



2016 Open Enrollment Benefits at a Glance

This Summary has been designed to give you a snapshot of your Medical/Prescription Benefits and highlight important changes to some of our insurance vendors. To view the complete enrollment guide, including information about Dental, Vision, Flexible Spending details and Life Insurance, visit www.baltimorecountymd.gov/benefits.

*Open Enrollment for Active Employees will be held from October 13th – November 13th.
Any changes to your benefits will be effective January 1, 2016.*

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WHAT YOU NEED TO DO:

If you do not need to make any changes to your benefits, your current plans and dependents on your plans will be continued for the 2016 plan year. However, **Flexible Spending Accounts (FSA) require re-enrollment every year. Changes to your benefits, including re-enrollment in FSA, can be made in ESS at www.baltimorecountymd.gov/mybenefits.** If you have trouble logging in to ESS, please contact the Service Desk at 410-887-8200.

you will need for both medical and pharmacy benefits. Don't forget to show your new card to your pharmacist and your provider's office starting January 1, 2016. Customer service specialists are waiting to help you at 1-800-896-0948. Download the myCigna Mobile App on your smartphone to access your cards, claims, and more.

New Flexible Spending Account (FSA) Provider – New Cards for those who enroll in 2016 Accounts!

Baltimore County Government is pleased to welcome Benefit Strategies, LLC as our new FSA Provider. This means that the Healthcare and/or Dependent care plan(s) that you enroll in during Open Enrollment will be administered by Benefit Strategies, LLC effective 1/1/16. Employees that enroll in an FSA plan during Open Enrollment will receive personalized welcome materials and a new FlexExpress® VISA Debit Card in late December.

IMPORTANT: TASC will continue to administer all remaining balances in your accounts for the 2015 plan year. Claims for funds in your 2015 account(s) must be for services incurred on or before the end of the grace period, March 15, 2016. All claims for the 2015 plan year must be submitted by April 30, 2016 with our former Administrator, TASC.

IMPORTANT VENDOR CHANGES

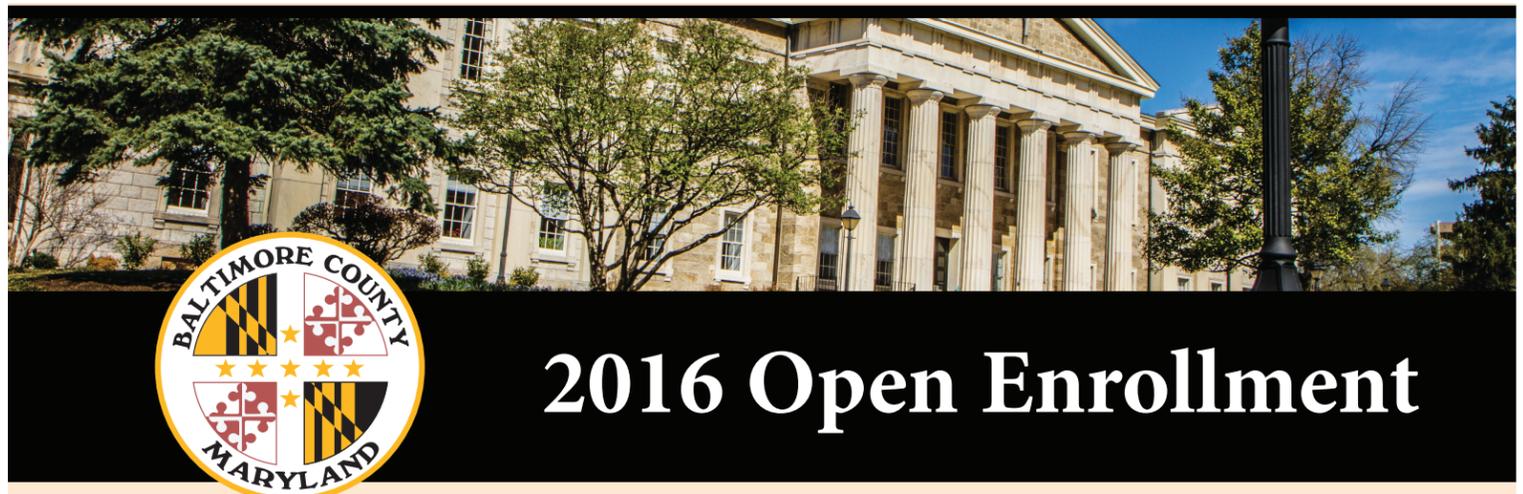
Welcome Cigna as our new Pharmacy Benefit Manager for all Cigna Medical Plans!

Effective 1/1/16, Cigna will replace Express Scripts as the pharmacy benefits manager for all Cigna medical plans. The plan design, including copays and coinsurance for the Cigna medical and prescription plans will not be changing for 2016. If you are enrolled in a Cigna Plan and you do not wish to make any changes during Open Enrollment, the Cigna Pharmacy benefits will be automatically included with your Cigna medical plan.

With Cigna's pharmacy benefit, you'll be able to receive phone and online support 24/7/365. Your prescription needs are easy to manage at home or on the go with myCigna.com and the myCigna Mobile App.

New ID Cards

Your new Cigna OAP and OAPIN card including Prescription coverage will arrive in late December. **This will be the only card**



2016 Open Enrollment

Open Enrollment for Baltimore County Government Employees' will be held October 13th – November 13th. Changes made during Open Enrollment will be effective January 1, 2016.

What's New for 2016?

- New Pharmacy Benefit Manager
- New Flexible Spending Accounting (FSA) Provider

www.baltimorecountymd.gov/benefits

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How to Contact Your Benefit Plans Directly

	Plan Name	Phone / Website
MEDICAL	Cigna Open Access Plus (OAP) Cigna Open Access Plus In-Network (OAPIN)	1-800-896-0948 www.mycigna.com
	Kaiser Permanente Select HMO/ Prescription	1-800-777-7902 www.kaiserpermanente.org
RX	Cigna Pharmacy Prescription Coverage for Cigna OAP/OAPIN	1-800-896-0948 www.mycigna.com
DENTAL	CareFirst BCBS Traditional Dental CareFirst BCBS Dental PPO	1-866-891-2802 www.carefirst.com
	Cigna Dental Plan (DHMO)	1-800-896-0948 www.mycigna.com
EAP	Cigna Behavioral Health	1-888-431-4334 www.cignabehavioral.com (password: baltimore)
VISION	CareFirst BCBS Davis Vision	1-800-783-5602 www.carefirst.com
FSA	Benefit Strategies, LLC Health and Dependent Care Flexible Spending accounts	1-888-401-FLEX (3539) www.benstrat.com
LIFE INSURANCE	The Standard	1-866-623-0622 www.standard.com/enroll
Baltimore County	Baltimore County Insurance Division	410-887-2568 ESS – www.baltimorecountymd.gov/mybenefits (to enroll in benefits) Website – www.baltimorecounty.md.gov/benefits

Plan Options for Active Employees

This chart summarizes the benefits for the Cigna Open Access Plus, Cigna Open Access Plus In-Network and Kaiser Medical plans.

Plan Facts	Cigna Open Access Plus In-Network (OAPIN)		Cigna Open Access Plus (OAP)		Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	
COST SHARING LIFETIME LIMITS					
Calendar Year Deductible	\$0 Individual / \$0 Family	\$200 Individual / \$400 Family	\$300 Individual / \$600 Family		N/A
Calendar Year Medical Out-of-Pocket Maximum	\$1,100 Individual / \$3,600 Family	\$1,000 Individual / \$2,000 Family	\$1,500 Individual / \$3,000 Family		N/A
Calendar Year Prescription Out-of-Pocket Maximum	\$5,500 Individual / \$9,600 Family	\$5,600 Individual / \$11,200 Family	N/A		N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited		Unlimited
OUTPATIENT PRESCRIPTION DRUG BENEFIT					
Dispensed at Pharmacy*	\$12 Generic / \$30 Brand Formulary / \$45 Brand Non-Formulary (copays apply for each 34 day supply)	\$12 Generic / \$30 Brand Formulary / \$45 Brand Non-Formulary (copays apply for each 34 day supply)			One copay for up to a 30 day supply. \$12 Generic / \$30 Brand Formulary / \$45 Brand Non-Formulary for Kaiser Facility \$15 Generic / \$45 Brand Formulary / \$60 Brand Non-Formulary at other network pharmacies
Mail Order – Maintenance Medications* Mail order copays do not apply to Specialty Medications.	\$24 Generic / \$60 Brand Formulary / \$90 Brand Non-Formulary (you pay only 2 copays for each 102 day supply)	\$24 Generic / \$60 Brand Formulary / \$90 Brand Non-Formulary (you pay only 2 copays for each 102 day supply)			\$24 Generic / \$60 Brand Formulary / \$90 Brand Non-Formulary for mail order refills. Up to 90 day supply for maintenance medications
* If you receive a brand name medication when a generic is available, you will pay the cost difference between the generic and name brand plus your copay.					
PROFESSIONAL SERVICES					
Annual Adult Physical	You pay 0% / Plan pays 100%	You pay 0% / Plan pays 100%	You pay 25% / Plan pays 75% after the deductible is met		100% Covered
Gynecology Annual Office Visit	You pay 0% / Plan pays 100%	You pay 0% / Plan pays 100%	You pay 25% / Plan pays 75% after the deductible is met		\$10 copay applies
Mammography Screening / PAP / PSA Testing (Routine)	You pay 0% / Plan pays 100%	You pay 0% / Plan pays 100% No deductible	You pay 0% / Plan pays 100% No deductible		100% Covered
Well Child Visit	You pay 0% / Plan pays 100%	You pay 0% / Plan pays 100%	You pay 25% / Plan pays 75% after the deductible is met		100% Covered
Primary Care Office Visit	You pay \$15 per visit	You pay \$15 per visit	You pay 25% / Plan pays 75% after the deductible is met		\$10 copay applies (waived to age 5)
Specialist Office Visit	You pay \$20 per visit	You pay \$25 per visit	You pay 25% / Plan pays 75% after the deductible is met		\$10 copay applies
Physical/Speech/Occupational Therapy Office Visit	You pay \$20 per visit 40 days for each therapy per calendar year	You pay \$25 per visit Unlimited days per calendar year for all therapies combined	You pay 25% / Plan pays 75% after the deductible is met Unlimited days per calendar year		\$10 copay – days/visits limits apply
Chiropractic Office Visit	You pay \$20 per visit Limited to 40 days per calendar year	You pay \$25 per visit Unlimited days per calendar year	You pay 25% / Plan pays 75% after the deductible is met Unlimited days per calendar year		\$15 copay applies limited to 20 visits/year
Diagnostic tests	PCP – \$15 per visit Specialist – \$20 per visit	Physician's Office Primary Care Physician – You pay \$15 per visit Specialist – You pay \$25 per visit	You pay 25% / Plan pays 75% after the deductible is met		Tests covered in full on same day as office visit; \$10 copay applies unless on list of \$0 copayment preventive screenings
Diagnostic tests performed by lab or other testing facility and billed separately from office visit	Independent X-ray or Lab Facility Outpatient Facility You pay 0% / Plan pays 100%	Independent X-ray or Lab Facility Outpatient Facility You pay 5% / Plan pays 95% after the deductible is met	You pay 25% / Plan pays 75% after the deductible is met		Approved tests covered in full
INPATIENT CARE HOSPITAL					
Room and Board Preauthorization REQUIRED if elective	\$100 copay per admission, then You pay 0% / Plan pays 100%	You pay 15% / Plan pays 85% after the deductible is met	You pay 25% / Plan pays 75% after the deductible is met		Covered in full when authorized
Physician/Surgical Services	You pay 0% / Plan pays 100%	You pay 15% / Plan pays 85% after the deductible is met	You pay 25% / Plan pays 75% after the deductible is met		Covered in full when authorized
MEDICAL EMERGENCIES / URGENT CARE					
Urgent Care Facility	You pay \$25 per visit	You pay \$25 per visit	You pay \$25 per visit		You pay \$25 per visit
Emergency Room	You pay \$50 per visit	You pay \$50 per visit	You pay \$50 per visit		You pay \$50 per visit