

2019 Open Enrollment

Active Employee Group Insurance



Office of *Human Resources*

Open Enrollment: September 17 to October 5, 2018

- Open Enrollment is the time of year when employees can make changes to the benefits for next year's benefits plans.
- Changes you can make are:
 - Enroll in the benefit plan(s) for the first time
 - Add/Delete Dependent(s)
 - Change from one plan to another
 - Drop Coverage
- Changes for benefits plans will take effect **January 1, 2019**.



New for 2019

- **Dental is changing to CIGNA**
 - Two-year waiting period to enroll is removed. All employees may now join at Open Enrollment.
 - **New!** Progressive maximum benefit
 - **New!** Oral Health Integration program
- **Vision is changing to Eye Med**
 - Two-year waiting period for late entrants removed. All employees may now join at Open Enrollment.
 - **New!** Hearing aid benefit available
- **Life Insurance is changing to MetLife**
 - If you are enrolled in **Optional Life Insurance**, you will have access to new programs through MetLife:
 - Will preparation services
 - Estate resolution services
 - Funeral assistance
 - Grief counseling
- **HealthCare FSA limit is increasing to \$2,650**



Rates for Calendar Year 2019

Plan	% Increase	Per Pay Period Increase		
		Self	Self + 1	Family
Carefirst High Option POS	8.4%	\$5.64	\$9.75	\$16.42
Carefirst Standard Option POS	8.8%	\$5.54	\$9.07	\$15.27
Kaiser	7.0%	\$4.14	\$7.79	\$12.26
United HealthCare HMO	7.7%	\$3.24	\$6.23	\$9.91
CVS Standard Prescription Plan	8.4%	\$1.87	\$3.45	\$5.34
CVS High \$4/\$8 Prescription Plan	4.4%	\$4.83	\$8.93	\$13.85
CVS High \$5/\$10 Prescription Plan	4.4%	\$4.70	\$8.68	\$13.46
CIGNA PPO Dental	0%	\$0	\$0	\$0
CIGNA DHMO Dental	-9%	-\$0.17	-\$0.32	-\$0.47
EyeMed Vision	0%	\$0	\$0	\$0



Benefits Refresher



Office of *Human Resources*

Who is Eligible to Join Your Plans?

Eligible dependents for medical, prescription, dental and vision coverage are:

Spouse

- Legally married? **Yes**
- Divorced? **No**

Children

Biological, legally adopted, stepchildren, or under your legal custody and who are either:

- Under age 26? **Yes**
- Age 26 and over? **No**, unless incapable of self support

Proof of eligible dependents is required.



Medical Plan Options

Health Maintenance Organizations (HMO):

- Option 1: Kaiser Permanente Signature (HMO)
- Option 2: United Healthcare Select (HMO)

Point of Service Plans (POS):

- Option 3: CareFirst BCBS (POS) High Option
- Option 4: CareFirst BCBS (POS) Standard Option

Three tiers of coverage: Self, Self + 1, or Family



Medical Plan Comparison Chart

	Kaiser + Rx	UHC	BCBS HIGH	BCBS STANDARD
Network	<ul style="list-style-type: none"> Regional (MD/DC/VA) 	<ul style="list-style-type: none"> National 	<ul style="list-style-type: none"> National 	<ul style="list-style-type: none"> National
Referral Required	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> No
Deductible	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> In-Network: None Out-of-Network: \$300 individual; \$600 family. 	<ul style="list-style-type: none"> In-Network: None Out-of-Network: \$300 individual; \$600 family.
Dr. Office Visits	<ul style="list-style-type: none"> \$5 copay 	<ul style="list-style-type: none"> \$5 copay PCP; \$10 copay Specialist 	<ul style="list-style-type: none"> In-Network: \$10 copay Out-of-Network: 80% covered after deductible. 	<ul style="list-style-type: none"> In-Network: \$15 copay/\$30 Specialist Out-of-Network: 80% covered after deductible
Emergency Room	<ul style="list-style-type: none"> \$50 copay waived if admitted to hospital 	<ul style="list-style-type: none"> \$25 copay waived if admitted to hospital. \$15 copay for urgent care 	<ul style="list-style-type: none"> In-Network: \$25 copay waived if admitted to hospital Out-of-Network: 80% covered after deductible 	<ul style="list-style-type: none"> In-Network: \$35 copay waived if admitted to hospital Out-of-Network: 80% covered after deductible
Hospital	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered in full. 	<ul style="list-style-type: none"> In-Network: Covered in full Out-of-Network: 80% covered after deductible 	<ul style="list-style-type: none"> In-Network: Covered in full after \$150 copay per admission Out-of-Network: 80% covered after deductible
Surgery	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Inpatient: covered in full Outpatient: \$25 copay 	<ul style="list-style-type: none"> In-Network: Covered in full Out-of-Network: 80% covered after deductible 	<ul style="list-style-type: none"> In-Network: Covered in full Out-of-Network: 80% covered after deductible



Prescription Drug Plan Comparison

	High Option \$4/8 MCGEO/IAFF	High Option \$5/10 FOP/NON-REP	Standard Option
Copay	\$4 Generics \$8 Brand Name	\$5 Generics \$10 Brand Name	\$10 Generics \$20 P/Brand Name \$35 NP/Brand Name
Deductible	n/a	n/a	\$50/year
Mail Order	Yes	Yes	Yes
Maintenance Choice	Yes	Yes	Yes
Drugs	Same	Same	Same



Prescription Drug Cost Comparison

Cost	High Option \$4/8 MCGEO/IAFF	High Option \$5/10 FOP/NON-REP	Standard Option
Self Only	Bi-Weekly: \$113.39 Monthly: \$245.67 Yearly: \$2,948.14	Bi-Weekly: \$111.00 Monthly: \$240.50 Yearly: \$2,886.00	Bi-Weekly: \$24.13 Monthly: \$52.28 Yearly: \$627.38
Self + 1	Bi-Weekly: \$209.79 Monthly: \$454.55 Yearly: \$5,454.54	Bi-Weekly: \$205.36 Monthly: \$444.97 Yearly: \$5,339.36	Bi-Weekly: \$44.63 Monthly: \$96.70 Yearly: \$1,160.38
Self + Family	Bi-Weekly: \$325.11 Monthly: \$704.40 Yearly: \$8,452.86	Bi-Weekly: \$318.24 Monthly: \$689.52 Yearly: \$8,274.24	Bi-Weekly: \$69.16 Monthly: \$149.85 Yearly: \$1,798.16



Dental Plan Options

CIGNA Dental PPO

- In- and out-of-network coverage available
- Annual max per enrolled family member = \$2,000
- Annual deductible = \$50 Individual / \$150 Family
- **New** Progressive maximum benefit
- **New** Oral Health Integration Program
- Covered services:
 - Diagnostic & Preventive -100% of allowed amount; no deductible
 - Basic Restorative - 80% of allowed amount
 - Major Restorative - 60% of allowed amount
 - Orthodontia - 60% of allowed amount to \$1,000 per person lifetime maximum

CIGNA Dental HMO (DHMO)

- Must use Primary Dental Office (PDO)
- **Only in-network services are available**
- Fixed copayment schedule
- Only listed procedures are covered
- Specialist referrals are required

IMPORTANT: *Two-year late entrant waiting period is removed. You no longer need to wait two years to join a dental plan. You can join during Open Enrollment.*



Office of *Human Resources*

Vision Insurance

NOTE: The vision benefit will completely reset on January 1, 2019 with our new vision carrier. This means that **this is your only opportunity for frames/lenses to be covered two years in a row (2018 and 2019).**

- The County's new Vision carrier is **EyeMed**.
- Benefits payable for exams, lenses and contacts (elective or necessary) every calendar year, frames every two calendar years
- In-network or out-of-network benefits available
- **New** enhanced Hearing Benefit through EyeMed's partner, *Amplifon*
 - 40% off hearing exam
 - Discounted pricing on thousands of hearing aids, including latest technology
 - One-year free follow-up care with unlimited appointments
 - Free batteries for two years with initial purchase
 - Three-year warranty and loss and damage coverage
- May coordinate with discounted vision benefits through Kaiser or United Healthcare

IMPORTANT: *Two-year late entrant waiting period is removed. You no longer need to wait two years to join a dental plan. You can join during Open Enrollment.*



Office of *Human Resources*

Optional Life Insurance / AD&D

You may elect Optional Life / AD&D coverage for yourself in increments of 1 to 8 times your basic annual earnings (\$1 million maximum).

- NOTE: Coverage is not guaranteed issue for any level. You must complete an online Statement of Health form no matter what level of coverage you elect. After you make your election, you will receive an email from MetLife with a link to complete the online Statement of Health.

You may also purchase Optional Life insurance in the following increments for your dependents:

- \$2,000 Spouse / \$1,000 Dependent
- \$4,000 Spouse / \$2,000 Dependent
- \$10,000 Spouse / \$5,000 Dependent

An *eligible dependent* is defined as: 1) your opposite or same sex spouse; or 2) your unmarried children under age 26 (natural, adopted; or stepchildren/foster children who depend on your support).



New Value-Added Benefits

For Employees Enrolled In Optional Life

If you are enrolled in Optional Life Insurance, the following value-added benefits are available to you through MetLife effective January 1, 2019:

Grief Counseling	▶ Employees can speak face to face with a licensed counselor to cope with a loss or major life change, or speak to a licensed counselor while the comfort of home through the helpline.
Funeral Assistance	▶ Employees work with compassionate counselors that assist with personalizing funeral arrangements in a comforting environment.
Estate Resolution Services	▶ Employees or their beneficiaries can settle an estate with confidence , either one on one with an attorney or by phone.
Will Preparation	▶ Work one on one with an attorney, in person or on the phone, to prepare or update a will. Or use MetLife's online will preparation services through willcenter.com .



Optional Life Insurance Rates

How to estimate your *Optional* Life Insurance bi-weekly rate:

See the 2019 Rate Sheet for age-banded *Optional* Life rates.

Example: 40-year-old applying for 2 x salary. Salary is \$49,300.		
Steps	Example	Calculate for Yourself
1. Find your age-based rate on the rate sheet	\$0.033	\$ _____
2. Choose how much coverage you are applying for:	\$99,000 (2 x salary rounded to the nearest \$1,000)	\$ _____
3. Divide that coverage amount by 1,000	99 (\$99,000 / 1,000)	\$ _____
4. Multiply A x C for estimated bi-weekly cost	\$3.27 (\$0.033 x 99)	\$ _____



Flexible Spending Accounts (FSAs)

- What is an FSA? It is an IRS-approved tax-free account that saves on:
 - Qualified out-of-pocket medical and dependent care expenses
 - Federal and State Income tax
 - Social Security Tax
- 3 Account Options: Health Care FSA, Child Care FSA, and Commuter Choice Transit
- *FSA accounts are administered through Benefit Strategies*
- FSAs are "use-it or lose-it" accounts; claims must be incurred during the 2019 plan year (January 1, 2019 – March 15, 2020) and submitted by April 30, 2020.

IMPORTANT: *You must re-enroll in an FSA every Open Enrollment if you want to participate in the upcoming plan year.*



Office of *Human Resources*

Flexible Spending Accounts (FSAs)

Why You Should Enroll

Give yourself a raise by reducing your taxes!

- Elect the annual amount you want to place in your FSA(s) for the upcoming plan year during Open Enrollment
- That amount is divided by 26 and taken from your biweekly paychecks on a pre-tax basis
- Then, use your pre-tax FSA dollars to pay for eligible "out-of-pocket" health care, child-care or transit expenses

Tax Savings Example	Before Enrolling	After Enrolling
Annual earnings	\$45,000.00	\$45,000.00
Annual FSA election amount	\$0.00	-\$2,000.00
Taxable income	\$45,000.00	\$43,000.00
Approximate taxes paid (27.65%)	-\$12,442.50	-\$11,889.50
Annual tax savings/increase in spendable income	\$0.00	\$553.00



Health Care FSA

- Contributions are “use it or lose it.”
- Expenses must be incurred between January 1 – March 15
- Claims must be submitted by April 30 of the following year
- You may elect to contribute up to \$2,650. Your total annual election amount is available to spend on day one of the plan year
- FSA debit card allows you to pay for expenses at the time of service
- Examples of IRS qualified eligible expenses:
 - Copays (medical, prescription, dental, vision and hearing), deductibles and coinsurance; amounts over reasonable and customary charge
 - Eyeglasses, contact lenses and supplies
 - Braille books or guide dogs for people who are blind
 - Hearing aids
 - Acupuncture
 - Orthopedic shoes
 - Over-the-counter (OTC) drugs with a doctor’s prescription
 - Insulin without a doctor’s prescription



Child Care FSA

- Contributions are “use it or lose it.”
- \$5,000 annual maximum per household (\$2,500 for married filing separately)
- Funds are available to spend as they are accumulated through payroll deductions
- Reimbursable expenses:
 - day care centers
 - elder care
 - before/after school care
 - babysitter fees that allow you and your spouse to work or go to school (no child support payments)
- Qualifying dependents:
 - Children under the age of 13 and are a tax dependent of the employee
 - Spouse or tax dependent that is physically or mentally incapable of self-care
- Must coordinate between filing a tax credit with IRS and your Dependent Care FSA plan



Commuter Choice Transit FSA

- \$230 per month maximum for MCGEO staff; \$260 per month maximum for Unrepresented staff.
- Applies to employee commuting expenses only (not spouses or dependents).
- Can enroll throughout the year (not limited to Open Enrollment election).
- Eligible expenses include: Metro, Marc, Vanpool, Lyft Line, Uber Pool
- Debit card – may be used for some expenses (not Metro).
 - Metro riders will have to submit claim forms for reimbursement.
- Savings between \$22.65 and \$48.65 on every \$100 (depending on your tax bracket) you choose to defer into these accounts.
- If retiring or leaving the County, will need to coordinate use all available funds



Using Your FSA Funds

Health Care FSA: Your full annual election amount is available on the first day of the plan year.

Child Care FSA: Your funds are available as they accumulate through payroll deductions.

Commuter/Transit FSA: Your funds are available as they accumulate through payroll deductions.

The FSA Debit Card

- Your FSA debit card is the same card for your Health Care, Child Care, and Transit/Commuter FSA accounts
- The card is pre-loaded with your full annual Health Care FSA election amount. You can use the card to pay for IRS qualified expenses at the time of service or when paying a bill. Receipt notifications will be mailed to you monthly by Benefit Strategies. Your response to receipt notifications is necessary under the provisions of the plan. No response may result in the ineligibility of the purchase and as a result your card may be temporarily deactivated.
- If you are enrolled in the Child Care FSA, the card can also be used in child-care settings. Just remember that the card will only work for an amount that does not exceed the available balance in your Child Care FSA account on that day.
- The card can also be used to pay for your commuter/transit expenses; however it does not work for WMATA metro. Metro riders will have to submit manual claims for reimbursement from your Commuter/Transit FSA.
- Cards are re-loaded each year after you make your new annual election. Please keep your cards! You will only receive a new card if your old card is about to expire.



Employee Assistance Program

Employee Assistance Program (EAP)
by ComPsych Guidance Resources®

Counseling professionals are available 24-hours a day, 365 days a year, to assist you and your household members.

1-855-350-1750

guidanceresources.com

Click "I am a first-time user"

IMPORTANT: When registering, enter *MCG* in the Organization Web ID field.



GuidanceResources® Online

COMPSYCH®
GuidanceResources® Worldwide

Log In

I have already registered: [Help](#)

Please select your country/language:
USA (English) >

User Name

Password

Remember Me?

Login

[I am a first-time user](#)

[I forgot my username](#)

[I forgot my password](#)

Welcome to GuidanceResources® Online

GuidanceResources Online is a comprehensive, interactive service that provides expert content and unique tools to assist you in every aspect of your life, all in a secure, easy-to-use, personalized environment.



Office of *Human Resources*

Employee Wellness Program

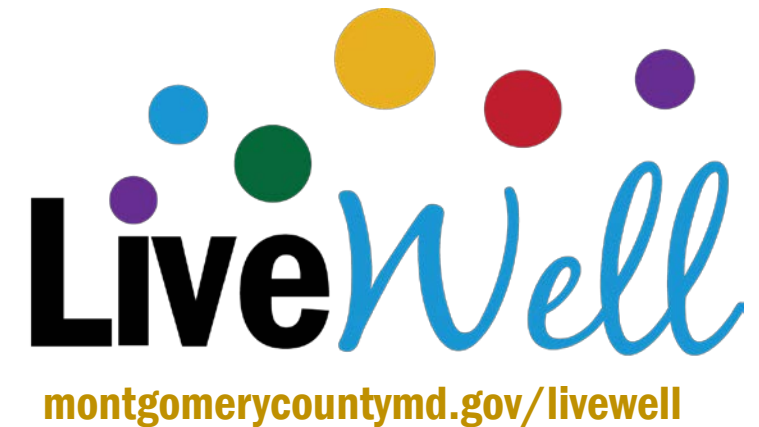
LiveWell is the Montgomery County Government joint labor-management employee wellness program.

The LiveWell mission is to cultivate a culture of well being through holistic programs, resources, and policies that empower employees to lead a healthier lifestyle, focusing on seven dimensions of well being.

LiveWell programs are open to insurance-eligible Montgomery County Government and participating agency employees. FOP members are ineligible to participate in LiveWell programs.

We're here to help you "Live Well" through:

- Small steps and balance
- Every day choices and lifestyle
- Wellness in body and mind



Office of *Human Resources*

Employee Wellness Program (cont.)

Programs for insurance-eligible Montgomery County Government employees:

- **Virgin Pulse** – Earn up to \$350 per year!
- **Movement Classes** – provided at four MCG locations
- **Special Programs & Events** – nutrition, stress management, diabetes and more
- **Wellness Email Tips** – Wellness Wednesdays and monthly newsletters
- **Discounts** – Montgomery County Recreation classes and fitness/pool passes, and Capital BikeShare memberships



Office of *Human Resources*

Voluntary Benefits: Aflac

Only Available to Unrepresented and IAFF Employees

Short-Term Disability

- Provides short-term cash benefits in the event of disability
- Monthly benefit amounts available from \$500 - \$6,000 (subject to income requirements)
- Benefit options of 3, 6, 12, 18 or 24 months with a variety of elimination periods

Critical Illness Insurance

- Provides a lump sum cash benefit in the event of critical illness
- Benefit amounts available in \$5,000 increments from \$10,000 - \$30,000

**Participants pay 100% through payroll deduction for Short-Term Disability and Critical Illness Insurance*



Office of *Human Resources*

Carrier Resources & Cost-saving Tips



Office of *Human Resources*

Carrier Resources

- Mobile apps
- Online laboratory results
- 24-hour nurse lines
- Website portals
- Online refills
- Appointment scheduling
- Virtual doctor visits (download the app for your healthcare provider!)



Lower Your Out-of-Pocket Costs

Choose the plan that's right for you.

- See the medical benefits chart for options.
- Stay in network. Use the provider search engines on your carrier website or mobile app to find in-network providers.

Seek preventive care.

- Check-ups, immunizations and screenings are an important part of staying healthy. They can detect or prevent serious diseases and keep you healthy.

Know where to go for care.

- You have many options of places to go when you need care. If your medical condition isn't serious or life threatening, you can save money by connecting with a doctor online through a virtual visit or going to an urgent care center or convenience care clinic instead of a hospital emergency room.

Review your prescription drug plan options.

- Decide which Caremark prescription plan is best for you. Note that the Kaiser HMO includes prescription drug coverage. Both the Standard and High Option Caremark plans cover the same prescription drugs but have different copay and deductibles.

Use generic and long-term prescriptions.

- Opt for lower-cost, generic drugs whenever possible.
- Ask your doctor to write a 90-day prescription instead of a 30-day prescription to participate in the mail order prescription program.

Take advantage of tax savings by participating in Flexible Spending Accounts.

- Use pre-tax dollars for eligible out of pocket services and items.



Know Before You Go

Getting the Most From Your Medical Plan

Quick Care Options	Needs or Symptoms		Average Cost
24/7 Nurse Line - Call number on your ID card for expert advice	<ul style="list-style-type: none"> Choose where to get care Find a doctor or hospital 	<ul style="list-style-type: none"> Health and wellness help Answers questions about medicines 	Free
Virtual Visits - Anywhere, anytime online doctor visits	<ul style="list-style-type: none"> Cold Flu Fever 	<ul style="list-style-type: none"> Pinkeye Sinus 	\$
Convenience Care Clinic Nearby treatment	<ul style="list-style-type: none"> Skin rash Flu shot Minor injuries 	<ul style="list-style-type: none"> Earache Coughs and sore throat Vaccinations 	\$
Urgent Care Center Quick after-hours care	<ul style="list-style-type: none"> Low back pain Respiratory (cough, pneumonia, asthma) Stomach (pain, vomiting, diarrhea) 	<ul style="list-style-type: none"> Infections (skin, eye, ear/nose/throat, genital-urinary) Minor injuries (burns, stitches, sprains, small fractures) 	\$\$
Emergency Room For serious, life-threatening needs	<ul style="list-style-type: none"> Chest pain Shortness of breath Severe asthma attack 	<ul style="list-style-type: none"> Major burns Severe injuries Kidney stones 	\$\$\$

- Always seek the appropriate health care option for your situation.
- If uncertain, call your plan's 24/7 Nurse Line (listed on your medical plan ID card).



Built-in Wellness Support

Take advantage of the free programs available to you through your medical carrier! Each of MCG's medical carriers (Kaiser, UHC, & CareFirst) offer valuable programs to help you manage your health.

Disease Management Programs

- Help manage your chronic condition through personalized coaching, support and encouragement and online education materials

Maternity Programs

- Support healthy moms and healthy babies

Weight-loss Programs

- Offers telephonic coaching support and web-based tools to help ensure long-term weight management
- *See the next slide for an example of an MCG success story!*

Smoking Cessation Programs

- Supportive coaching to make quitting more successful

Discounts

- Gym memberships, weight loss programs and more

For more information about the programs available to you, please contact your medical carrier.



Office of *Human Resources*

Weight-loss Success Story

How a Spouse of a MCG Employee Lost 35 Pounds!

Healthy Living Can Change Your Life!

Nina, the spouse of a Montgomery County employee, lost 35 pounds and found a program she enjoys through her health insurance carrier!

Nina utilized UHC's Real Appeal Weight-loss Program for lasting weight loss! Through UHC's weight-loss program Nina had access to:

- A transformation coach who supports you through a customized plan and online group classes.
- Online tools and dashboards to help you track food, activity and weight.
- A success kit that includes fitness guides, recipe book, weight scale, workout DVDs and more.

Contact your medical carrier to learn more about the weight-loss tools available!



Office of *Human Resources*

Carrier Websites

The Easiest Way to Navigate Your Plans

The carrier websites make it easy to understand and manage your benefits online. By setting up an account with your carrier, you can:

- Find and select in-network facilities, doctors, specialists, and behavioral health providers – including hospitals and urgent care centers.
- Download the app for virtual visits – have a secure virtual consultation for a non-emergency medical issue within minutes through your computer or mobile device. Virtual care is a click away – you can connect with a doctor whenever, wherever.
- Choose or change your primary care provider (PCP) as applicable.
- View, order or print your member ID card.
- Check the status of claims and out-of-pocket expenses and review your Explanation of Benefits (EOBs).
- Download forms for claims submissions, authorizations and more.
- Confirm if a referral or preauthorization is required for a specific service.



2019 Insurance ID Cards

- **Medical Plans:** If you did not make any changes to your medical benefits, you will not receive a new plan ID card. You will only receive one if you made a change to your medical benefits during Open Enrollment. New cards will arrive within the first two weeks of January 2019.
- **Prescription Drug Plans:** If you did not make any changes to your prescription drug benefits, you will not receive a new plan ID card. If you enrolled for the first time, you will receive a new ID card within the first two weeks of January 2019.
- **Dental and Vision Plans:** Everyone enrolled in a dental and/or vision plan will receive new plan ID cards. Cards will arrive late December 2018.
- **Flexible Spending Accounts (FSAs):** Anyone who is enrolling in an FSA for the first time will receive an FSA debit card within the first three weeks of January 2019. If you **re-enrolled** in the FSA programs, you will not receive a new FSA debit card, unless your current debit card is about to expire.
- If you have not received your ID cards by January 1, 2019, please do not contact OHR. Instead, contact the carrier directly by phone or visit the carrier's website to register and print a copy of your card.



How to Make Changes

1. Go to montgomerycountymd.gov/OE and select your Open Enrollment Home Page.
2. Review your Open Enrollment Guide and 2019 rates. Take advantage of online decision-making tools, such as the variety of calculators and plan materials.
3. If you want to make changes or enroll/re-enroll in a Health-Care or Child-Care FSA for 2019, click link to Self-Service Benefits. You may find it helpful to have on hand the step-by-step Self-Service Benefits Online Instructions (available on your Open Enrollment Home Page) to help you make your changes.
4. Print your 2019 online confirmation statement and keep it for your records.
5. If you want to make changes or enroll/re-enroll in the Transit/Commuter FSA for 2019, you will need to complete a paper election form and submit to OHR by Friday, November 16, 2018.
6. Send any additional required paperwork so it is received by the deadline: October 5, 2018 at 5:00 pm ET.



No changes needed for your benefits?

If you review your Open Enrollment materials and decide not to make any changes for your 2019 benefits plan, you do not need to do anything—unless you want to re-enroll in an FSA for 2019.

Remember: FSA plan participation does not carry over from year to year. **You must re-enroll** during Open Enrollment to continue FSA participation for 2019.



Office of *Human Resources*

OHR Customer Service Center

For any open enrollment related questions, please contact OHR MC311.

- Speak with a Customer Service Representative at MC311.
- Call 240-773-OHR1 (240-773-6471); 1-877-613-5212 toll-free; TTY: 711
- Any questions MC311 cannot answer are immediately routed via a service request to the OHR Health Insurance Customer Care Center, open Monday through Friday, 8 a.m. to 5 p.m.



www.montgomerycountymd.gov/oe



The banner features the Montgomery County seal and 'Office of Human Resources' on the left. The text 'Rock enRoll' is in a red, stylized font, with 'Open Enrollment 2019' and 'September 17 through October 5, 2018' below it. The background includes musical notes and a guitar neck.

September 17, 2018 - October 5, 2018

It's time to start thinking about your health insurance package!

Open Enrollment is generally the only time of the year you can make changes to your benefits for the next plan year. During this time, you may enroll, change or cancel selections for yourself and your dependents.

Click below to begin!



A photograph of a family (father, mother, and child) sitting at a table, looking at documents. A red banner at the bottom of the image reads 'Employee Open Enrollment'.



Office of *Human Resources*

Legal Information

The County expects to continue its group insurance plans, but it is the County's position that there is no implied contract between employees and the County to do so, and the County reserves the right at any time and for any reason to amend the terms of the plans or terminate the plans, subject to the County's collective bargaining agreements.

The County may also amend the plans at any time, either prospectively or retroactively, as required by federal law.

In the event of a conflict between this presentation, the County Code and/or the Summary Description, the County Code and then the Summary Description will govern.



Thank You

We hope you enjoyed learning about your health insurance package.
Thank you for allowing us to serve your health insurance needs

~Your OHR Health Insurance Team



Office of *Human Resources*