirement account.

How do I change my name/address?

Name and address changes are handled by the Office of Payroll (443) 809-4240. Once updated, benefits information is also updated. You may also make changes through Employee Self Service (ESS).

When does coverage end?

If your employment ends after the last day of the school year but before the beginning of the next school year, then your medical, prescription, dental and vision benefits terminate as of August 31st. If your employment ends during the school year, benefits terminate on the last day of the month in which you are in active pay status.

GLOSSARY

Out-of-Pocket Maximum—The most a member would have to pay for covered services in a plan year including copays, deductibles, and coinsurance. After you have spent this amount, the medical plan pays 100% of the costs of covered benefits. Cigna medical plans have a separate OOP maximum for prescription benefits. All BCPS medical plans have embedded OOP accruals meaning that when the employee has family coverage, one member of the family will pay no more than the individual amount.

Annual Benefit Maximum—The most the dental plan has to pay towards covered services in a plan year. After the annual benefit maximum has been exhausted, the dental plan will not contribute anything additional towards covered services. Cigna DHMO does not have an annual benefit maximum.

Allowed Amount—The contracted amount a participating provider is allowed to charge for a covered service.

Balance Billing—A non-participating provider may bill you for the difference between the allowed amount for covered services and their charge. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. Participating providers may not balance bill.

Formulary — A list of prescription drugs covered by a prescription plan that are preferred. These drugs can be generic or brand name. Formulary drugs are chosen for their cost, effectiveness, and safety and will typically have a lower cost to the member.

ANNUAL NOTICES

HIPAA Notice of Availability of Privacy Practices

The BCPS Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. The Notice describes the legal obligations of the BCPS group health plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, the Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. If you would like a copy of the Plan's Notice of Privacy Practices, please contact the Office of Benefits and Retirement.

HIPAA Notice of Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Also, you may be entitled to special enrollment rights pursuant to the Children's Health Insurance Program Reauthorization Act of 2009 (the Act) if you or your dependents:

1. Lose coverage under a Medicaid or State Plan; or
2. Become eligible for group health premium assistance under a Medicaid plan or State Plan.
   If a special enrollment right is provided pursuant to the Act, you may change your election consistent with such special enrollment right within 60 days as long as the election is made consistent with the special enrollment.

Waiver of Coverage

If you elect to waive coverage for yourself or your dependents (including your spouse), you acknowledge that you and your spouse and/or dependent child(ren) can only enroll later during an annual Open Enrollment period. An exception to this is if you and your spouse and/or dependent child(ren) are entitled to enroll in accordance with the "Special Enrollment Rights" described above.

To request special enrollment or obtain more information, contact the Office of Benefits and Retirement.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

ANNUAL NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

Coordination of Benefits (COB)

All BCPS medical and dental plans contain a "non-duplication of benefits," or Coordination of Benefits (COB), clause. Under the COB provision, in order to determine which plan pays benefits first (the "primary" plan), the general rules below apply:

The plan under which the person is covered as an employee is primary.

- CHAMPUS and Medicare are normally secondary.
- Qualified children are covered first under the plan of the parent whose birthday (month and day) falls earlier in the year (insurance companies call this "the Birthday Rule").
- If the parents are divorced or separated, the plan of the parent with custody pays first; the plan of the custodial parent's spouse pays second; the plan of the parent who does not have custody pays third.
- The plan that covers an active employee and qualified children pays first; the plan that covers a laid-off or retired employee and dependents pays second.
- Contact your health plan's Member Services department to confirm your plan's specific COB rules.

The Department of Human Resources
Office of Benefits and Retirement
6901 N. Charles Street, Building B,
Towson, MD 21204
www.bcps.org

Benefits and Retirement Representatives are available to help answer your questions and address any concerns you have regarding your BCPS benefits. All benefits information and forms can be found and downloaded from our website.

EMPLOYEE AND RETIREE Customer Service Center

The Employee and Retiree Customer Service Center provides BCPS employees and retirees with assistance and solutions to questions regarding benefits.

Contact BCPS Customer Service Center (CSC) for benefits and retirement forms, questions, and information. They can be reached by telephone at (443) 809-1000 or email at cschelp@bcps.org.