

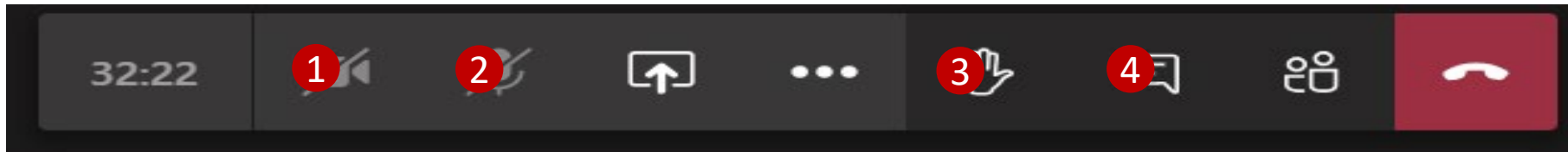
Enrolling in Health Insurance Benefits at Retirement Class



Office of Human Resources, Montgomery County Government

After “Joining” the Microsoft Teams meeting...

1. Please disable your “Camera”.
2. Please mute your “Microphone”; Unmute your microphone to ask a question.
3. Please refrain from asking questions until **after** the presentation is complete.
You may raise your hand if you have questions when the presentation is complete.
4. You may type questions in the chat if there is time they will be answered during the Q & A time at the end of the class or thru the chat when the class has ended.



Caution: This is a public virtual meeting. Please refrain from asking questions that reveal any personal PHI (protected health information) such as a chronic medical condition or names of specific prescription drugs.

Feel free to email questions that you were not able to ask during the presentation to: HITSRetirement@montgomerycountymd.gov



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

What's In Your Health Insurance Packet?

Your packet is divided into Right and Left Sides

Left Side of Packet

- Cover Letter
- Employee Summary of Benefits Form
- Premium Cost Share Form(s)
- 2026 Health and Life Insurance Retiree Election Form
- Retiree Cost Share Election Form
- Application for Retiree Health Insurance Benefits

Only for members of the RSP, GRIP, or MD State Retirement Plans



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

What's In Your Health Insurance Packet? (cont.)

Your packet is divided into Right and Left Sides

Left Side of Packet

- Medicare Enrollment Information Letter - [Only if Medicare Eligible](#)
- Medicare "Request for Employment Information" Form – [Only if Medicare Eligible](#)
- MD State Summary of Benefits Form – [Only if MD State Retirement](#)
 - MD State 2026 Retiree Election Form
 - MD State Rate Sheet
 - MD State Beneficiary Form
- Kaiser Medicare Plus Enrollment Form – [Only if Age 65](#)
- 2026 Retirement Calendar
- Life Insurance Beneficiary Form



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

What's In Your Health Insurance Packet? (cont.)

Your packet is divided into Right and Left Sides.

Right Side of Packet

- Retiree Monthly Rate Sheet
- Caremark Standard Option Prescription Benefit Plan
- EyeMed Insight Discount Vision ID Card
- EyeMed Retiree Vision Plan Comparison Chart
- Important Benefits Contact Information
- Retiree Change of Address or Name Form
- MCREA Membership Letter and Application Form



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government



OFFICE OF HUMAN RESOURCES

Marc Elrich
County Executive

Traci L. Anderson
Director

October 30, 2026

Santa Claus
123 Elf Road
North Pole, HO 88888

Dear Mr. Claus:

This letter confirms your Normal Retirement effective **December 1, 2026**. To have your retiree group insurance benefits effective on your date of retirement, it is necessary for you to complete and return the attached Group Health and Life insurance forms to me by **November 6, 2026**.

2026 Group Insurance Election Form - Please indicate your retiree benefit elections on the 2026 Group Insurance Election Form, then sign and date the form. A retiree rate sheet is attached for your comparison.

Premium Cost Form - Please review the "Premium Cost" form(s). If more than one form is included in your packet, please select the form with the cost share percentage of your choice. When premium amounts change, the adjusted amount will be charged.

Health and Life Insurance Premium Payment – You will be billed directly for your health and life insurance through the County's third-party administrator, Flexible Benefit Administrators, Inc. (FBA). For more information, contact them at (800) 437-3539 or retireedivision@flex-admin.com.

Cost Sharing Arrangement Form – This form indicates the percentage of the premium cost that you and the County will share for your group insurance benefits. Unless indicated, the cost share currently has no expiration date.

Life Insurance Beneficiary Form (Optional) – It is recommended that you update your named beneficiary for life insurance. Follow the instructions on the back of the form for completion.

101 Monroe Street • Rockville, Maryland 20850 • 240-777-0311
www.montgomerycountymd.gov

montgomerycountymd.gov/311 **MC311** 240-773-3556 TTY



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Cover Letter

Please read your cover letter carefully and pay close attention to the following:

- Deadline that your completed forms must be returned to OHR,
- Billing for Health and Life Insurance Premiums,
- Medicare Eligibility,
- Legal Documents that must be returned with your completed forms, and
- Contact Information for the OHR Health Insurance Specialist



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Applying for Retirement
Employee Summary of Benefits
As of Date: 12/1/2028

Employee ID 3174	Employee Name Claus, Santa	SSN 999-99-9999	Gender M	DOB 12/9/1967	Age 59	Retirement Eligibility Date 10/16/2005
Address 123 Elf Road (H)		City, State North Pole, HQ	Zip Code 88888	Telephone 240-447-0900 (H)		Email Address santa.claus@montgomerygov.gov
Organization DOT 50 Highway Services		Position 004177 Equipment Operator	Employee's Manager West, Ray R. SR		Status Active Assignment	
Original DOH 6/12/2006	Latest Hire Date 6/12/2006	Adjusted Service Date 6/12/2006	Retirement Code RM	Total County Salary \$70,000	FTE 40	
Variance Original Hire Date/Adjusted Service Date			Years of Service 20 Years 6 Months		Retirement Years of Service 20 Years 6 Months	

Current Benefits					
Plan Type	Plan Name	Coverage Level	Covered	Dependents	Relationship
Dental	Cigna Dental PPO	Self + 1	Claus, Mary Christmas		Spouse
Medical	Carefirst BCBS High Option POS	Self + 1	Claus, Mary Christmas		Spouse
Prescription	Caremark Rx Standard Option \$10/\$20/\$30	Self + 1	Claus, Mary Christmas		Spouse
Vision	EyeMed Vision Plan	Self + 1	Claus, Mary Christmas		Spouse

Life Insurance		
Dependent Life	\$10000 Spouse/\$5000 Child/\$100 Newborn	
Group Term Life	\$ 59,000.00	
Optional Life & AD&D	\$ 357,000.00	4x Annual Earnings

Covered Dependents							
Relationship	Dependent Name	SSN	Gender	DOB	Age	Disabled (Y/N)	Medicare Entitled
Spouse	Claus, Mary	991-91-9991	F	10/1/1969	57	N	N

Documents Needed for Retirement

- ☐ A copy of your birth certificate or U.S. Passport
- ☐ A copy of your official State marriage certificate
- ☐ A copy of your child(ren)'s birth certificate
- ☐ Retiree Health and Life Insurance Election Form
- ☐ Retiree Cost Share Election Form
- ☐ Application for Retiree Health Insurance Benefits Form
- ☐ MD State Retiree Enrollment Form
- ☐ Return Medicare Part A&B enrollment form to Social Security Admin.
- ☐ Return Completed Kaiser Medicare Plus form to Kaiser
- ☐ Not eligible for Group Insurance if disability ends prior to age 65.
- Eligible for COBRA at that time.

Packet Mailed Date: _____

Health Insurance Eligibility Calculation

2026 - 12
2006 - 6
20 - 6

30% Cost Share - Lifetime



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Employee Summary of Benefits Form

This form is an overview of your demographics, current health and life insurance benefit elections, and a list of dependents that you currently cover on your health insurance plans.

- On the bottom left side of this form is a list of “Documents Needed for Retirement”
- On the bottom right side of this form is the Health Insurance Eligibility Calculation” used to determine the percentage of the insurance premium that you will pay.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Documents Required to Prove Eligibility

Please Provide 1 Copy of the required documents listed below even if previously provided:

- **Retiree**: State certified birth certificate, or U.S. Passport, or DD-214 (military discharge form) for identification purposes.

If Electing Group Insurance Coverage for a Dependent:

- **Spouse**: Official State Marriage Certificate (must be signed by the appropriate State or County official, such as the Clerk of the Court),
- **Domestic Partner**: The Domestic Partner Affidavit Form submitted to OHR prior to 2016.
- **Child** to age 26: Proof of child's age (official State birth certificate).
- **IMPORTANT NOTE**: Marriage certificates signed by the officiant that performed the ceremony (e.g. minister/clergy) will not be accepted. A Driver's License or Social Security card will not be accepted.

Go to: www.vitalchek.com to order the required documents that you are unable to locate.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Proof of Eligibility (cont.)

Official State Marriage Certificate (certified by appropriate State or County Official)

Certificate of Marriage
State of Maryland
MONTGOMERY COUNTY (15)

I *Hereby* Certify that on the 18th day of September 1993
the following persons were by me united in marriage at Bethesda, Maryland
in accordance with the License of the Clerk of the Court in the jurisdiction shown above.


Groom's Name Bruce Walter Dennis Age 35 Birthplace Maryland
Residence Germantown, Montg. Co., Md. Marital Status Single
Bride's Name Francesca LaSonya Wallace Age 29 Birthplace D. C.
Residence Rockville, Montg. Co., Md. Marital Status Single
Relationship to groom if any None

Groom's S.S. No. _____
Bride's S.S. No. _____
License Date Sept. 15/93
523/181

Leon Grant
Signature of Authorized Officer
Pastor, Mount Calvary Baptist Church
Title and Office
608 North Horners Lane, Rockville, Maryland
Address of Authorized Officer

Not Acceptable

Office of the Clerk of the Circuit Court for Montgomery County, Md.

State of Maryland  Montgomery County, Sct.

I HEREBY CERTIFY, That a Marriage License was issued to
Bruce Walter Dennis Age 35 Marital Status Single
Francesca LaSonya Wallace Age 29 Marital Status Single
on the 15th day of September in the
year one thousand nine hundred and ninety-three, as appears
by the Record of Marriage Licenses of this office. Liber 523 Folio 181

And I further certify that a certificate of Marriage was returned to this office on
September 20, 1993, by Leon Grant, Minister or
showing that he married the above named parties at Bethesda, MD Authorized Official,
on September 18, 1993

In Testimony Whereof, I hereunto subscribe my name and
affix the seal of the Circuit Court for Montgomery County,
at Rockville, Maryland, this 27th
day of September A. D. 1993
Bettie A. Skelton
Bettie A. Skelton
Clerk of the Circuit Court for Montgomery County

RAS #105

Acceptable



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

**Office of Human Resources
Montgomery County Government
Premium Cost Share**

Employee ID: 3174 Name: Santa Claus

Date of Retirement: 12-01-2026
Normal Retirement Date: N/A
Total Membership Years: 20 years 6 months

Salary: \$70,000.00
Adj Salary: N/A (for IAFF and FOP only)

Life Insurance:

Based on Active Life Insurance of \$70,000.00
Basic Life Insurance at Retirement \$70,000.00 (\$70,000.00 * 20 yrs * .05)
The basic amount will never go lower than \$17,500.00
Optional Life Insurance at Retirement \$210,000.00 (100% * \$70,000.00 * 3)
The optional amount will never go lower than \$52,500.00

Basic Life		Optional Life	
* \$70,000.00	12-01-2026	\$210,000.00	12-01-2026
* \$63,000.00	12-01-2031	\$105,000.00	12-09-2037 - At age 70
* \$56,000.00	12-01-2032	\$52,500.00	12-09-2042 - At age 75
* \$17,500.00	12-09-2032 - At age 65		

Group Insurance: 20% UNTIL 05-31-2047 THEN 100% 2026 Rates

* \$ 306.57	Health	CareFirst High Option Employee+1
* \$ 19.81	Dental	Dental PPO - Cigna Employee+1
* \$ 1.04	Vision	Vision Insured Plan Employee+1
* \$ 125.27	Rx	Caremark Standard Option \$10/\$20/\$35 Employee+1
* \$ 4.14	Life Insurance (Non contributory at Age 65)	
* \$ 65.10	Optional Life Additional 3 Times Salary	
* \$ 4.38	Dep Life \$10,000/\$5,000	
Your premium will be \$526.31 (subject to future adjustments)		

**Office of Human Resources
Montgomery County Government
Premium Cost Share**

Employee ID: 3174 Name: Santa Claus

Date of Retirement: 12-01-2026
Normal Retirement Date: N/A
Total Membership Years: 20 years 6 months

Salary: \$70,000.00
Adj Salary: N/A (for IAFF and FOP only)

Life Insurance:

Based on Active Life Insurance of \$70,000.00
Basic Life Insurance at Retirement \$70,000.00 (\$70,000.00 * 20 yrs * .05)
The basic amount will never go lower than \$17,500.00
Optional Life Insurance at Retirement \$210,000.00 (100% * \$70,000.00 * 3)
The optional amount will never go lower than \$52,500.00

Basic Life		Optional Life	
* \$70,000.00	12-01-2026	\$210,000.00	12-01-2026
* \$63,000.00	12-01-2031	\$105,000.00	12-09-2037 - At age 70
* \$56,000.00	12-01-2032	\$52,500.00	12-09-2042 - At age 75
* \$17,500.00	12-09-2032 - At age 65		

Group Insurance: 30% LIFETIME COSTSHARE 2026 Rates

* \$ 459.85	Health	CareFirst High Option Employee+1
* \$ 29.72	Dental	Dental PPO - Cigna Employee+1
* \$ 1.56	Vision	Vision Insured Plan Employee+1
* \$ 187.91	Rx	Caremark Standard Option \$10/\$20/\$35 Employee+1
* \$ 6.22	Life Insurance (Non contributory at Age 65)	
* \$ 65.10	Optional Life Additional 3 Times Salary	
* \$ 4.38	Dep Life \$10,000/\$5,000	
Your premium will be \$754.74 (subject to future adjustments)		



Enrolling in Health Insurance Benefits at Retirement
Office of Human Resources, Montgomery County Government

Imputed Income

For Basic Life Insurance Above \$50,000

- Imputed income affects the amount of Basic Life Insurance above \$50,000.
- If you receive County-provided Basic life insurance with a value equal to or greater than \$50,000 in any given year, the value of the coverage is considered imputed income and is taxable income,
- The County will send you a form W-2 every year that your Basic Life insurance value is above \$50,000
- For more information, visit:
http://www.montgomerycountymd.gov/HR/Resources/Files/Benefits/Imputed_Income_Retiree_BasicLife.pdf



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

How Do I Pay My Monthly Insurance Premiums?

Members of the Employees' Retirement System (ERS): Your health insurance premiums are deducted directly from your monthly pension paychecks. If there are not enough funds to cover the health insurance premiums, the member is direct billed as described below.

Members of the Retirement Savings Plan (RSP), Guaranteed Retirement Income Plan (GRIP), or MD State: You are billed directly for your health insurance through the County's third-party administrator, Flexible Benefit Administrators Inc. (FBA).

All insurance premiums are paid on an after-tax basis.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Payment for Members of the Retirement Savings Plan (RSP), Guaranteed Retirement Income Plan (GRIP), or MD State

- Flexible Benefit Administrators Inc. (FBA) will send a coupon booklet to your home address the first week of your retirement.
- Please review this information thoroughly to ensure accuracy of your selected retirement benefits.
- You are encouraged to set up ACH (Automated Clearing House) directly from your bank account, as this is the only payment option without an additional convenience charge. While setting up your ACH, you will have the option to choose the date of the draft. If you do not choose a specific date, it will default to draft on the 5th of each month.
- If you do not set up ACH for your first month's payment, FBA will assume you have chosen to pay by check, money order or credit card. New coupons will be issued, reflecting an additional \$20.00 monthly convenience charge for all non-ACH payments.
- Payments are due on the 1st of each month. Termination of all coverage will occur if payment is not received within the 30-day grace period.
- All outstanding payments must be made current before your coverage can be reinstated (this process can take 15-30 days – you will be required to pay out of pocket for all claims and once coverage is reinstated and submit claims to the insurance company for reimbursement).



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

FBA – Important Reminders

- **Member Portal** – a secure Member Self-Service Portal is available. You can manage your account history, refer to prior communications, or set up recurring ACH payments.
- Visit <https://COBRApont.benaissance.com>. You will need your unique ID code (included in your FBA welcome letter). Click on the "New user registration" link and follow the registration process as described. Please note you will be asked to supply your social security number (SSN) as a second piece of identification.
- Payments by **check or money order** should be made payable to and mailed to:
Flexible Benefit Administrators, Inc.
PO Box 2468
Omaha, NE 68103-2468.
- A \$20.00 Convenience Fee will be applied to all non-ACH payment methods.
- **Questions?** Contact FBA Financial at (800) 437-3539 Monday – Friday, 8:30 am – 5 pm
or email: retireedivision@flex-admin.com





2026 Health and Life Insurance RETIREE - Election Form

RETIREE INFORMATION

Use this form for initial insurance enrollment or for an eligible qualifying event. Upload required documentation by clicking the attachment icon (paperclip) to the left or the bottom of the page.

Retiree SSN: _____ Retiree Date of Birth: _____ Gender: ☐ Male ☐ Female

Retiree Name: _____

Street Address: _____

City, State, ZIP Code: _____

Telephone Home #: _____ Cell #: _____

Email Address: _____

Your email address will not be shared and will only be used by OHR to contact the retiree regarding their health insurance.

Medical Plan (choose one)

Medicare Part B is required when you or your covered dependents become entitled to Medicare. You must provide a copy of your Medicare card to OHR.

- ☐ No Medical coverage
- ☐ Kaiser HMO (includes Prescription)
- ☐ United HealthCare HMO
- ☐ CareFirst POS High Option
- ☐ CareFirst POS Standard Option

Dental Plan (choose one)

- ☐ No Dental coverage
- ☐ Dental PPO (traditional dental plan)

Vision Plan

- ☐ Discount Vision
- ☐ Fully Insured Vision
- ☐ No Vision

Prescription / Rx Plan (choose one)

For Kaiser and Indemnity plan participants, no Rx election is needed as Rx coverage is included in your plan

- ☐ No Prescription coverage
- ☐ Standard Option Rx plan

Optional Life Insurance (choose one)

- ☐ Cancel Optional Life Coverage
- ☐ Keep Current Optional Life Coverage

Dependent Life Insurance (choose one)

- ☐ Cancel Dependent Life Coverage
- ☐ Keep Current Dependent Life Coverage

DEPENDENT COVERAGE

To change dependent coverage, complete the section below and **upload copies of the required documentation** (e.g., birth certificate, adoption certificate, marriage certificate, etc.). Note that you must elect the same coverage for yourself in the medical, prescription, dental and/or vision sections of this form (e.g., your dependent may not have the vision plan unless you do). Also, the number of dependents you cover under each plan will determine your coverage level (Self, Self+1 or Family) and your cost for each plan.

Check if Dependent is also an MCO Employee	NAME OF ELIGIBLE DEPENDENT	SOCIAL SECURITY NUMBER (Required)	DATE OF BIRTH	SEX M F	RELATIONSHIP	INSURANCE ELECTIONS (Choose All that Apply)
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="radio"/> Spouse	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="radio"/> Child	<input type="checkbox"/> Rx <input type="checkbox"/> Vision
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="radio"/> Spouse	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="radio"/> Child	<input type="checkbox"/> Rx <input type="checkbox"/> Vision
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="radio"/> Spouse	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="radio"/> Child	<input type="checkbox"/> Rx <input type="checkbox"/> Vision
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="radio"/> Spouse	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="radio"/> Child	<input type="checkbox"/> Rx <input type="checkbox"/> Vision

☐ Delete / Disenroll Dependent(s)

FULL NAME OF DEPENDENT	NO LONGER ELIGIBLE	COVERAGE TO BE CANCELLED (Choose All that Apply)
	<input type="checkbox"/>	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
	<input type="checkbox"/>	<input type="checkbox"/> Rx <input type="checkbox"/> Vision
	<input type="checkbox"/>	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
	<input type="checkbox"/>	<input type="checkbox"/> Rx <input type="checkbox"/> Vision

SIGNATURE

I have read the materials available for the County's Group Insurance Plan. I authorize the County to make a deduction from my ERS or LTD2 benefit for my insurance elections. If I pay directly for insurance, I will promptly pay the cost or benefits will terminate. I understand that the County may adjust my elections. I authorize the release of enrollment information to the extent necessary to properly administer my elections. I understand that electing benefits to which I or any other person is not entitled is considered fraud and if I misrepresent my eligibility or that of any other person, or fail to take the steps necessary to remove ineligible persons, or in any way obtain benefits to which I am not entitled, benefits will terminate. In addition, I must repay any claims which have been paid inappropriately, and I may face charges. I understand that the County expects to continue the Plan, but it is the County's position that there is no implied contract between members and the County to do so. I also understand that the County reserves the right at any time and for any reason to amend the Plan, subject to any applicable County's collective bargaining agreements. The County may also amend the Plan, prospectively or retroactively to comply with applicable law.

Signature: _____ Date: _____

Comments : _____

Reminder: Upload any required documentation and Medicare cards before submitting your form. If you/covered dependent have not yet received your Medicare cards, be sure to provide a copy via the methods below as soon as you are in receipt:

Mail: OHR Health Insurance Team, 101 Monroe St., 7th Floor, Rockville, MD 20850
Fax: 240-777-5131 (include fax/mail cover sheet)
Email: OHR.HITS@montgomerycountymd.gov (please only send via encrypted email for security reasons)

9/11/2025



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

2026 Health and Life Insurance Retiree – Election Form

Please complete your Retiree Election Form thoroughly to ensure accurate processing.

- If selecting a plan, check the box next to the plan name.
- If waiving a plan, check the “No Coverage” box for that plan.
- You may only *decrease* the value of your Optional Life policy prior to submitting retirement forms.
- If you are not currently enrolled in Optional Life or Dependent Life plans, you are not eligible for either as a retiree.

****Add All Eligible Dependents****

- If you plan to continue coverage for an eligible dependent, each dependent **must** be added to the “Dependent Coverage” section on the back of the form, even if the dependent is currently covered.
- If the “Dependent Coverage” section is left blank, then none of your dependents will be covered.
- Sign and Date the form.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Retiree Cost Share Election Form
FOR EMPLOYEES HIRED ON OR AFTER JANUARY 1, 1987

COST SHARING ARRANGEMENT
FOR MEDICAL AND DENTAL PREMIUMS AT RETIREMENT

Initials

_____ ☐ I understand that the premium sharing arrangement will be 70% County paid and 30% paid by me.

I understand that when I or a covered dependent become eligible for Medicare due to age (65) or disability (regardless of age), enrollment in Medicare Parts A and B is required.

I understand that the County expects to continue the retiree benefit plans, but assumes no contractual obligation to do so. I also understand that the County reserves the right at any time and for any lawful reason to amend the retiree benefit plans. Further, I understand that the County may amend the retiree benefit plans at any time, either prospectively or retroactively, to conform to the Internal Revenue Code.

I understand that I may retain optional and dependent life insurance as a retiree. Retiree optional and dependent life coverages may not be increased or decreased after retirement, only maintained or cancelled.

I understand that I am authorizing the County to either deduct my premiums from any pension or disability payments. If these payments are not sufficient, or I do not receive any payments from the County, I will be responsible for paying my premiums directly to the County's third party administrator.

Santa Claus _____
Name

3174 _____
Employee ID

Signature _____

Date _____

Retiree Cost Share Election Form
FOR EMPLOYEES HIRED PRIOR TO JANUARY 1, 1987

COST SHARING ARRANGEMENT
FOR MEDICAL AND DENTAL PREMIUMS AT RETIREMENT

Initials

_____ ☐ I elect the cost sharing arrangement of 80% County paid / 20% paid by me. I understand that as of N/A, I will be required to pay 100% of the premium to maintain coverage.

_____ ☐ I elect the cost sharing arrangement of 70% County paid / 30% paid by me. I understand that this cost sharing arrangement currently has no expiration date.

I understand that when I or a covered dependent become eligible for Medicare due to age (65) or disability (regardless of age), enrollment in Medicare Parts A and B is required.

I understand that the County expects to continue the retiree benefit plans, but assumes no contractual obligation to do so. I also understand that the County reserves the right at any time and for any lawful reason to amend the retiree benefit plans. Further, I understand that the County may amend the retiree benefit plans at any time, either prospectively or retroactively, to conform to the Internal Revenue Code.

I understand that I may retain optional and dependent life insurance as a retiree. Retiree optional and dependent life coverages may not be increased or decreased after retirement, only maintained or cancelled.

I understand that I am authorizing the County to either deduct my premiums from any pension or disability payments. If these payments are not sufficient, or I do not receive any payments from the County, I will be responsible for paying my premiums directly to the County's third party administrator.

Santa Claus _____
Name

3174 _____
Employee ID

Signature _____

Date _____



Enrolling in Health Insurance Benefits at Retirement
Office of Human Resources, Montgomery County Government

Retiree Cost Share Election Form

Please initial and check the box for the cost sharing arrangement that you agree to have with the County for your lifetime. Please sign and date that you have read and understood the information provided to you in this document.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government



Montgomery County Government Application for Retiree Health Insurance Benefits

For Members of the :

- Retirement Savings Plan (RSP)
- Guaranteed Retirement Income Plan (GRIP)
- State of Maryland Retirement Plans



Name: _____

Retirement Plan Code: _____

SSN: _____

Date of Hire: _____

Address: _____

Gender: _____

Date of Birth: _____

Phone Number: _____

This is my application for normal retirement to be effective on _____.

I certify that I meet the criteria for retirement from the Plan and that the information on this form is true and correct to the best of my knowledge.

Member's Signature

Date



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Application for Retiree Health Insurance Benefits Form

This form confirms your request to separate from the County and to continue the health and life insurance benefits offered to members of the RSP, GRIP, and MD State retirement plans.

Please complete the highlighted areas of the form, then sign and date to confirm that your retirement date is the effective date listed on the form.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government



OFFICE OF HUMAN RESOURCES

Marc Elrich
County Executive

Berke Attila
Director

Dear Employee:

According to our records, you or a covered dependent will be age 65, or eligible for Medicare benefits regardless of age when you retire.

What Must You Do?

- By now, you and/or the Medicare-eligible covered dependent may have received notice from the Social Security Administration about his or her rights to elect Medicare Parts A and B. If this is not the case, call Social Security immediately at 1-800-772-1213.
- When you retire from the County, the County's medical plans coordinate benefits with Medicare. This means that Medicare is the primary payer (pays first), and the County's medical plans will be the secondary payer (pays second).

Please use the **"Request for Employment Information"** form located in your packet to enroll in Medicare Parts A and B. You may contact the Social Security Administration as listed on the back of the form to request enrollment in Medicare effective on the first day of the month that you retire. Medicare Part B enrollment is required when you are retired and enrolled in a County medical plan.

- Send a copy of your Medicare ID card to the Health Insurance Team immediately. You can send it via fax (240-777-5131) or mail (101 Monroe St. 7th Floor, Rockville, MD 20850).
- CareFirst BCBS Members: To ensure that Medicare pays first for services that Medicare covers, it may be necessary for you to call the Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627, to request coordination of coverage. BCBS will only pay after Medicare as the secondary payer.

101 Monroe Street • Rockville, Maryland 20850 • 240-777-0311
www.montgomerycountymd.gov

montgomerycountymd.gov/311 **MC311** 240-773-3556 TTY



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Medicare Cover Letter

Only in your packet if you or a covered dependent is Medicare eligible.

Please follow the instructions that are outlined in your “cover letter” to enroll either you or your covered dependent in Medicare, effective on the date of your retirement.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Medicare Request for Employment Information

You complete Section A of this form, then ask your employer to fill out Section B.

Section A: To be completed by person signing up for Medicare Part B (Medical Insurance)

Applicant's name	Applicant's Social Security Number (SSN)	
Donald Duck	2 2 1 0 0 0 0 0 0	
Employee's name (if different from applicant)	Employee's SSN (if different)	
Donald Duck	2 2 1 0 0 0 0 0 0	
Employer's name		
Montgomery County Government		
Employer's address		
101 Monroe Street, 7th Floor		
City	State	ZIP code
Rockville	M D	2 0 8 5 0

Section B: To be completed by employer

For Employer Group Health Plans ONLY:

Is (or was) the applicant covered under an employer group health plan? ☒ Yes ☐ No
If yes, give the date the applicant's coverage started (mm/yyyy): 0 | 1 | 1 | 9 | 8 | 3
Did the coverage end? ☒ Yes ☐ No
If yes, give the date the applicant's coverage ended (mm/yyyy): 0 | 1 | 2 | 0 | 2 | 6
When did the employee work for your company?
From (mm/yyyy): 0 | 1 | 1 | 9 | 8 | 3 To (mm/yyyy): 0 | 1 | 2 | 0 | 2 | 6 Still employed? ☒ Yes ☐ No
If you're a large group health plan and the applicant is disabled, list all months your group health plan was primary payer.
From (mm/yyyy): | | | | | To (mm/yyyy): | | | | |

For Hours Bank Arrangements ONLY:

Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☒ No
If yes, does the applicant have hours left in reserve? ☐ Yes ☒ No
Date reserve hours ended or will be used? (mm/yyyy) | | | | |

All Employers:

Signature of company official	Date signed (mm/dd/yyyy)
	1 0 2 4 2 0 2 5
Title of company official	Phone number
Human Resource Specialist	(2 4 0) 7 7 7 5 1 5 7

Submit your form by mail or fax

Mail or fax this completed form together with your Application for Enrollment in Medicare (CMS-40B) to your local Social Security office. Find an office near you at [SSA.gov/locator](https://ssa.gov/locator).



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Request for Employment Information Form

Only in your packet if you or a covered dependent is Medicare eligible.

Please follow the instructions that are outlined in your letter to enroll either you or your covered dependent in Medicare, effective on the date of your retirement.

Please return this form along with your “Application For Part B Enrollment Form” to the Social Security Administration to enroll in Medicare Part A and/or Part B effective on the date of your retirement.

On the “Application For Part B Enrollment Form”, write “I want Part B coverage to begin (MM/YY)” in the remarks section of the CMS-40B form or online application.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

What Is Medicare?

- **Part A (Hospital Insurance)** covers most medically necessary hospital, skilled nursing facility, home health and hospice care. It is free if you have worked and paid Social Security taxes for at least 40 calendar quarters (10 years); you will pay a monthly premium if you have worked and paid taxes for less time.
- **Part B (Medical Insurance)** covers 80% of most medically necessary doctors' services, preventive care, durable medical equipment, hospital outpatient services, laboratory tests, x-rays, mental health care, and some home health and ambulance services. You pay a monthly premium for this coverage and it is required if you want to receive benefits from your County medical plan.
 - *Without Part B, member will be responsible for approximately 80% of claim costs that Part B would have covered.*
 - *You cannot continue in the Kaiser plan unless you elect Part B and enroll in the Kaiser Medicare Plus Plan.*
- **Part D (Prescription)** is required if enrolled in the County's prescription drug plan. The County's prescription plan works together with Medicare Part D to maintain your current coverage level; this process is administered through SilverScript.
 - Enrollment in Part D is automatic. You should not elect a separate Medicare Part D plan if enrolled in the County's prescription plan.
 - SilverScript does not apply to Kaiser participants.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

When Do You Need to Apply?

Medicare Parts A and B

- **Active Employees** and their covered dependents do not need to enroll in Medicare Parts A or B when they become eligible due to age (65) or disability (at any age). Your County medical plan will continue as primary coverage, for as long as you are an active employee.
- **Retiring Employees** and/or their covered dependents who are eligible for Medicare due to age (65) or disability (at any age), when you retire, will be given the “Request for Employment Information” Medicare form (CMS-L564) to enroll in Medicare Parts A and B effective on your retirement date. At that time, Medicare Parts A and B becomes primary and the County’s medical plan becomes a secondary policy to Medicare.
- **Retired Employees and Their Covered Dependents Approaching age 65** should contact the Social Administration three months prior to their 65th birthday, to initiate enrollment in Medicare Parts A and B. The County will send a courtesy letter to retirees and their eligible spouse, reminding you to enroll in Medicare Parts A and B. Medicare enrollment must be effective on the first day of the month that you and your spouse turn age 65. At that time, Medicare Parts A and B becomes primary and the County’s medical plan becomes a secondary policy to Medicare.

IMPORTANT: *If you or your covered dependents do not apply for Medicare when eligible, you may be charged premium penalties assessed by the Social Security Administration.*



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Medicare Parts B and D Premiums are based on income

If your filing status
and “Adjusted Gross
Income” in 2024
was...

**Your “Adjusted
Gross Income” is
located on line 11
on your Form 1040.**

Individual Tax Return	Joint Tax Return	You Pay Part B each month (2026)	You Pay Part D each month (2026)
\$109,000 or less	\$218,000 or less	\$202.90	Your Plan Premium
above \$109,000 up to \$137,000	above \$218,000 up to \$274,000	\$284.10	\$14.50 + Your plan premium
above \$137,000 up to \$171,000	above \$274,000 up to \$342,000	\$405.80	\$37.50 + Your plan premium
above \$171,000 up to \$205,000	above \$342,000 up to \$410,000	\$527.50	\$60.40 + Your plan premium
above \$205,000 and less than \$500,000	above \$410,000 and less than \$750,000	\$649.20	\$83.30 + Your plan premium
\$500,000 or above	\$750,000 and above	\$689.90	\$91.00 + Your plan premium



Enrolling In Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Does Your Doctor Accept Medicare?

The County's retiree group insurance benefits coordinate with Medicare. That means once a retiree or a retiree's dependent becomes eligible for Medicare (at age 65 for most), the County's plans will only pay secondary to Medicare.

This same concept also applies to physicians that choose not to participate with Medicare. The County's plan does not pay as the primary insurance in situations where your physician or therapist doesn't participate with Medicare.

When you transition to Medicare, you'll want to make sure that your current physicians accept Medicare. If they do not, you can continue to see them, but be aware that the County's plan will not cover costs that should be paid for by Medicare, for example:

	Office Visit	Paid by Medicare	Paid by County Group Plan	Paid by Retiree
Enrolled in Medicare	\$100.00	\$80.00	\$20.00	\$0.00
NOT Enrolled in Medicare	\$100.00	\$0.00	\$20.00	\$80.00



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

MARYLAND Department of Budget & Management

Summary Statement of Benefit Elections for Year 2020
Benefits Coverage Period January 01, 2020 through December 31, 2020

Status: Satellite

Year 2020 Benefit Elections

	Enrolled	Plan Name or Coverage Amount	Coverage Level	Deductions Pre Tax	Deductions Post Tax	Effective Date
Medical Plan	Yes	EPO - United Healthcare	Individual	228.28	0.00	01/01/2020
Prescription Drug	Yes		Individual	112.68	0.00	01/01/2020
Dental						
Accidental Death & Dismemberment	Yes	\$ 100,000	Individual	0.60		01/01/2020
Term Life	Employee	Yes	\$ 40,000	15.40		01/01/2020
	Spouse					
	Children					
Health Care FSA						
Dependent Care FSA						

Your Dependent(s) Information

Code	Name	Relationship	Sex	Date of Birth	SSN	Health	Drug	Dental
------	------	--------------	-----	---------------	-----	--------	------	--------

IMPORTANT PLEASE READ: This is a summary of your health plan elections for Year 2020. Review this statement for benefits enrolled, coverage levels, coverage amounts, dependent information and benefit indicators (Yes/No), for dependents enrolled. Dependents (this includes spouses) must be listed above under Dependent Information in order to be covered. This includes enrollment in AD&D family coverage, spouse and child life insurance. If any of the information on this statement is incorrect or missing due to an Employee Benefits Division error, note the required correction(s) on this statement and return it to the Employee Benefits Division no later than 30 days from the "Date Printed" (below) by mail to 301 W. Preston Street, Room 510, Baltimore, MD 21201 or by fax to (410) 333-5191. Summary statements must be signed and dated by the employee/retiree in order for the corrections to be made.

The following applies to Term Life Insurance only:
If your Term Life selection has an (*) next to it, YOU WILL BE REQUIRED TO COMPLETE AN EVIDENCE OF INSURABILITY FORM. THIS FORM WILL BE MAILED TO YOU BY OUR LIFE INSURANCE CARRIER. Your requested coverage level WILL NOT be in effect until the form has been submitted to and approved by our life insurance carrier.

Date Printed: 03/25/2020

Agency/Check Distr. Code: 950010



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Maryland Department of Budget & Management

Only in your packet if you will receive a MD State pension.

Please complete and return to OHR the following MD State forms in your packet:

- MD State 2026 Retiree Enrollment Form
- MD State Beneficiary Form

Your MD State benefit election premiums will be deducted from your State monthly pension payment.

You will continue to participate in the State's Open Enrollment period each year.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Instructions on Completing Online Kaiser Medicare Advantage Plan Form

IMPORTANT INSTRUCTIONS TO CONTINUE YOUR KAISER PERMANENTE COVERAGE INTO RETIREMENT

As you and/or a covered dependent are Medicare eligible, Medicare Part A and Part B will be your primary insurance on your first day of retirement. The County's Kaiser HMO plan requires that you and/or your covered dependent be enrolled in Medicare Parts A and B to maintain coverage.

Once you and/or a covered dependent receive notification from the SSA of your Medicare Part B enrollment date, you must enroll in Kaiser's Medicare Advantage plan. You must also mail or fax a copy of your Medicare card(s) to the County when you receive them. You will be charged the Medicare rate effective November 1, 2025.

Please return your Medicare ID Card to OHR by one of the following methods:

1. Mail or Hand Deliver: OHR Health Insurance Team, 101 Monroe St., 7th Floor, Rockville, MD 20850
2. Fax: 240-777-5131 (include fax/mail cover sheet)
3. Email: OHR.HITS@montgomerycountymd.gov

To enroll in the Kaiser Medicare Advantage Plan, follow these steps:

1. **Gather Required Information:** Ensure you have your Medicare Part A and Part B information, your Medicare Beneficiary Identifier (MBI) number, and the start date of your Medicare coverage.
2. **Visit the Website:** Go to www.kp.org/medicare.
3. **Explore Group Plans:** Click on "Explore group plans."
4. **Select Region:** Scroll down to "Region" and choose "Maryland/Virginia/Washington DC."
5. **Search for Employer:** Enter "Montgomery County Government" and click search.
6. **Enroll:** Click on "Enroll in a plan now."

If you need further assistance, you can contact Kaiser Permanente's Medicare specialists at 1-855-832-0353 (TTY 711) or visit their [Medicare Advantage page](#)



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Kaiser Medicare Advantage Enrollment Form

Complete if Kaiser is your medical plan and you or a covered dependent is either age 65 or Medicare Eligible.

- You cannot continue in the Kaiser plan unless you elect Medicare Part B and enroll in the Kaiser Medicare Advantage plan.
- Feel free to contact Kaiser should you have questions about how the Kaiser Medicare Advantage plan works at 301-468-6000 or 1-800-777-7902.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

2026 Key Dates Calendar for Retirement

January

S	M	T	W	Th	F	Sa
					1	2
					3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

S	M	T	W	Th	F	Sa
					6	7
1	2	3	4	5		
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March

S	M	T	W	Th	F	Sa
					6	7
1	2	3	4	5		
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

S	M	T	W	Th	F	Sa
					3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

S	M	T	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

S	M	T	W	Th	F	Sa
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

S	M	T	W	Th	F	Sa
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August

S	M	T	W	Th	F	Sa
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

S	M	T	W	Th	F	Sa
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October

S	M	T	W	Th	F	Sa
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

S	M	T	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

S	M	T	W	Th	F	Sa
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



Enrolling in Health Insurance Benefits at Retirement
Office of Human Resources, Montgomery County Government

2026 Retirement Calendar

Please review the 2026 Retirement Calendar and pay close attention to the “Packet Due!” date. This is date that your completed packet must be returned to OHR.

Note: All Health and Life insurance deductions will be deducted from your “Full” and “Partial” pays.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Returning Leave Payout Forms

Return All Leave Payout Forms to the Payroll Department:

8th Floor EOB
101 Monroe Street, Rockville, MD 20850
payroll@montgomerycountymd.gov

Please submit the Leave Payout form that corresponds to where your Deferred Compensation account is (Fidelity or Empower). The forms are available at [Payroll \(sharepoint.com\)](#) under Applications/Forms.

Employees in the RSP or GRIP Retirement plans are eligible to be paid for unused Sick Leave as follows:

- Employees with at least 10 years of service and a sick leave balance of at least 120 hours are eligible to receive a \$5,000 payout.
- Employees with at least 20 years of service and a sick leave balance of least 240 hours are eligible to receive a \$10,000 payout.

Employees who are members of the IAFF Fire Bargaining Unit are eligible to be paid for 176 hours of unused sick leave.

Do not return Leave Payout Forms to OHR.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

LIFE INSURANCE BENEFICIARY DESIGNATION/CHANGE FORM

Please fill out each section completely and use additional forms if necessary.
This Beneficiary Designation/Change form applies to ALL life insurance coverages offered under my employer's plan.

1. Employee Information

(PLEASE PRINT CLEARLY USING BLACK INK)

First Name	MI	Last Name	Social Security Number
Address		City	State Zip Code

2. Beneficiary Designations: I hereby revoke any previous designations of primary and contingent beneficiary(ies), if any, and designate the following:

A. Primary Beneficiary(ies) -

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, zip code)	Relationship/DOB	Social Security Number	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation/Organization <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ <input type="checkbox"/> My Estate							
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation/Organization <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ <input type="checkbox"/> My Estate							
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation/Organization <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ <input type="checkbox"/> My Estate							
Total must equal 100%							%

If a minor child is named as a beneficiary: _____ as custodian for _____ under the _____ State Uniform Transfers to Minors Act.
Guardian Child's Name State

B. Contingent Beneficiary(ies) -

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, zip code)	Relationship/DOB	Social Security Number	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation/Organization <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ <input type="checkbox"/> My Estate							
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation/Organization <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ <input type="checkbox"/> My Estate							
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation/Organization <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ <input type="checkbox"/> My Estate							
Total must equal 100%							%

3. Trust Designation – Please attach a copy of the Trust Agreement. Complete if a Trust has been named as a beneficiary in Section 2.

Trustee's Name (First, MI, Last)	Address (include city, state, zip code)

And successor(s) in trust, as Trustee(s) under _____ dated _____ as amended and executed by me and said Trustee.
Title of Agreement Date of Agreement

Signature

Date

➤ Employee must sign and date this form. The signature date must be the date the employee actually signed the form.

Rev. 6/2016



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Life Insurance Beneficiary Form

Please complete the Life Insurance Beneficiary form, and return the white copy to OHR:

- Life Insurance Beneficiary Form – [All employees](#)

This form may be returned after the “Packet Due” deadline and updated at any time.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

2026 Retiree Monthly Rate Sheet

30% Cost Share

RETIREE GROUP INSURANCE RATES 30.00% Cost Share Effective January 1, 2026

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 265.83	\$ 459.85	\$ 774.29	\$ 143.24	\$ 265.48	\$ 295.18	\$ 337.26	\$ 651.71
CareFirst Standard Option POS (medical only)	\$ 247.22	\$ 427.65	\$ 720.10	\$ 133.22	\$ 246.90	\$ 274.52	\$ 313.65	\$ 606.09
UnitedHealthcare Select HMO (medical only)	\$ 217.61	\$ 418.32	\$ 665.01	\$ 117.25	\$ 239.12	\$ 379.50	\$ 317.97	\$ 564.66
Kaiser HMO (medical with Rx)	\$ 257.05	\$ 483.25	\$ 760.86	\$ 112.85	\$ 225.69	\$ 338.54	\$ 339.05	\$ 616.66
CareFirst Indemnity (medical with Rx discount)	\$ 387.56	\$ 825.47	\$ 1,238.27	\$ 200.11	\$ 416.60	\$ 516.53	\$ 638.01	\$ 1,050.81
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 101.57	\$ 187.91	\$ 291.20	N/A	N/A	N/A	\$ 208.84	\$ 312.12
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 122.50	\$ 245.01	\$ 367.51	\$ 208.84	\$ 312.12
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.34	\$ 29.72	\$ 42.76	\$ 13.34	\$ 29.72	\$ 42.76	\$ 29.72	\$ 42.76
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.82	\$ 1.56	\$ 2.42	\$ 0.82	\$ 1.56	\$ 2.42	\$ 1.56	\$ 2.42

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.263	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
per \$1,000 coverage			
	\$0.089		

To determine your total monthly premium,
enter the costs for each of your plans

Medical \$ _____

Prescription \$ _____

Dental \$ _____

Vision \$ _____

Basic Life³ \$ _____

Dep Life³ \$ _____

Opt Life³ \$ _____

TOTAL \$ 0.00



Enrolling in Health Insurance Benefits at Retirement
Office of Human Resources, Montgomery County Government

EyeMed Vision Comparison Chart



Retiree Vision Comparison

	Current Discount Vision Plan	Fully Insured Vision Plan
Exam Services		
Exam	\$5 Off	\$30 Copay
Contact Lens Fit and Follow Up	\$10 Off retail price	Maximum cost of \$40 for standard F&F and 10% off premium F&F
Frames		
	35% off retail price	\$130 frame allowance. \$0 copay and 20% off any amount over allowance.
Standard Plastic Lenses		
Single Vision	\$50	\$0 Copay
Bifocal	\$70	\$0 Copay
Trifocal	\$105	\$0 Copay
Progressive Lenses	\$65 for Standard. 20% off Tiers 1-4.	\$65-\$110 Copay for Standard. \$85-\$110 for Tiers 3 progressive. \$65 copay, 20% off retail price less \$120 allowance for Tier 4.
Lens Options		
UV Treatment	\$15	\$15
Tint-Solid or Gradient	\$15	\$15
Scratch Coating - Standard Plastic	\$15	\$15
Polycarbonate - Standard	\$40	\$40
Anti-Reflective Coating Standard	\$45	\$45
Other Add-Ons and Services	20% off retail price	20% off retail price
Contact Lenses (Discounts applied to materials only)		
Contacts-Disposable	0% off retail price	\$100 allowance
Contacts - Conventional	15% off retail price	\$100 allowance, 15% off amount above allowance
Laser Vision Correction		
Lasik or PRK	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price
Frequency		
Examination, Frame, Lenses, Contact Lenses	Unlimited	Every calendar year for Exam and lenses. Every other calendar year for frame
Monthly Premium		
Premium is Retiree Cost-Share Specific	No charge	Your rates will reflect your personal retiree cost-share. To see your specific cost-share rates, please visit www.montgomerycountymd.gov/HIRET to access the annual rates in the "quick links".



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

EyeMed Discount Vision ID Card



See more, get
more, save more

EyeMed gives you choices—and lots of them. And with access to a vast network of independent eye doctors and popular retailers, it's easy to book an exam and use your discount. Plus, your Insight Discount Plan lets you score the hottest brands for less.



Locate an eye doctor

Our network has thousands of independent eye doctors and popular retailers. So you can see who you want to see when and where you want to see them. Visit eyemed.com to find a provider near you.



Schedule an appointment

Schedule an appointment straight from eyemed.com, call ahead or stop by one of the many eye doctors that offer walk-ins. Most offer evening and weekend hours to fit any schedule.



Use your discount

When you arrive, let the eye doctor know you have an EyeMed discount through Montgomery County Government Retirees. Lucky you!

Insight Discount Plan 2019



Dependents are eligible.
This is not insurance.

Member Services
1-866-801-1479

**Montgomery County
Government Retirees**
Discount Plan#:
1018309

Signature: _____

EyeMed Member Services

Visit eyemed.com or call 1-866-801-1479

EyeMed Doctors/Providers Only

Visit eyemed.com to receive plan information, authorization online or call 1-800-521-3605

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS



PEARLE



OPTICAL



Optical



Optical



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Benefit Questions? Carrier Contact Information

Always call your provider first if you are experiencing an issue with your plan.

Important Benefits Contact Information		
Resource	Phone	Web / Email
Medical		
• CareFirst BlueCross BlueShield	1-888-417-8385	www.carefirst.com Tip: Go to Find a Provider, click the Search feature, and choose a doctor from any BlueChoice Advantage network.
• Kaiser Permanente		
◦ Washington area	301-468-6000	https://myhealth.kaiserpermanente.org/montgomerycountygovernment/
◦ Baltimore area	1-800-777-7902	
• UnitedHealthcare HMO	1-800-638-0014	http://welcometouhc.com/mcg or www.myuhc.com Tip: This plan utilizes the Select EPO network
Prescription		
• Caremark	1-866-240-4926	www.caremark.com
• SilverScript (Medicare-eligible retirees)	1-866-249-6167	www.mcg.silverscript.com
Dental		
• CIGNA	1-800-244-6224	www.cigna.com
Vision		
• EyeMed	1-866-800-5457	www.eyemed.com Network: Insight
Life, AD&D, Optional Life and LTD1		
• MetLife	1-800-638-6420	https://www.metlife.com/montgomery-county-government/
Flexible Spending Accounts		
• Voya	1-888-401-3539	www.voya.com/ https://myhealthaccount.voya.com Member Login
Direct Bill and COBRA		
• Voya	1-888-401-3539	www.voya.com https://myhealthaccount.voya.com Member Login
General Information		
• MC311 OHR Customer Service Center	240-777-0311	www.mc311.com Open Monday to Friday, 7 a.m. to 7 p.m. Any questions MC311 representatives cannot answer are immediately routed via a service request to the OHR Health Insurance Customer Care Center, Monday to Friday, open 8 a.m. to 5 p.m.
• Medicare	1-800-633-4227	www.medicare.gov
• Office of Human Resources (OHR) Health Insurance Team		Fax: 240-777-5131 (Fax) Mail: OHR Health Insurance Team 101 Monroe Street, 7th Floor Rockville, MD 20850
• Social Security Administration	1-800-772-1213	www.ssa.gov

Revised 9/20/2024



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

How to Contact Us

If your provider cannot answer your health insurance question, please contact MC311.

Monday to Friday, 7 a.m. to 7 p.m.

Speak with a Customer Service Representative at MC311.

Call 240-777-0311; 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 4 p.m.



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How to Contact Us (cont.)

Retiree Health Insurance “Virtual Office Hours” Monthly 1st Thursday of the month From 3 - 4 pm via Zoom

The OHR Health Insurance Team is available the first Thursday of every month from 3 to 4 pm to answer any insurance benefit questions you or your dependents may have.

Follow these steps to register and attend the Virtual Zoom Office Hours:

1. Advance registration is required. Register to attend the monthly Zoom meeting at www.montgomerycountymd.gov/HI.
2. After you register, you will receive an email with a Zoom link to join the meeting.
3. Click on the Zoom link at any time during the hour (1st Thursday of the month from 3 to 4 pm) to join the meeting.
4. You will need to register again each month that you would like to attend.



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Changing Your Benefit Elections

Retirees may make changes to their health insurance benefits (medical, prescription, dental and vision) at any time during the year:

Follow these steps:

1. Submit a Retiree Election Form with your changes to the Health Insurance Team by the 10th day of the month.
2. You may access the Retiree Election Form by selecting the link below.
[Montgomery County, MD 2026 Retiree Election Form \(montgomerycountymd.gov\)](https://montgomerycountymd.gov/RetireeElectionForm)
3. Your change will take effect on the first day of the following month.

Changes due to a **Qualified Life Event**: You have 60 days from the date of the event to notify OHR of your qualified life event. Examples of a qualified life event include:

- Marriage, Divorce, Death of a dependent
- Spouse's loss of coverage under another plan
- Moving out of your plan's eligibility area

Changes for life events are effective when all completed paperwork is received by OHR.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Returning to Work for the County

In the event that you return to work for the County after retirement

- Your retiree group insurance benefits will continue, and you will pay the same premium cost share that you paid when you retired.
- You will participate in active group life insurance during your period of re-employment. You may elect benefits which are not offered to retirees, such as the dental DHMO, and the Flexible Spending Accounts.
- When you again leave County employment, your participation in the retiree group insurance program continues with the life insurance amount in effect at the time you originally retired, subject to any reductions which would have occurred during your time of re-employment.



Enrolling in Health Insurance Benefits at Retirement

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Moving Out of State?

Kaiser is not available nationwide, so participants must elect either United Healthcare or one of the CareFirst BCBS POS Plans (High or Standard Option). Also, because Kaiser includes prescription drug coverage, Kaiser participants must elect one of the separate Caremark Prescription Plans (High or Standard Option).

The **CareFirst BlueCross BlueShield (BCBS) Point-of-Service (POS) plan offers a nationwide network** called the “BlueChoice Advantage POS Network.” It provides in and out-of-network benefits if you reside inside or outside the POS network service area. Participants use a national “BlueCard EPO/PPO Network” provider for services considered outside the POS network service area.

United Healthcare is available nationwide, so participants do not need to do anything to continue the same coverage.

IMPORTANT: Any changes to your health insurance must be made within 60 days of your move by completing:

1. Retiree Health Insurance Election Form www.montgomerycountymd.gov/hr
2. Retiree Change of Address Form www.montgomerycountymd.gov/MCERP



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

In the Event of Your Death after Retirement

In the event of your death, your spouse will be offered the option to remain on the County's health insurance plan for the rest of his or her life.

The cost share percentage that you choose when you retire remains the same for your surviving spouse and eligible dependents.

Your surviving spouse may only cover other dependents who were eligible for coverage at the time of your death, including an unborn child.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Returning Your Completed Forms

The following forms must be completed and return to OHR by the deadline:

1. 2026 Health and Life Insurance Retiree Election Form
2. Retiree Cost Share Election Form
3. Application for Retiree Health Insurance Benefits – [RSP, GRIP, or MD State](#)
4. On-line Kaiser Medicare Advantage Enrollment Form – [Medicare Eligible Kaiser Members](#)
5. Beneficiary Form
6. MD State 2026 Retiree Enrollment Form - [MD State Retirees Only](#)
7. MD State Beneficiary Form – [MD State Retirees Only](#)

You may mail, email, or hand deliver the required forms to OHR, by the deadline. Only send **copies** of birth certificates, U.S. Passports, and marriage certificates.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Returning Your Completed Forms (cont.)

Return the following form(s) to The Social Security Administration to enroll in Medicare Part B.

1. Request for Employment Information Form (CMS-L564) – If age 65 or Medicare Eligible (at any age)

If Medicare eligible, Medicare Part B must be effective on the 1st day of your Retirement for full coverage.



Enrolling in Health Insurance Benefits at Retirement

Office of Human Resources, Montgomery County Government

Insurance Benefits Reminders

- You are responsible for your benefits.
- Read the materials provided in your retirement packet.
- Reissued *New* ID Card for BCBS and EyeMed Vision. New ID cards mid-month.
- FBA coupon book mailed 1st of month that you retire.
- Review insurance deductions billed monthly by FBA.
- Review insurance deductions on your monthly pension check.
- Mail or Fax a copy of Medicare Part B ID card(s) to OHR.
- Call Medicare to Coordinate Benefits at 1-855-798-2627, when primary payer.
- SilverScript ID cards are mailed 4 months after OHR receives Medicare Part B.
- Read the materials mailed to your home and let us know if you move.



Enrolling in Health Insurance Benefits at Retirement

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Legal Information

The County expects to continue its health 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.



Enrolling in Health Insurance Benefits at Retirement

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