

2024 Open Enrollment Guide

Benefits Voyage

Medical

Vision

Life

Dental

Rx

FSA

Open Enrollment: Benefits Voyage

Open Enrollment 2024: October 9 – October 27, 2023

Open Enrollment is your once-a-year opportunity to enroll in a Flexible Spending Account (FSA) or change your medical, prescription, dental, vision and optional life insurance elections for yourself and your dependents. All changes and supporting documentation must be received by **October 27, 2023, at 5 pm ET**. Any changes you make during the Open Enrollment period will take effect January 1, 2024.

Please take the time to understand your 2024 benefit options outlined in this guide. More information and resources are available on the Open Enrollment Website:

www.montgomerycountymd.gov/OE

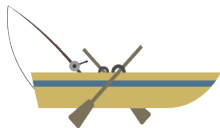
(available by 10/9/2023).



Qualifying Life Events

The IRS has strict regulations in place for plans that allow pre-tax deductions. Therefore, outside of Open Enrollment, you may only make changes within 60 days of a qualifying life event. Financial hardship is not an IRS qualifying life event. Qualifying life events are as follows:

- Birth of a newborn, adoption, or placement for adoption or medical child support order
- Marriage or divorce
- Death of a dependent
- Becoming eligible for other coverage outside of the County
- Losing coverage outside of the County



Note for New Employees

Any benefit elections made during your New Hire enrollment were for the current plan year (2023). If you want to make changes to your medical, prescription, dental, vision and optional life insurance elections or (re)enroll in an FSA for plan year 2024, you must submit your elections during Open Enrollment.

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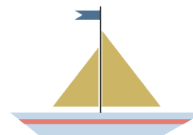
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Coast to Enrollment

How to Make Changes for 2024



Enrolling online is easy! No forms to fill out. Make your elections online via Employee Self-Service 24/7. Go to www.montgomerycountymd.gov/OE -> Enroll Now (available 10/9/2023).

1. Review the variety of online planning tools and resources.
2. Obtain this information before you begin and have it handy:
 - Your Self-Service User ID & Password
 - Names of dependents to be added or removed
 - New dependent's Date of Birth & Social Security Number
 - Required dependent documentation
3. Make your benefits changes online via Employee Self-Service. Follow the steps in the Self-Service Benefits User Guide.
4. Upload any required paperwork, such as documentation for newly added dependents.
5. Download your 2024 online confirmation statement and keep it for your records. This is your receipt for your 2024 elections. If there is any discrepancy with your enrollment, you will be required to provide your confirmation statement as proof of your Open Enrollment activity. **Without proof, no changes will be permitted after Open Enrollment ends.**
6. Follow the steps above by the Open Enrollment deadline on Friday, October 27, 2023, by 5 pm.

Early Bird Raffle

If you enroll during the first week of Open Enrollment (October 9 – 13), you will be entered into the first drawing to win a \$25 gift card to Amazon or another great prize. The second drawing will include all employees who enroll within the first two weeks (October 9 – 20). This means that if you enroll during the first week of annual Open Enrollment, you will have TWO chances of winning!



What if I Do Not Make Changes?

Benefit Plan	If You Take No Action During Open Enrollment:
Medical	Your coverage will be the same as the election you had in place for the 2023 plan year. Any premiums changes from 2023 to 2024 will apply. MCGEO & FOP employees who were previously enrolled in the High prescription plan will be automatically moved to the Standard prescription plan as a result of collective bargaining.
Prescription	
Dental	
Vision	
Optional Life Insurance	
Flexible Spending Account (FSA)	You will not be able to participate in the Healthcare FSA or Childcare FSA for 2024.

Action Required: Do These Scenarios Apply to You?



Please carefully review the two circumstances described below. If either of these scenarios apply, **you will not be able to utilize online Employee Self-Service (ESS) for your election changes.**

1. If you have a dependent aging out (turning age 26) between October 9 and December 31, 2023, *OR*
2. If your eligible dependent was removed during the 2021 Bolton Dependent Recertification project due to lack of documentation and you would like to re-enroll them on your plans during Open Enrollment.

If so, it is important that you **act quickly and request an enrollment form by calling MC311** and placing a service request with OHR.

Navigating Dependent Enrollment



Who Is Eligible?

- Your legal spouse or grandfathered domestic partner established prior to 6/28/16.
- Children (biological, legally adopted, stepchildren, or under your legal custody) under age 26.
- Disabled dependents over the age of 26.

Do I Need to Upload Documentation for my Dependents?

- **Not Enrolling New Dependents?** Eligible dependents who are currently covered under medical, prescription, dental and vision plans do not require new eligibility documentation.
- **Enrolling New Dependents?** If you are adding a new dependent to your medical, prescription, dental or vision plans, you are required to upload the following dependent eligibility documentation when submitting your Open Enrollment elections in Employee Self-Service benefits. If documentation is not received before the Open Enrollment deadline, your dependents will not be added for the 2024 plan year. Note: Dependent social security numbers and dates of birth are required when you enroll. Be sure to collect that important info before getting started. Individual Taxpayer Identification Numbers (ITIN) will be accepted.

If you want to...	You need to make your changes (online) and submit:
Add a dependent	<ul style="list-style-type: none">• <i>Spouse</i>: Official State Marriage Certificate (certified by appropriate State or County Official)• <i>Biological Child</i>: State Birth Certificate• <i>Adopted Child</i>: Copy of Adoption or Placement for Adoption Papers• <i>Stepchild</i>: State Birth Certificate, Marriage Certificate and Divorce Decree or Custody Papers• <i>Disabled Child</i>: Medical plan verification of disability prior to age 26• <i>Legal Custody</i>: Copy of Court Order granting legal custody
Remove a dependent	No additional documentation is needed during Open Enrollment

Required Documentation Tips:

- Gather any required documentation:
 - Marriage Certificates must be signed, dated and certified by the clerk of the court or other state or county official. Certificates signed by a clergy member (e.g., priest, minister, rabbi) are not acceptable. (If you were married outside of the U.S., OHR will accept a copy of your international Marriage Certificate).
 - Birth Certificates must show your dependent child or stepchild is your or your spouse's direct descendent.
 - Need to order your domestic certified Marriage Certificate or child's Birth Certificate? Access www.vitalchek.com any time or call 1-888-219-3786.
- Save these documents to whatever device you plan to use for your transaction (e.g., your computer, tablet, smartphone) so that you will have them ready to upload as you make your online elections.
- If you don't have access to a document scanner, take a photo of your document on your smartphone and either email it to yourself to download to your computer / tablet, or use your smartphone to make your elections.

Remember, **it is your responsibility to make sure your covered dependents are eligible for the plans.** Electing or continuing benefits for someone who is not entitled is considered fraud. Misrepresenting your eligibility, or failure to remove ineligible dependents, could lead to repayment of claims. Be sure to review your covered dependents and take the necessary steps to remove any dependents who are no longer eligible.

Rate and Plan Changes for 2024



Medical, Prescription, Dental, Vision and Life Insurance vendors and plan designs are staying the same in 2024. Optional Life rates are decreasing. There are increases to Medical, Prescription, and DHMO Dental plans as shown in the chart below. The Healthcare FSA limit is increasing (see page 10 for details).

The Caremark Standard Option plan is the only prescription plan available to all employees for 2024. As a result of collective bargaining, the Caremark High Option prescription plan has been eliminated for FOP and MCGEO employees for the 2024 plan year. MCGEO and FOP employees will be automatically transferred from the Caremark High Option plan to the Caremark Standard Option plan effective January 1, 2024.

2024 Employee Rates	Your New 2024 Cost Per Biweekly Paycheck			Difference Between 2023 and 2024 Rates Per Biweekly Paycheck		
	Self	Self + 1	Family	Self	Self + 1	Family
Medical						
CareFirst High Option POS (medical only)	\$69.42	\$120.10	\$202.22	\$4.96	\$8.59	\$14.46
CareFirst Standard Option POS (medical only)	\$64.56	\$111.69	\$188.06	\$4.61	\$7.99	\$13.44
UnitedHealthcare HMO (medical only)	\$56.83	\$109.25	\$173.68	\$4.06	\$7.81	\$12.42
Kaiser HMO (Rx included)	\$70.73	\$132.97	\$209.35	\$6.29	\$11.81	\$18.59
Prescription						
Caremark Standard Option \$10/\$20/\$35	\$25.48	\$47.14	\$73.06	\$3.87	\$7.15	\$11.09
Dental						
Dental PPO (Traditional Dental Plan)	\$3.96	\$8.82	\$12.70	\$0.00	\$0.00	\$0.00
Dental HMO (DHMO)	\$1.35	\$2.56	\$3.74	\$0.06	\$0.12	\$0.17
Vision						
Vision Plan	\$0.44	\$0.69	\$1.05	\$0.00	\$0.00	\$0.00

The County does not offer premium credit if your spouse maintains coverage outside of the County.

Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Here are tips on how you can help keep increases to a minimum:

- Seek out preventive care, such as annual exams and age-based screenings.
- Visit in-network doctors.
- Use urgent care facilities/convenience care clinics for non-emergent services, rather than the ER.
- Choose generic prescription drugs when available.
- Take advantage of your disease management, health coaching and other wellness resources available through your MCG medical insurance carriers and LiveWell programs*.

*FOP members are ineligible to participate in LiveWell programs.



Need Support?

Wellness and EAP

You have a realm of wellness support programs and tools to support your health journey through LiveWell and ComPsych.



Great Resources Available to MCG Employees



Mental Well-Being Support

The Employee Assistance Program (EAP), ComPsych

Guidance Resources, provides free, confidential, support and resources to help you manage life's changes and challenges. MCG employees and their family members have access to confidential counseling, financial planning, legal support, online will preparation, concierge services, find childcare, buy a home, care for a pet, and more! For more information, go to: www.guidanceresources.com.



LiveWell*

LiveWell is MCG's joint labor-management award-winning employee wellness program. LiveWell's mission is to cultivate a culture of well-being through holistic programs, resources, and policies that empower employees to lead a healthier lifestyle. It focuses on the six dimensions of well-being: emotional, intellectual, physical, financial, occupational, and social. For more information, visit: www.montgomerycountymd.gov/livewell.

*LiveWell programs are open to insurance-eligible MCG and participating agency employees. FOP members are ineligible to participate in LiveWell programs.

Benefit Resources to Support You

Trust your crew to help you shore up your benefits! You have the following resources available to you.

Benefits Support	
Resources available on the Open Enrollment website (www.montgomerycountymd.gov/oe)	
Visit the MCG Open Enrollment Website.	Available October 9 – October 27 with tons of helpful resources such as plan summaries and other program flyers, calculator and estimator tools, event registration and more all in one convenient spot!
Attend Live Information Webinars.	Attend virtual informational sessions hosted by OHR's Health Insurance Team and MCG's insurance carriers. You will have a chance to ask questions at the end of each presentation as well as a chance to win a raffle prize.
View Pre-recorded Videos.	Watch pre-recorded videos from each of the insurance carriers (available 24/7 beginning October 9, 2023).
Join Open Enrollment Virtual Office Hours.	Join these virtual meetings to ask your Open Enrollment questions directly to the OHR Health Insurance Team. Virtual Office Hours are held in a group setting. If your questions involve private or personal information, please book a 1:1 appointment instead.
Book a 1:1 Virtual Appointment.	OHR's Health Insurance Team members are available to speak with you 1:1 via Zoom. Timeslots are limited. Advanced registration is required.
Other Resources	
Place a Service Request with MC311.	Call 240-777-0311 to place a service request and a member of the OHR Health Insurance Team will respond. Please leave both a phone number and email address to ensure the fastest response time. Don't wait until the last minute!
Visit the OHR Customer Care Center in Person.	The Customer Care Center is located on the 7 th floor of the Executive Office Building and open Mon – Fri from 8 am – 4 pm.
Contact Your MCG Insurance Carriers.	Visit the Open Enrollment website for carrier contact information.

Exploring Your Benefit Choices

Survey your resources in this guide as you explore your benefit plan choices for 2024.



Medical:

Which Plan is Right for You?

It may not be an obvious choice, but it's an important one. Here is a Benefits-at-a-Glance snapshot of what each of the plans covers for in-network services. To see how out-of-network services with CareFirst are covered, please refer to the complete summaries available on the Open Enrollment website.

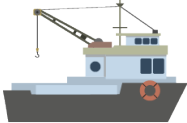
Benefit	Kaiser Permanente HMO + Rx	United Healthcare HMO	CareFirst BCBS Standard POS	CareFirst BCBS High POS
Plan Type	HMO	HMO	Point-of-Service	Point-of-Service
Primary Care Physician (PCP) Required	Yes	Yes	No	No
Out of Network Benefits	No	No	Yes	Yes
Provider Network	Regional (MD/DC/VA)	National	National	National
Referrals Required	Yes	No	No	No
Annual Deductible	None	None	None	None
Dr. Office Visits PCP/Specialist	\$5 copay	\$5 / \$10 copay	\$15 / \$30 copay	\$10 copay
Virtual Visits	Covered in full.	\$5 / \$10 copay	\$15 / \$30 copay	\$10 copay
Urgent Care	\$5 copay	\$15 copay	Covered in full.	Covered in full.
Emergency Room	\$50 copay; waived if admitted	\$25 copay; waived if admitted	\$35 copay; waived if admitted	\$25 copay; waived if admitted
Inpatient Hospitalization	Covered in full.	Covered in full.	\$150 per admission	Covered in full.
Prescriptions	\$5 copay at Kaiser pharmacy; \$15 copay at other participating pharmacies	None; except diabetic supplies	None; except diabetic supplies	None; except diabetic supplies

What are we talking about? There are a lot of acronyms used in benefits. Here are some frequently used terms and their definitions to help break it down for you:

- **PCP:** Your primary care physician who practices general medicine and is your first stop medical care, such as preventive care and routine illnesses.
- **Copay:** A fixed amount that you pay for services.
- **Network:** The providers and facilities that an insurance company uses to provide covered services. Providers can drop in and out of networks at any time. If your provider drops out of your plan, it is not considered a qualifying life event that would allow you to change plans mid-year.
- **Referral:** A written order from your Primary Care Physician (PCP) to see a specialist (like a cardiologist or orthopedic) or to get certain medical services (like an MRI).

Prescription:

If you elect either the CareFirst or UHC medical plans, you are **not** automatically enrolled in prescription coverage. If you want to participate, you must enroll in the CVS Caremark prescription program separately. Kaiser members may not enroll in the CVS Caremark prescription program, as prescription coverage is already included in the Kaiser medical plan.



The Caremark Standard Option plan is the only prescription plan available to all employees for 2024. As a result of collective bargaining, the High Option prescription plan has been eliminated for FOP and MCGEO employees for the 2024 plan year. MCGEO and FOP employees will be automatically transferred from the Caremark High Option plan to the Caremark Standard Option plan effective January 1, 2024.

There is a \$50 annual deductible that your family unit must satisfy before the Caremark Standard Option prescription plan begins paying its share. You will pay the discounted retail cost of the prescriptions until you have reached the \$50 deductible. After, you are only responsible for your copay. Your copay depends on the approved formulary drug tier.

For a 30-day supply at a participating retail pharmacy, you pay:

- Generic Drugs: \$10 Copay
- Preferred Brand-Name Drugs: \$20 Copay
- Non-Preferred Brand Name Drugs: \$35 Copay

Resource Tip

CVS Caremark has a **Check Drug Cost Tool** that determines if your prescription drug is covered and what it will cost under your plan. Access the Check Drug Cost Tool on the Open Enrollment website.



Vision:

If you are enrolled in either the UHC or Kaiser medical plans, there is a vision discount built in. However, the stand-alone EyeMed vision program will provide more comprehensive vision benefits. Below is a snapshot of the in-network benefits you will receive when you enroll in the EyeMed vision program:

Benefit	Cost
Exam with Dilatation as Necessary (Covered every year)	No Copay
Retinal Imaging	\$39 Copay
Prescription Lenses (Covered every year)	No Copay
Single Vision, Bifocal, Trifocal, or Lenticular	Copay Ranges \$65 to \$110
Progressive	
Frames (Covered every two years)*	No Copay; \$130 Allowance
Contact Lenses (Covered every two years)*	Contact lens fit and follow up visits are available only after a comprehensive eye exam have been completed.
Standard Contact Lens Exam	No Copay; \$40 Allowance
Contact Lenses	No Copay; \$100 Allowance
Medically Necessary Contact Lenses	No Copay; Paid in Full
*Either contacts OR frames covered every 2 years. For a complete vision summary, visit the Open Enrollment website (www.montgomerycountymd.gov/OE).	

EyeMed members receive great discounts and deals for a variety of vision related products and services. Members should check the “member perks” section of the EyeMed member portal at www.eyemed.com for details.

Dental:

Choose between the Cigna DHMO and PPO plans. Both plans cover preventive, basic restorative, major restorative, and orthodontia care.



Did You Know? Costs associated with diagnostic and preventive care—like your annual cleanings, oral exams and x-rays—are covered in full under both of MCG’s dental plans.

Which Plan is Right for You?

- The DHMO only pays benefits when you see an in-network provider with Cigna’s Care Access Plus network.
- The PPO allows you to receive care from any dentist. Your out-of-pocket costs will be lower when you see a provider in the Total Cigna PPO network.

	DHMO	PPO
Required to Use an Assigned Provider	Yes; Primary Dental Office	No
Out-of-Network Benefits Available	No	Yes
Referral Required to See a Specialist	Yes	No
Orthodontic Benefits Available	Yes (Any Age)	Yes (Any Age)
Orthodontia Maximum (Lifetime)	Unlimited Amount; Treatment Limited to 24 Months	\$1,000
Annual Maximum	Unlimited	\$2,000
Deductible	None	\$50 / \$150; Waived for Preventive Care
Access the complete dental benefit summaries on the Open Enrollment website (www.montgomerycountymd.gov/OE).		

Need help choosing a plan? Contact Cigna’s pre-enrollment help line at 800-564-7642 and let them know your employer is Montgomery County Government.

Transitioning from Another Dental Plan?

- If you are in the middle of dental treatment when your new MCG coverage begins, such as root canals, crowns, bridgework or dentures, your former dental plan should assume responsibility. Cigna will only cover dental treatment started and completed after your effective date.
- However, if you are in the middle of orthodontic treatment when you switch to MCG’s Cigna dental plans, your new MCG dental plan may help to pay some of the costs.
- To learn more about how “in-progress” orthodontic treatments are covered during the transition, view the orthodontics in progress flyer on the Open Enrollment website.

Dual Coverage Coordination of Benefits

- If your spouse is covered by another company and you are covered by both dental plans, the two insurance carriers will coordinate.
- Your MCG Cigna employee dental coverage will be primary for you and your spouse’s employer plan will be primary for them.
- If you are both covering dependent children, Cigna uses the “birthday rule” to determine which plan is the primary insurance plan for your dependent child. The birthday rule determines which parent’s birthdate falls first in the year. For example, if your birthday is January 2 and your spouse’s birthday is June 29, your MCG insurance will be primary for your dependent child since your birthday falls first in the calendar year.

Enroll or Re-Enroll in a Flexible Spending Account

It pays to plan ahead! Save big with Flexible Spending Accounts (FSAs) which allow you to set aside pre-tax dollars to pay for your qualified medical expenses and dependent care expenses tax-free.



How it works: Your elected amount is deducted from your paycheck each pay period—prior to Federal, State and FICA taxes being calculated—so you pay less in taxes. That amount is placed in your FSA. You then use your tax-free FSA funds for eligible expenses.



Enroll and Re-Enroll: You must re-enroll every year during Open Enrollment if you want to participate in the Healthcare or Childcare FSA for plan year 2024. Per IRS regulations, Healthcare and Childcare FSA plan participation does not carry over from year to year. However, you can enroll or drop the commuter FSA at any time throughout the year.

2024 FSA Contribution Limits and Deadlines

2024 Annual Maximum Contributions	
Healthcare FSA	\$3,050
Childcare FSA	\$5,000 per household (\$2,500 if married and filing separate tax returns)
Commuter Choice FSA	\$230 for MCGEO employees \$300 for Unrepresented employees <i>(IAFF and FOP employees are not eligible to participate.)</i>
2024 Plan Year Deadlines	
Deadline to Spend 2024 Funds	Use it or lose it! The IRS requires you to use your 2024 plan year FSA funds on eligible expenses by March 15, 2025, or you will lose the remaining balance.
Deadline to File 2024 Claims	You must file all 2024 plan year incurred claims before April 30, 2025, or you will forfeit your remaining balance.
Deadline to Use 2023 Funds	When making your 2024 FSA elections, keep in mind that unused funds from the 2023 plan year will rollover. The deadline for you to spend 2023 funds is March 15, 2024.

Retiring in 2024?

If you retire or end County employment during the FSA plan year, only expenses incurred while you were still an active employee will be eligible for reimbursement. Please budget accordingly when choosing your 2024 annual FSA contribution amount.

Don't Double Dip








For all FSA accounts, you may only file for a reimbursement once. For example, you cannot also claim your FSA expenses as another tax deduction on your federal income tax return, or if you and your spouse each have a Healthcare FSA, you cannot each file a separate claim for the same expense. Also, the \$5,000 Childcare FSA limit is per household, so you will need to coordinate with your spouse if they participate in a dependent care FSA through their employer.

Keep Your Receipts!

IRS rules require FSA administrators to substantiate the eligibility of all claims, including those transactions using FSA debit cards. Some types of expenses, such as doctor visit and prescription drug copays, can be automatically substantiated because copays are predictable amounts. Others will require a copy of your receipt to the FSA administrator, Voya. Voya offers a mobile app for submitting receipts and reimbursement. Enjoy the convenience of being able to just snap a picture of your receipt and uploading it through the mobile app.

Flexible Spending Account Eligible Expenses

What's Covered?

Eligible FSA Expenses						
Eligible Healthcare FSA Expenses Include:				Eligible Childcare FSA Expenses Include:		Eligible Commuter FSA Expenses Include:
						
Medical copays, coinsurance and deductibles	Over-the-counter medicine and prescriptions	Dental and orthodontia	Eye exams, prescription eye glasses and Lasik eye surgery	Licensed nursery schools, qualified day care centers, after school programs, summer camps and preschool for children under age 13.	Adult daycare facilities	Work-related parking and transit expenses, such as Metro, Marc train, Vanpool, Ferry, Lyft Line or Uber Pool.

For a complete list of eligible expenses, visit www.montgomerycountymd.gov/OE -> Plan Resources (available by 10/9/2023).



What's Not Covered?

Ineligible FSA Expenses		
Healthcare FSA Ineligible Expenses Include:	Childcare FSA Ineligible Expenses Include:	Commuter FSA Ineligible Expenses Include:
<ul style="list-style-type: none"> Cosmetic surgery Teeth whitening Insurance premiums Marriage or career counseling Personal fitness trainers Swimming lessons 	<ul style="list-style-type: none"> Eligible childcare daycare services cannot be provided by a person you are claiming as a dependent. Tuition fees for grades K-8 Overnight camps Summer camp supplies Meals/diapers Sports lessons, field trips Transportation to and from dependent day care provider Late daycare payment fees 	<ul style="list-style-type: none"> Parking or transit expenses that are not for the purposes of getting from your resident address to your place of work.

Life Insurance

Your basic life and AD&D (Accidental Death & Dismemberment) insurance is automatic, and you may not opt-out. You pay 20% of the premium; the County pays 80%. However, if you need or want more life insurance, you can also enroll in Optional Life insurance for yourself or your dependents during Open Enrollment. You pay 100% of the cost for Optional Life for yourself or your dependents.



Statement of Health

Newly elected or increased employee Optional Life insurance during Open Enrollment is not guaranteed. Coverage is subject to Statement of Health (SOH) and approval from MetLife. If you elect to enroll for the first time or increase your coverage during Open Enrollment, you will receive an email from MetLife to complete the SOH online after Open Enrollment. To learn more about SOH, see the SOH FAQ on the Open Enrollment website.

Type of Benefit	Amount
Basic Life and AD&D	1 time your basic annual earnings, up to \$200,000. Benefits reduce at age 65. Employees are automatically enrolled in basic life and AD&D and not permitted to make changes to this benefit.
Optional Life and AD&D (additional coverage for yourself)	1-8 times your annual salary, up to \$1,000,000. Benefits reduce at age 70. Rates are based on your age and salary. You may elect or increase optional life and AD&D during annual Open Enrollment. Approval is subject to Statement of Health (SOH).
Dependent Optional Life (coverage for your spouse/children)	\$1,000/\$2,000, \$2,000/\$4,000 or \$5,000/\$10,000 You may elect or make changes to your dependent optional life each year during Open Enrollment. Approval is automatic and does not require a Statement of Health (SOH).
IAFF and FOP members have a minimum basic benefit of \$500,000 for a loss of life that is a direct result of an accidental injury sustained in the performance of County employment. For more information, please refer to the group insurance summary description in the resources section at www.montgomerycountymd.gov/HI	

Included Value-Added Services

If you enroll in either Optional Life for yourself or Dependent Life for your dependents, you will have access to the following value-added services with MetLife.

MetLife Value-Added Services
Will preparation services WillsCenter.com (online services for will, living will, Power of Attorney, HIPAA Authorization) Estate resolution services Funeral assistance services Grief counseling

How Much Life Insurance Do You Need?

Check out the life insurance calculator on the Open Enrollment website. Life insurance helps cover:

- Funeral burial costs
- Medical bills
- Taxes & living expenses (e.g., mortgages, childcare, debt)

How Much Does Optional Life Insurance Cost?

To find out how much your employee or dependent optional life will cost, access the worksheet on the Open Enrollment website. Optional Life rates for yourself are based on your age and salary.

Featured Events: Chart Your Course



Visit the Open Enrollment website to join virtual events. Some events require advanced registration.

OHR Health Insurance Team Events	
<p>Virtual Office Hours</p> <ul style="list-style-type: none"> • Wednesday, October 11, 9 – 11 am • Wednesday, October 18, 5 – 7 pm • Friday, October 27, 1 – 4 pm <p>Self-Service Demo</p> <ul style="list-style-type: none"> • Wednesday, October 11, noon – 1 pm <p>How to Pick a Medical Plan</p> <ul style="list-style-type: none"> • Wednesday, October 11, 1 – 2 pm 	<p>10-Minute Virtual 1:1 Appointments</p> <ul style="list-style-type: none"> • Tuesdays and Thursdays throughout Open Enrollment from 10am – noon and 1 – 3 pm <p>Advantages of FSAs</p> <ul style="list-style-type: none"> • Wednesday, October 11, 2 – 3 pm <p>MCGEO/FOP Elimination of the High Option Rx Plan</p> <ul style="list-style-type: none"> • Monday, October 16, 2 – 3 pm
Plan Specific Events Hosted by Insurance Carriers	
<p>VOYA FSA Presentation</p> <ul style="list-style-type: none"> • Monday, October 16, 9 – 10 am <p>CareFirst BCBS Medical Presentation</p> <ul style="list-style-type: none"> • Monday, October 16, 11 am – noon <p>EyeMed Vision Presentation</p> <ul style="list-style-type: none"> • Tuesday, October 17, 11 am – noon <p>Kaiser Permanente Medical Presentation</p> <ul style="list-style-type: none"> • Tuesday, October 17, 1 – 2 pm <p>MetLife Life Insurance Presentation</p> <ul style="list-style-type: none"> • Wednesday, October 18, 9 – 10 am 	<p>Benefit Plan Provider Virtual Q&A (Virtual Benefit Fair Booths)</p> <ul style="list-style-type: none"> • Wednesday, October 18, 11 am – 1 pm <p>Cigna Dental Presentation</p> <ul style="list-style-type: none"> • Thursday, October 19, 10 – 11 am <p>United Healthcare Medical Presentation</p> <ul style="list-style-type: none"> • Thursday, October 19, noon – 1 pm <p>CVS Caremark Prescription Presentation</p> <ul style="list-style-type: none"> • Thursday, October 19, 2 – 3 pm
LiveWell Events	
<p>Cooking Demo: Kitchen Hacks & Meal Prep</p> <ul style="list-style-type: none"> • Tuesday, October 17, noon – 1 pm <p>Revitalize Through Expression</p> <ul style="list-style-type: none"> • Wednesday, October 18, 1 – 2 pm 	<p>Bon-Voyage DJ Dance Party</p> <ul style="list-style-type: none"> • Thursday, October 19, 4 – 5 pm

Event Raffle Prizes

When you attend virtual Open Enrollment events*, you get a chance to win raffle prizes, such as Amazon gift cards, CVS gift cards, gift baskets and more! Raffle winners will be announced at the end of each event. The more events you attend, the more chances you have to win! If you are a lucky winner, your e-gift card will be sent via encrypted email to your County email, or your prize will be available for pick up at the Executive Office Building at your convenience.

**All virtual events are eligible except Q&A Sessions (OHR Office Hours and 1:1 Appointments), which will not include raffles.*

Legal Notices

For the 2024 Plan Year

Please keep the following legal notices with your important benefits documentation.

Notice of Creditable Coverage

Important Notice from Montgomery County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Montgomery County and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Montgomery County has determined that the prescription drug coverage offered by MCG's group insurance plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

At this time, MCG offers Medicare eligible retirees the following prescription plans:

- Caremark Standard Option Prescription Plan
- Prescription coverage available through the Kaiser's Medicare Plus plan

If you (and/or your dependents) are eligible for Medicare (including due to disability) and elect to participate in the Caremark High Option Prescription Plan or Standard Option Prescription Plan, you (and/or your dependents) will automatically be enrolled in Medicare Part D. Medicare requires that you have a 21-day period to opt out of Medicare Part D participation. However, if you opt out, you (and your dependents, if applicable) will not have any prescription drug coverage through MCG's prescription drug plans. If you elect to participate in the Kaiser plan, this is not applicable.

If you or your Medicare eligible dependent decide to join a Medicare drug plan, coverage under the MCG plan will terminate for that individual. Therefore, please note that if **you** join a Medicare drug plan, and as a result your County coverage is terminated, **coverage for your dependents will also terminate.**

If you decide to join a Medicare drug plan and you decide to drop your current County coverage, be aware that you and your dependents will only be able to elect coverage at Open Enrollment.

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your coverage with MCG and don't enroll in Medicare prescription drug coverage within 63 days after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage determined to be Creditable Coverage, your monthly premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may always be at least 19% higher than the Medicare Base beneficiary premium. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

For More Information About This Notice or Your Current Prescription Drug Coverage

The Office of Human Resources, Health Insurance Team
101 Monroe Street, 7th Floor
Rockville, Maryland 20850

Contact MC311, Monday through Friday, 8 a.m. to 5 p.m.: 240-777-0311; any questions MC311 cannot answer are immediately routed via a service request to the OHR Health Insurance Customer Care Center, Monday through Friday, open 8 a.m. to 4 p.m.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Montgomery County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For details about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the *Medicare & You* handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

October 2023
Montgomery County Office of Human Resources, Health Insurance Team
101 Monroe Street, 7th Floor
Rockville, MD 20850

Notice of Grandfathered Health Plan Status

Montgomery County Government believes the Plan is a grandfathered health plan under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the OHR Health Insurance Team by contacting MC311, Monday through Friday, 8 a.m. to 5 p.m.: 240-777-0311; any questions MC311 cannot answer are immediately routed via a service request to the OHR Health Insurance Customer Care Center, Monday through Friday, 8 a.m. to 4 p.m. You may also contact the U.S. Department of Health and Human Services at <https://www.healthcare.gov/health-care-law-protections/grandfathered-plans/>.

Women's Health Care and Cancer Rights Act (WHCRA)

The Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call your plan provider for more information.

Availability of Other Important Legal Documents

Other legal documents are available free of charge at <http://www.montgomerycountymd.gov/HL> Summary of Benefits and Coverage, Group Insurance Summary Description and HIPAA Privacy Notice. A paper copy of these documents can be provided free of charge by contacting the OHR Health Insurance Team via MC311, Monday through Friday, 8 a.m. to 4 p.m.: 240-777-0311.

*The County expects to continue its group insurance plans, but it is the County's position that there is no implied contract **between individual employees and the County** to do so. The County reserves the right to change or discontinue any terms of the plans, subject to applicable laws and the County collective bargaining agreements. The County may amend the plans, either prospectively or retroactively, as required by Federal or State law. In the event of a conflict between this Open Enrollment flyer, the County Code, the Summary Description and/or the Plan documents, the County Code, then the plan document and then the Summary Plan Description will govern.*

Distributed October 2023



Open Enrollment Begins: **October 9, 2023**

Visit the Employee Open Enrollment Website:

SCAN ME!



Deadline to Make Benefits Changes for 2024: **October 27, 2023, at 5 pm ET**

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