



A Season Of Change

**Open Enrollment for 2017:
October 17 – October 28, 2016**

2017 Retiree Open Enrollment Guide

Key Points

Making changes for 2017?

Please use the Confidential Fax/Mail Coversheet enclosed with your Open Enrollment mailing. Note that the Office of Human Resources (OHR) Health Insurance Team cannot confirm the receipt of a faxed or mailed packet.

No changes?

If you have reviewed your materials and do not want to make changes for 2017, you do not need to do anything.

Having a life event?

If you have a qualified status change (life event) **during** Open Enrollment such as marriage, divorce, the birth of a child or the death of spouse, please do not make changes using the Open Enrollment form or online system. Instead, contact the OHR Health Insurance Team via the MC311 Customer Service Center to make your changes (see inside back cover for contact information).

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Open Enrollment Overview

About Open Enrollment

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

- Medical*
- Prescription*
- Dental
- Vision

**Reminder:* Retirees in the CareFirst BlueCross BlueShield Indemnity Plan (closed to new and former plan members) who decide to cancel coverage or change to another medical plan during Open Enrollment will not be able to re-enroll in this plan in the future. Also, Indemnity Plan members who cancel SilverScript Plan prescription coverage automatically cancel their Indemnity Plan coverage.

You can only cancel (not enroll in or increase):

- Optional Life Insurance
- Dependent Life Insurance

When do changes take effect?

New rates and plan changes made during this fall's Open Enrollment will take effect January 1, 2017.

Utilize the Resources on the Retiree Open Enrollment Home Page

This booklet references your Open Enrollment Home Page, which contains numerous decision-making tools, online instructions and the link to Self-Service Benefits (the online system to make changes for 2017).

www.montgomerycountymd.gov/OE
➔ Available October 17, 2016

Select the Retiree Open Enrollment Home Page and bookmark it on your computer.

Open Enrollment for 2017:

**Monday, October 17, 2016 –
Friday, October 28, 2016 at 5 p.m. ET**

What's New?

2017 Rates

For all group insurance plan participants

For 2017, rates for medical, prescription, dental, vision and life insurance plans will increase minimally, or in some cases, not at all (depending on the plan). The rate changes range from 0% to 4.4%. For details, see the 2017 rate sheets available at www.montgomerycountymd.gov/OE.

New CareFirst BlueChoice Advantage Network

For CareFirst BCBS POS participants

Beginning January 1, 2017, the CareFirst BlueCross BlueShield (BCBS) Point-of-Service (POS) High Option and Standard Option Plans will utilize a new network — BlueChoice Advantage — that provides national network coverage. How will this affect plan participants?

- The plan benefits will remain the same.
- Participants in the out-of-area plans will be automatically enrolled in the applicable in-area plan (High Option or Standard Option), and the out-of-area plans will be discontinued.
- All CareFirst BCBS POS participants will receive new cards in January 2017. These cards will not list a primary care physician.
- Participants seeking care outside of the CareFirst service area (Maryland, Virginia and Washington, D.C.) will receive in-network benefits by using a national BlueCard provider. Participants will still have the option to opt-out of this network but will pay a higher out-of-pocket expense. If you receive services from a provider outside of the BlueCard network, you must:
 - Pay the provider's actual charge at the time you receive services.
 - File a claim for reimbursement.
 - Satisfy a deductible and coinsurance.

Make Health Insurance Changes — Anytime

For all retirees

No need to wait for the County's annual Open Enrollment period anymore! Retired employees can make changes to their health insurance benefits (medical, prescription, dental and vision) anytime during the year. It's easy:

1. Submit a Retiree Election Form with your changes to the Health Insurance Team by the 10th of the month.
2. Your change will take effect the first day of the following month.

You can choose to enroll in a health insurance plan, change plans or waive coverage. If you waive coverage for yourself, coverage for all of your dependents will be waived at that time. However, you may waive coverage for your spouse or eligible dependents and retain coverage for yourself. For qualifying life events, the 60-day rule still applies (for example, births and marriages).

Virtual Doctor Visits Available 24/7

For medical plan participants

All medical plans now offer virtual doctors visits 24-hours-a-day, seven-days-a-week for the cost of a regular office visit copayment. To take advantage of this convenient feature, register using your mobile device or computer to access your plan's virtual services:

- CareFirst Video Visits
- Kaiser Permanente E-Visits
- United HealthCare Virtual Visits and Tele-Doc

If you need assistance in accessing these services, stop by a Benefit Fair or the Health Insurance Customer Care Center (7th Floor EOB).

Your Eligible Dependents

Important points

The table below shows eligible dependents whom you may enroll in your medical, prescription drug, dental and/or vision plans. Please note:

- To change your dependent coverage, you may need to provide certain documentation (see page 5).
- If a dependent is no longer eligible (for example, your ex-spouse), be sure to remove that dependent from your coverage since you are responsible for paying 100% of the claims expenses for any ineligible dependent who remains on the plan.

Dependent eligibility reminder

To add a dependent to your coverage, make the election during this fall's Open Enrollment and provide supporting documentation (such as a birth or marriage certificate as outlined on page 5) so that the OHR Health Insurance Team receives both your election and supporting documentation by October 28, 2016 at 5 p.m. ET.

Can I enroll or maintain coverage for my...?

Spouse or Domestic Partner*	If we are legally married?	Yes
	If we are in a domestic partnership*?	No
	If we are divorced or the domestic partnership* has dissolved?	No

Children	Who are my biological, legally adopted, stepchildren, children of a domestic partner or children under my legal custody <i>and</i> who are:	
	• Under age 26?	Yes
	• Age 26 and over? (unless incapable of self-support)	No

Relatives	Who are my sisters, brothers, parents or parents-in-law?	No
	Who are my grandparents, grandchildren, aunts, uncles, cousins, nieces or nephews?	No

**Domestic partners:* In June 2015, the Supreme Court legalized same-sex marriage, and in April 2016, Montgomery County Council introduced Bill 16-16, *Personnel – Benefits for Domestic Partner of Employee Repeal*. Now that it is legal for same-sex partners marry, Montgomery County will only recognize married couples and previously existing domestic partnerships.

Effective June 28, 2016, active and retired employees will no longer be able to apply for domestic partner group insurance benefits with Montgomery County. Employees currently in a domestic partnership who have applied for group insurance for their partner will receive grandfathered status, and group insurance coverage will continue.

Follow These Steps

To make benefit changes for 2017, follow these steps.

Step 1: Read your materials and utilize the online tools.

Visit your Open Enrollment Home Page at www.montgomerycountymd.gov/OE to access a variety of planning tools.

STOP! No changes? If you have reviewed your materials and do not want to make changes for next year, you do not need to do anything. However, if you have an AccessMCG account, you are encouraged to print your online confirmation statement for your records.

Step 2: Make your changes and submit any required paperwork by the deadline.

You have two options to make your changes: online or paper. Refer to the chart on the next page for instructions as well as required forms and documentation. If submissions are received after the deadline (October 28, 2016 at 5 p.m. ET), they will not be accepted or processed.

Step 3: Review your final confirmation statement.

In December, final confirmation statements showing 2017 group insurance coverage will be mailed to the homes of all benefits-eligible retirees. If you have questions after thoroughly reviewing the statement, contact the OHR Health Insurance Team in writing by the deadline shown on your statement.

Step 4: Note when your new rates and plans (if applicable) take effect.

Changes made during this fall's Open Enrollment period will be effective January 1, 2017. New 2017 rates will appear on pension checks dated January 1, 2017. For those who pay their group insurance premiums via Direct Bill, new 2017 rates will appear on the January invoice sent in December.

Step 6: Look for your new plan member ID cards (if applicable).

Participants who change plans or enroll for the first time during Open Enrollment should expect to receive a new member ID card from their plan's carrier. If you do not receive a new ID card by late January 2017, you can print cards online through most plan websites, or you can contact your carrier for assistance (see back inside cover).

Note: A new ID card is not issued if you change from one prescription plan option (Standard Option or High Option) to the other.

How to make changes for 2017

Paper	Online
<ol style="list-style-type: none"> 1. Complete the 2017 Health and Life Insurance Retiree Election Form. 2. Gather any required documents (see chart below). 3. Make a copy of all materials for your records. 4. Send the enclosed Confidential Fax/Mail Coversheet along with your completed materials so that they are received by the deadline. It's fine to fold and mail your materials in a standard envelope. However, you may need to add extra postage if mailing more than four sheets of paper. <ul style="list-style-type: none"> ▪ Fax to: 240-777-5131, or ▪ Mail to: OHR Health Insurance Team 101 Monroe St. 7th Floor Rockville, MD 20850 5. Your final 2017 confirmation statement will be mailed to you in December 2016. 	<p><i>Note:</i> You must register to have an online AccessMCG account. If you have not registered or need account assistance, call MC311 (see inside back cover) to place a service request.</p> <ol style="list-style-type: none"> 1. Go to www.montgomerycountymd.gov/OE and select the retiree Open Enrollment Home Page. 2. Select "Link to Self-Service Benefits." 3. Follow the steps to log on and make changes. 4. Print your 2017 online confirmation statement. 5. If additional paperwork is required (see below), make a copy for your records and follow step 4. 6. Your final 2017 confirmation statement will be mailed to you in December 2016.

Required forms and additional documentation

If you want to...	You need to make your changes (online or using the Election Form) and submit:
Adding a dependent	<ul style="list-style-type: none"> • <i>Spouse</i>: Official state marriage certificate (certified by appropriate state or county official) • <i>Biological child</i>: State birth certificate* • <i>Adopted child</i>: Copy of adoption or placement for adoption papers • <i>Step child</i>: State birth certificate*, marriage certificate and divorce decree or custody papers • <i>Disabled child</i>: Medical plan verification of disability prior to age 26 • <i>Legal custody</i>: Copy of Court Order granting legal custody <p>* Must show plan member or spouse/domestic partner as parent. ➔ Fax or mail this documentation using the enclosed Confidential Fax/Mail Coversheet.</p>
Deleting a dependent	No additional form or documentation is needed during Open Enrollment (except for life events that occur during Open Enrollment, such as a divorce or dependent death — contact the Health Insurance Team via MC311)
Moving	Personal Data Form showing new address

For forms and information on how to obtain missing dependent documentation:
 Visit your Open Enrollment Home Page at www.montgomerycountymd.gov/OE.

Special Events and Online Assistance

Date	Time	Event	Details
10/17 – 10/28	Weekdays 10 a.m. – 12 p.m. <i>and</i> 1 p.m. – 3 p.m.	Computer assistance available Executive Office Building Office of Human Resources 101 Monroe St. (7th Floor) Rockville, MD 20850	If you want to make changes for 2017 using the online system and need assistance, stop by during one of the specified times shown left. Be sure to bring your online AccessMCG user name and password.
10/20	10:30 a.m.– 12:30 p.m.	Open Enrollment Presentation UpCounty Regional Services Center (Room 2) 12900 Middlebrook Rd. Germantown, MD 20874	Attend a presentation to understand: <ul style="list-style-type: none"> • Health insurance changes for 2017 • Important rate increases • Prescription drug plan changes
10/24	2 p.m. – 4 p.m.		
10/18	1:30 p.m.– 3:30 p.m.	Open Enrollment Presentation Rockville Library (1 st Floor) 21 Maryland Avenue Rockville, MD 20850	
10/26	10:30 a.m. – 12:30 p.m.		
10/25	11 a.m. – 2 p.m.	Open Enrollment Fairs Executive Office Building (Cafeteria) 101 Monroe St. Rockville, MD 20850	Plan representatives for the County's plans, as well as OHR Health Insurance Team members, will be available onsite to answer questions.

Can't attend? A copy of all presentations will be available at www.montgomerycountymd.gov/OE.

Reminder: The OHR Health Insurance Customer Care Center is open Monday to Friday, open 8 a.m. to 5 p.m.

Cost-Saving Tips

Medical Coverage: Choosing the Plan That's Right for You

Before selecting a medical plan or deciding to stay with your current one for 2017, review the Group Insurance Summary Description and Comparing Your Medical Benefits chart on your Open Enrollment Home Page to understand the plan's coverage. In addition, review the rates; you may want to consider a lower-cost alternative.

Prescription Drug Coverage: Make the Most of Your Plan

Decide which prescription plan — Standard or High Option — is best for you. **Both plans cover the same prescription drugs** but have different copay levels; also, the Standard Option has a \$50 calendar year deductible per family.

If you are currently a High Option Prescription Plan participant, compare it to the Standard Option Prescription Plan, which has a \$50 calendar year deductible, different copays and rates. For more information, contact Caremark (see inside back cover).

Frequently Asked Questions (FAQs)

Do I need to elect Parts A and B when I become Medicare-eligible?

Yes. You and your Medicare-eligible dependents must elect Part A *and* Part B. You must also send a copy of your Medicare card to the OHR Health Insurance Team. However, if you are covered by another employer's insurance, you can defer Part B. Before making these decisions, check with Medicare (1-800-MEDICARE).

What should I do if my doctor opts out of Medicare?

The County's medical insurance, as secondary payor, will not cover any portion of the costs for office or treatment visits for doctors who have opted out of Medicare.

To find doctors who accept Medicare, visit www.medicare.gov. Always verify with doctors that they accept Medicare, as there may be a time lag between doctors opting out and the website being updated.

Which rate category applies to me?

There are three different rate categories:

- *Non-Medicare* means that neither you nor anyone you wish to cover is eligible for Medicare.
- *Medicare Only* means that everyone you wish to cover, including yourself, is eligible for Medicare.
- *Non-Medicare & Medicare* (also called "Split Rates") means that at least one person you wish to cover is eligible for Medicare.

When someone on your coverage first becomes Medicare-eligible, the premium paid will change from the *Non-Medicare* rate to the *Non-Medicare & Medicare (Split)* rate. If you and all your dependents become eligible for Medicare, the rate will change to the *Medicare Only* rate.

Will my cost share expire?

Only those retirees with a 20 percent cost share have a cost share expiration date (shown on your annual Confirmation Statement mailed each December). When the 20 percent cost share expires, the retiree pays 100 percent of the premium.

Health Insurance Resources

RESOURCE	PHONE	WEB / EMAIL
Medical		
CareFirst BlueCross BlueShield	1-888-417-8385	www.carefirst.com
Kaiser Permanente		
o Washington area	301-468-6000	https://healthy.kaiserpermanente.org
o Baltimore area	1-800-777-7902	
United Healthcare HMO	1-800-638-0014	http://welcometouhc.com/mcg or www.myuhc.com ➤ <i>Tip:</i> This plan utilizes the Select EPO network.
Prescription		
SilverScript (Medicare-eligible retirees)	1-866-249-6167	www.mcg.silverscript.com
Caremark (all others)	1-866-240-4926	www.caremark.com
Dental		
United Concordia	1-866-851-7564	www.ucci.com/tuctcc ➤ <i>Tip:</i> Enter <i>Mont</i> for organization name.
Vision		
NVA	1-800-672-7723	www.e-nva.com ➤ <i>Tip:</i> To find a provider, enter group 10440001.
General Information		
MC311 OHR Customer Service Center	240-773-6471 Toll-free: 1-877-613-5212 TTY: 711 or 301-251-4850	www.mc311.com Open Monday – Friday, 8 a.m. – 5 p.m. Any questions MC311 representatives cannot answer are immediately routed via a service request to the OHR Health Insurance Customer Care Center, Monday-Friday, open 8 a.m. – 5 p.m.
Office of Human Resources (OHR) Health Insurance Team		Fax: 240-777-5131 (Fax) Mail: OHR Health Insurance Team 101 Monroe St 7 th Floor Rockville, MD 20850
Open Enrollment Home Page	N/A	www.montgomerycountymd.gov/OE
OHR Website	N/A	www.montgomerycountymd.gov/HR

Visit the Open Enrollment Home Page:

www.montgomerycountymd.gov/OE

- Self-Service Benefits system
- Online instructions
- Plan materials

... and much more!

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