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2017 Open Enrollment Benefits at a Glance

*Open Enrollment for Baltimore County Government Employees will be held from October 11th – November 11th.
Any changes to your benefits will be effective January 1, 2017.*

This Summary has been designed to give you a snapshot of your Medical/Prescription Benefits. To view the complete 2017 Active Benefits Enrollment guide, including information about Dental, Vision, Flexible Spending, and Life Insurance, visit www.baltimorecountymd.gov/benefits.

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 2017 plan year. **However, Flexible Spending Accounts (FSA) require re-enrollment every year. Changes to your benefits, including re-enrollment in FSA, can be made on ESS at www.baltimorecountymd.gov/mybenefits.** If you have trouble logging in to ESS, please contact the Service Desk at 410-887-8200.

REVIEW THE DEPENDENTS ON YOUR PLANS

In early 2017, every employee and Non-Medicare retiree with medical coverage will be issued form 1095 which will be a statement of your health coverage for each month of 2016 and the dependents you are covering. Please use Open Enrollment as a time to review the County's eligibility rules to ensure that your dependents are eligible for coverage. **If you are covering dependents that are no longer eligible, please remove them during Open Enrollment. Remember, all covered dependents will be listed on form 1095.**

Eligible Dependents are as follows:

Legal Spouse, Biological Child, Adopted Child, Current Step-child, Over age 26 child incapable of self-support due to mental or physical incapacity.

NOTE: It is your responsibility to remove a covered dependent child or spouse immediately when he/she no longer meets dependent eligibility criteria. Your ex-spouse and any step-children are no longer eligible as soon as your divorce becomes final.

REVIEW YOUR LIFE INSURANCE BENEFICIARY

It is important to update your life insurance beneficiary designations as your life situation changes (i.e. marriage, divorce, death, birth of a child, etc.) to ensure that your life insurance proceeds are paid to the appropriate persons.

You may designate or update your life insurance beneficiary information quickly and easily at www.standard.com/enroll. If you have not already established an online account, simply click "Need A Login?" and follow the prompts to create your account with The Standard. To begin the designation process, select "Start Here—Change My Benefits," "Life Event," "Change of Beneficiary (Use Today's Date)." If you have any questions about The Standard's website or need additional assistance, call The Standard's Customer Service at 866-623-0622, on Monday through Friday, from 8:30 am to 6:30 pm.

NOTE: A change in your County life insurance plan beneficiary election does not change your Employee Retirement System or Deferred Compensation beneficiary designation—they are separate elections and must be updated separately.

EXPLORE YOUR FREE EMPLOYEE ASSISTANCE PROGRAM (EAP)

Baltimore County's EAP services are administered by Cigna and are available to County employees working 26+ hours per week and their household members. Cigna EAP is available 24/7 by calling 888-431-4334. EAP can also be accessed at: www.cignabehavioral.com employer id: Baltimore. EAP provides telephonic consultation, face-to-face counseling (up to 10 visits with a local EAP provider) per issue, per year, for every household member of a County employee. **There is no charge for EAP services.**

The County recognizes that the ability of its employees to be productive is impacted by life concerns that can often interfere with work. Therefore, the County provides work-life support services for its employees through the EAP program including Financial Consultation, Child, Elder and Pet Care Referral Services, Legal and Identity Theft.

The 2017 Open Enrollment Meeting schedule, including meeting dates, times and locations, can be found online at www.baltimorecountymd.gov/benefits.



2017 Open Enrollment

Open Enrollment for Baltimore County Government Employees will be held October 11th – November 11th. Changes made during Open Enrollment will be effective January 1, 2017.

Open Enrollment Checklist:

- ✓ Review the Dependents on Your Plan
- ✓ Review your Life Insurance Beneficiary
- ✓ Explore your Free Employee Assistance Program (EAP)

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