

MEMORANDUM

February 12, 2013

TO: Health and Human Services Committee
Government Operations and Fiscal Policy Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Mental Health Parity in County Agency Employee Health Plans**

Expected for this session:

Belinda Fulco, Montgomery County Government (MCG) Office of Human Resources
Richard Johnstone, Montgomery County Public Schools (MCPS)
Sarah Espinosa, Vice President for Human Resources, Montgomery College
Jennifer McDonald, Maryland-National Park and Planning Commission (M-NCPPC)
Carole Silberhorn, Washington Suburban Sanitary Commission (WSSC)

Background

In 2008, The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act was signed into law. The purpose of the law is to require that benefits for physical health and mental health and substance abuse treatment be structured equally in health plans. For example, if a health plan requires a \$10 co-pay for a visit to an in-network primary care physician then it would have a \$10 co-pay to an in-network mental health provider. If a plan paid 80% of the usual cost of an out-of-network provider for a doctor addressing physical health issues, 80% would also be paid to an out-of-network mental health provider. This equitable coverage should improve people's ability to address mental health and substance abuse treatment needs.

The Mental Health Parity and Addiction Equity Act has several exceptions to its requirements.

- An employer is not required to provide any coverage for mental health or substance abuse (if they do then parity applies).
- It does not apply to small employers (50 employees or less)
- It does not apply to non-Federal government plans that have 100 or fewer employees

- Self-funded, non-Federal governmental employers may opt-out of parity requirements. However, they must file an exemption with the Centers for Medicare and Medicaid Services (CMS)

As a part of the Affordable Care Act, starting in 2014, small group and individual plans that are purchased through State health exchanges will also be required to comply with parity requirements.

It is important to note that mental health and substance abuse parity does not resolve certain problems people may face someone seeking mental health services, such as shortages of in-network psychiatrists.

Attached at ©2-5 is a brief from SAMHSA (Substance Abuse and Mental Health Services Administration), “Understanding the Federal Parity Law.” Attached at ©6-10 is information provided by the Maryland Mental Health Association’s Maryland Parity Project.

Parity in County Agency Employee Plans

At the time this session was scheduled, HHS Chair Leventhal had heard concerns that, while from a health policy position County Government representatives had voiced support for mental health parity, the self-funded health plans available to County Government employees did not have mental health and substance abuse parity. Councilmember Leventhal asked that all five County and Bi-County agencies provide information on whether they have enacted parity or have chosen to opt-out. A table with the agency responses is attached at © 1.

Since this meeting was first scheduled, Montgomery County Government worked with the employee organizations to make mental health and substance abuse parity a part of all the County Government health plans. The February 5, 2013 letter from Human Resources Director Adler announcing this change is attached at ©11.

The information provided indicates that Montgomery County Public Schools and Montgomery College had parity in place prior to the 2013 plan year. As noted, Montgomery County Government has just implemented parity. The Maryland-National Capital Park and Planning Commission has opted-out of parity in order to avoid additional costs. For example, the M-NCPPC United HealthCare Select Plan has a \$10 co-pay for an in-network primary care or specialist visit but has a 20% co-insurance for the first 5 visits to an outpatient mental health provider which increases to 50% per visit after 30 visits. M-NCPPC has filed the appropriate information with CMS and follows the requirements for annual notice. WSSC has parity in all areas except co-pays. However, in the case of its United HealthCare Choice Plus Point of Service plan, the co-pay for outpatient mental health services is \$10 compared to a \$20 co-pay for a primary care physician and for the United HealthCare Select Plan the co-pay for in-network mental health services is the \$25 specialist co-pay rather than the \$20 primary care co-pay. WSSC cites the current collective bargaining agreements as the reason for these differences.

Mental Health and Substance Abuse Parity -Agency Summary

	MCG	MCPS	College	M-NCPPC	WSSC
Do agency self-insured plan(s) offer mental health and substance abuse treatment services?	Yes	Yes	Yes	Yes	Yes
Are they administered by the plan or carved out and administered by another entity?	Carefirst BCBS is administered by Magellan United HealthCare claims handled in-house	Administered by the Plan	Administered by the Plan	Administered by the Plan	Administered by the Plan
Do agency self-insured plan(s) have mental health and substance abuse parity?	Yes as of 1/1/2013	Yes	Yes as of 1/1/2010	No	Parity in all areas but co-pays
Does the agency have any assessment on the impact of parity on cost or number of claims?	The County's consultant AON estimates \$600,000 to \$700,000 annually	Marginal Impact	No	Not applicable	Information would need to be requested
If the agency does not have parity, what is the agency's reason for not implementing parity?	Not applicable	Not applicable	Not applicable	Cost avoidance	Collective Bargaining Agreements
If the agency does not have parity, has it filed for an exemption with the Centers for Medicare and Medicaid Services (CMS)	Not applicable	Not applicable	Not applicable	Yes, each year an exemption is filed	No
Has your agency notified enrollees on an annual basis of its decisions?	Agreement was reached in January. Notice was mailed in February.	Not applicable	Employees were notified of the change in 2010 and are notified annually of changes to plans	Yes. An annual notice to employees is in open enrollment materials	Yes
Does your agency offer fully-insured plan(s) that offer mental health and substance abuse parity?	Yes Kaiser	Yes	Yes	No	Parity in all areas but co-pays
If so, has there been any specific impact on premium or claims since parity became effective	No	Yes	No	Not applicable	Information would need to be requested

Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover



The Affordable Care Act was passed by Congress and signed into law by President Obama on March 23, 2010; the comprehensive health care reform has a number of changes that will affect you, your family, and your friends.

Understanding Health Reform

Understanding the Federal Parity Law

What is the Federal parity law?

On October 3, 2008, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 was signed into law. This new Federal law requires group health insurance plans (those with 50 or more insured employees) that offer coverage for mental illness and substance use disorders to provide those benefits in a way that is no more restrictive than all other medical and surgical procedures covered by the plan. The Mental Health Parity and Addiction Equity Act does not require group health plans to cover mental health (MH) and substance use disorder (SUD) benefits. But, when plans do cover these benefits, MH and SUD benefits must be covered at levels that are no lower than the levels of other medical and surgical benefits offered by the plan. Plans covering MH and SUD benefits must also have treatment limitations that are no more restrictive than the other offered benefits.

Why is the Federal parity law important?

- Eliminates the practice of unequal health treatment. This practice of inequality has kept individuals with untreated SUD and MH disorders from receiving critically important

treatment services. By providing parity, insurance covers treatment for substance use and MH disorders in a way that is equal to treatment coverage for other chronic health conditions such as diabetes, asthma, and hypertension.

- Improves access to much-needed MH and SUD treatment services through more equitable coverage. Millions of Americans with MH and/or SUDs fail to receive the treatment they need to get and stay well. The lack of health insurance coverage for MH and SUD treatment has contributed to a large gap in treatment services. Improving coverage of MH and SUD services will help more people get the care they need.

How does the Federal parity law work?

- This law requires group health insurance plans (those with 50 or more insured employees) that offer coverage for mental illness and SUDs to provide those benefits in a way that is no more restrictive than all other medical and surgical procedures covered by the plan. Specifically, the law prohibits insurance plans from imposing financial requirements (such as



deductibles, copays, coinsurance, or out-of-pocket maximums) or treatment limitations (including day or visit limits and medical management tools) on MH and SUD benefits in a way that is more restrictive than those imposed on other medical or surgical benefits provided by the plan.

- If plans that provide MH and SUD benefits have out-of-network coverage for medical and surgical benefits, they must also cover out-of-network MH and SUD providers.

Group health insurance plans can still manage the use and cost of the benefits they provide by determining both the medical necessity criteria and the scope of coverage, as well as by identifying when prior authorization for treatment is required. However, under the Federal parity law, large group plans (50 insured employees or more) are required to provide participants and beneficiaries with the medical necessity and managed care criteria used to make decisions about coverage and, if MH or SUD benefits are denied, with the reasons for denial of benefits.

Who does the Federal parity law apply to?

The Mental Health Parity and Addiction Equity Act applies to more than 100 million people who are enrolled in large group employer-funded (50 insured employees or more) or State-regulated plans, and to those who are covered by managed-care Medicaid programs.

- The Federal parity law includes provisions allowing employers that have certain types of plans to request an exemption from the law. Employer-based plans that can demonstrate that their total health care costs have increased by 2 percent as a result of the requirements of the parity law can ask to be exempt for the year following the first year of parity or for 1 year after the increase. Non-Federal employer group health plans sponsored by State and local governments can also opt out of the Federal parity law. The Federal Employees Health Benefit Program adopted the practice of parity in 2001.
- The Federal parity law currently does NOT apply to small employers who have fewer than 50 employees and to plans offered in the individual market. However, starting in 2014, small group and individual market plans purchased through State health exchanges will have to comply with the requirements of the Mental Health Parity and Addiction Equity Act. If you receive your health insurance coverage through a small employer, it is important to note that small employers have the choice to retain their existing coverage or to purchase coverage outside of an exchange and, in doing so, can continue to be exempt from the parity requirement.

In addition, many States have striven to protect consumers with parity laws and other types of laws that provide benefits and protections beyond the Mental Health Parity and Addiction Equity Act. The Federal parity law makes clear that State laws that provide greater protections than the Federal law continue to remain in effect.



Is the Federal parity law now in effect?

Yes, both the Mental Health Parity and Addiction Equity Act approved by Congress and the Federal regulations issued to implement the Mental Health Parity and Addiction Equity Act are now effective for all plans covered by the law. For most plans, the requirements of the law became effective in January 2010. In February 2010, the Federal Departments of Health and Human Services, Labor, and Treasury issued regulations to help implement the Federal parity law. For most plans, those regulations became effective in January 2011.

How is the Federal parity law enforced?

A number of State and Federal agencies share responsibility in overseeing and enforcing compliance of the Mental Health Parity and Addiction Equity Act. State insurance commissioners and the Federal Department of Labor have oversight over employer-funded large group health plans. State insurance commissioners have oversight on individual and small employer plans (fewer than 50 employees insured). Self-funded employer plans are regulated by the Department of Labor. Large group self-funded plans provided by State and local governments and churches are regulated by the Department of Health and Human Services. The Department of Treasury's Internal Revenue Service also has oversight to help enforce the law.

What can I do if I think the Federal parity law is being violated?

As stated above, enforcement of the Federal parity law varies based on the type of insurance plan. Some plans are primarily enforced by the States and, in some States and some plans, the State laws may provide stronger consumer protections than the Federal law. In these cases, the State's insurance commissioner or another entity in the State is primarily responsible for enforcement of the law. For other types of plans, the Federal parity law is primarily enforced by the Department of Labor, the Department of Health and Human Services, and/or the Internal Revenue Service.

If you have concerns about compliance with the Mental Health Parity and Addiction Equity Act, you can contact the Centers for Medicare & Medicaid Services help line at 877-267-2323 extension 6-1565 or phig@cms.hhs.gov or the Department of Labor at 866-444-3272 or <http://www.dol.gov/dol/topic/healthplans/mental.htm>.

For covered State and local plans and for church plans, contact the Department of Health and Human Services at 877-267-2323 extension 6-5511 or http://www.cms.hhs.gov/HealthInsReformforConsume/01_Overview.asp.

You should also contact your State insurance commissioner or the appropriate health insurance oversight authority in your State.



Where can I find more information on Health Reform?

The Affordable Care Act was passed by Congress and signed into law by President Obama on March 23, 2010; the comprehensive health care reform has a number of changes that will affect you, your family, and your friends. There are a number of resources available to help you find information about the Affordable Care Act. Some resources available are:

- <http://www.healthcare.gov>
- <http://www.samhsa.gov/healthreform>
- <http://blog.samhsa.gov>
- <http://www.hhs.gov>
- <http://www.ncsl.org>

The most comprehensive resource available is the Federal Government's new Web site <http://www.healthcare.gov>. Healthcare.gov provides you with a number of resources. On healthcare.gov you can:

- Find and compare health care coverage options in your State, including Medicaid services.
- Access information and timelines about the different provisions in the Affordable Care Act.
- Compare care quality of hospitals.
- Learn about health prevention and get prevention tips.

If you want to know more about your rights under the Affordable Care Act, go to: http://www.healthcare.gov/law/provisions/billofright/patient_bill_of_rights.html.

Where can I find more information about the Federal parity law?

The Substance Abuse and Mental Health Services Administration (SAMHSA) has more information about the Federal parity law on their Web site (<http://www.samhsa.gov/healthreform>) and blog (<http://blog.samhsa.gov>).

The full text of the Mental Health Parity and Addiction Equity Act can be found at <http://thomas.loc.gov>. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 can be found beginning in Section 511 of Public Law 110-343.

The regulations that implement the Mental Health Parity and Addiction Equity Act (the Interim Final Rule) can be found at <http://edocket.access.gpo.gov/2010/pdf/2010-2167.pdf>.

The Federal Government also has assembled a list of frequently asked questions with answers. These can be found at <http://www.dol.gov/ebsa/faqs/faq-aca5.html>.

A number of advocacy organizations are working to ensure successful implementation of the Mental Health Parity and Addiction Equity Act. The links below are for private organizations that provide resources for additional information on the parity law. Their views and information are their own and not those of the Federal Government.

- National Coalition for Mental Health Recovery (<http://www.ncmhr.org>);
- Depression and Bipolar Support Alliance (<http://www.dbsalliance.org>);
- Mental Health America (<http://www.nmha.org>);
- National Alliance on Mental Illness (<http://www.nami.org>);
- Bazelon Center for Mental Health Law (<http://www.bazelon.org>);
- Legal Action Center (<http://www.lac.org>);
- Faces & Voices of Recovery (<http://www.facesandvoicesofrecovery.org>); and
- National Empowerment Center (<http://www.power2u.org>).



1outta5 Maryland Parity Project www.MarylandParity.org

Your Mental Health Coverage: Know Your Rights, Know Your Plan, Take Action

The Law

The Mental Health Parity and Addiction Equity Act aims to create equity in insurance coverage for mental health and addiction treatment. The law requires health insurers to place “no more restrictive” financial requirements or treatment limitations on mental health or addiction benefits than the “predominant” requirement or limitation that is applied to “substantially all” medical/surgical benefits. It also prohibits insurers from placing separate limitations or restrictions on mental health or addiction treatment. *(Terms are further explained at end of sheet)*

Your Rights

The law **does NOT require** that insurers offer mental health or addiction coverage, but instead requires that if an insurer offers ANY mental health or addiction benefits, they must be on par with medical/surgical benefits.

Under this law benefits are broken into six areas:

- 1. Inpatient, in-network
- 2. Inpatient, out-of-network
- 3. Emergency care
- 4. Outpatient, in-network
- 5. Outpatient, out-of-network
- 6. Prescription drugs

If the health plan has mental health or addiction benefits in ANY of the six areas, it must offer benefits in ALL of the areas where medical or surgical benefits are offered.

Plans may implement **no more restrictive financial requirements** on mental health or addiction treatment than medical/surgical treatment, including but not limited to: copays, deductibles, and annual limits.

Plans may implement **no more restrictive treatment limitations** on mental health or addiction treatment than medical/surgical treatment, including but not limited to: visit limitations, prior authorization, inpatient treatment, medication management and utilization review practices.

Your Plan

Not all health insurance plans are covered under the federal law. Some plans are covered under state laws, and some plans are exempted from the applicable laws, including small group, Medicare, Tricare, and Department of Defense plans.

Employer	Applicable Law	Regulatory Agency
Large Employer Fully-insured (51+ employees)	Federal and Maryland Parity Laws	Maryland Insurance Administration and/or US Department of Labor
Large Employer Self-insured (51+ employees)	Federal Parity Law	US Department of Labor
Small Employer (2-50 employees)	No Parity law applies, but Maryland Comprehensive Standard Benefit Plan applies	Maryland Insurance Administration
Individual or Self-employed	Maryland Parity Law	Maryland Insurance Administration
Federal, State or Local Government	Federal Parity Law unless an exemption was granted. <i>Approved exemptions can be found at http://www.cms.gov/SelfFundedNonFedGovPlans/</i>	US Office of Personnel Management and/or US Department of Labor

Your Mental Health Coverage: Know Your Rights, Know Your Plan, Take Action

Take Action

Know Your Plan Details

Your plan details will be outlined in your benefits book. You may need to speak with your benefits representative to understand your plan type (small group, large group, self-insured or fully-insured) as well as your plan benefits to see if you are covered under parity law.

Know Your Rights

Some of your new rights under the law include

- Right to a written reason for denial of treatment
- Right to appeal your insurer's decision both through internal, and if necessary, external review

Talk With Your Provider

He or she can help with your appeal process to ensure you get the appropriate treatment. Your provider may get information from your insurer before you do, including reason for denial and steps to take to file an appeal.

Contact Your Insurer

It is important to understand the reason for denial. It is how violations are determined. If you choose to file an appeal of the denial, you will need to understand your insurer's appeal process.

Contact the Corresponding Government Agency

The government agency that has oversight over your plan varies depending on how you are insured. You may file an appeal with the government agencies noted in the chart on the front page of this fact sheet after you have exhausted your insurer's internal appeals process.

Seek Help

For questions or for help in filing an appeal contact the **Maryland Parity Project at 410-235-1178 ext. 206 or www.marylandparity.org**

RESOURCES

Maryland Parity Project
www.MarylandParity.org

Maryland Insurance Administration
www.mdinsurance.state.md.us/sa/jsp/Mia.jsp

Maryland Attorney General's Office Health Education Advocacy Unit
www.oag.state.md.us/consumer/HEAU.htm

US Department of Labor
www.dol.gov/ebsa

US Office of Personal Management
www.opm.gov/insure/federal_employ/index.asp

National Parity Coalition
www.mentalhealthparitywatch.org

Term	Definition	Example
Substantially All	The regulations define substantially all as 2/3 of the benefits in one of the six categories of benefits.	A plan may not implement visit limitations for all mental health or addiction inpatient treatment if it only limits orthopedic inpatient treatment on the medical/surgical side.
Predominant requirement or limitation	A requirement or limitation must be applied to 50% of medical/surgical spending in a category to be considered predominant. Requirements or limitations for one medical/surgical benefit in a category do not qualify as predominant.	If 50% of the inpatient, in-network medical/surgical benefits are subject to a 20% co-insurance requirement, then inpatient, in-network mental health/addiction benefits cannot be subject to more than 20%.

What Benefits Am I Entitled To?

EMPLOYER	APPLICABLE LAW	BENEFITS	APPEALS
Large Employer Fully insured <i>(51+ employees)</i>	Federal Parity and Maryland Parity Law	Federal Parity Requires: Any Mental Health/Addiction Benefits offered must be on-par with medical/surgical benefits in 6 categories: Inpatient, in-network Outpatient, in-network Inpatient, out-of-network Outpatient, out-of-network Emergency services Prescription drugs	Maryland Insurance Administration and/or US Department of Labor
	Maryland Parity applies ONLY if it is more beneficial to the consumer than the Federal Parity standard.	Maryland Parity Requires Plans include <ul style="list-style-type: none"> At least the same number of days for mental health and addiction inpatient care covered under the plan for medical or surgical care, including residential crisis services At least 60 days for partial hospitalization Insurance Coverage for Outpatient Visits must be the same as for outpatient medical/surgical visits 	
		Both Federal and Maryland Parity Laws Require <ul style="list-style-type: none"> No discrimination in cost-sharing No separate deductible, lifetime limit or annual out-of-pocket limits 	
Large Employer Self insured <i>(51+ employees)</i>	Federal Parity	Any Mental Health/Addiction Benefits offered must be on-par with medical/surgical benefits in 6 categories: Inpatient, in-network Outpatient, in-network Inpatient, out-of-network Outpatient, out-of-network Emergency services Prescription drugs <ul style="list-style-type: none"> No discrimination in cost-sharing No separate deductible, lifetime limit, or annual out-of-pocket limits 	US Department of Labor
Small Employer <i>(2-50 employees)</i>	No Parity Law applies BUT Maryland Comprehensive State Benefit Plan	Maryland Comprehensive Standard Benefit Plan includes <ul style="list-style-type: none"> Detoxification in a hospital or related setting Residential services up to 60 days in hospital, licensed program, or residential crisis services Two days partial hospitalization may be substituted for one inpatient day Unlimited outpatient visits In-network cost-sharing for each service 70% insurer/30% patient Out-of-network cost-sharing for each service 50% insurer/50% patient 	Maryland Insurance Administration



Are My Rights Being Violated?

The Parity Standard

The new federal parity law requires health insurers of parity covered plans (see *Maryland Parity Project Benefits Chart* for more information) that offer mental health or addiction benefits to ensure financial requirements and treatment limitations for mental health and addiction treatment are no more restrictive than predominant requirements or limitations that are applied to substantially all medical/surgical benefits. Plans may not implement separate limitations or requirements for mental health or addiction treatment (see *Maryland Parity Project Parity Overview* for further explanation).

Parity Violation Example

In 2010 Blue Cross Blue Shield of Illinois established a new policy requiring prior authorization of all outpatient mental health visits. They believed that because they had removed quantitative visit limits they were in compliance with the federal parity law. Provider and advocacy groups opposed this new policy, which they cited as a federal parity violation because a nonquantitative treatment limitation had been established requiring prior authorization for behavioral health care which was not applied by the insurer to medical/surgical treatment. In response to these complaints, BCBS of Illinois reversed their decision and removed the prior authorization requirement for outpatient mental health visits.

Treatment Limitations That May Violate the Parity Law

Below are examples of treatment limitations used in managed care that may be no more stringently applied to mental health and substance use disorder treatment than to medical/surgical treatment.

- Refusal to Pay for Specific Types of Behavioral Health Treatment
- Determination of Medical Necessity
- Utilization Review
 - Prior authorization
 - Concurrent review
 - Retrospective review
- Prescription Drug Coverage
 - Fail first requirements
- Provider Panel Restrictions
- Discrimination in Reimbursement Practices
- Coinsurance Requirements
- Visit Limitations

If it Seems Unfair, Ask Questions!

- Ask your provider
- Ask your insurer
- Call the Maryland Parity Project 410-235-1178 ext. 206

Check www.MarylandParity.org for updated examples and actual complaints.



Have Health Insurance but Still Have Difficulty Accessing Mental Health Treatment?

If you have health insurance that offers mental health or addiction treatment, a new federal law may have given you more rights in accessing care. Not all plans are covered by the new law, but for those that are, treatment limitations and costs must be no more restrictive than your medical or surgical care. If you have been denied treatment in the past or have paid more for mental health or addiction treatment, you may want to check to see if your plan is covered. To find out more visit the Maryland Parity Project website at www.MarylandParity.org.

Have Health Insurance But



Have to pay a separate and/or higher co-payment for mental health or addiction services?



Have to pay a separate and/or higher deductible for mental health or addiction services?



Have a limit on the number of visits you make to your mental health or addiction treatment provider?



Have a requirement that your provider must periodically review your treatment with your insurance company?



Have been denied coverage for residential or inpatient treatment for mental health or addiction treatment?

**Need Help?
Want More
Information?**

Maryland Parity Project
410.235.1178 ext. 206
www.MarylandParity.org



OFFICE OF HUMAN RESOURCES

Isiah Leggett
County Executive

Joseph Adler
Director

MEMORANDUM

February 5, 2013

TO: Montgomery County Government Employees

FROM: Joseph Adler, Director
Office of Human Resources

SUBJECT: Parity for Mental Health and Substance Use Disorder Benefits

Parity for mental health and substance use disorder benefits is now available through the County's health plans as of January 1, 2013. Mental health and substance use disorder benefits are provided under the same terms as other medical/surgery benefits within each health insurance plan. **For example, each health plan now offers the same office visit copayment for mental health and substance use disorder treatment as it does for office visits to a primary care physician.**

This comes as a result of collaboration between County Executive Isiah Leggett and Gino Renne, President, of the Municipal & County Government Employees Organization/United Food and Commercial Workers Union Local 1994 (MCGEO), John Sparks, President of the Montgomery County Career Fire Fighters Association (MCCFFA) Local 1664 and Torrie Cooke, President of the Fraternal Order of Police, Lodge 35, Inc. (FOP).

Enclosed is the Summary of Benefits Coverage (SBC) for each health plan available to active employees through the County as required under the Patient Protection and Affordable Care Act of 2010. The SBCs reflect the new mental health and substance use disorder plan changes. These documents, as well as an updated 2013 Group Insurance Summary Description, are available on the OHR website's Employee Health Insurance page at <http://montgomerycountymd.gov/ohr/benefits/egi/benefit.html>. (View the "Legally Required Documents" section.) Copies of these documents are also available upon request at any time by contacting the OHR Benefits Team at 240-777-5120, emailing benefits@montgomerycountymd.gov or visiting the Office of Human Resources, 101 Monroe St (7th Floor), Executive Office Building, Rockville, MD 20850.

CC: John Sparks, President, MCCFFA Local 1664
Gino Renne, President, MCGEO Local 1994
Torrie Cooke, President, FOP Lodge 35