



BENEFITS
365
PROUDLY SERVING YOU EVERY DAY

Ready, Set, Enroll!

Open Enrollment

October 16 - 30, 2023

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BENEFITS 365

Benefits 365 provides Prince George's County employees and retirees access to:



Competitive Coverage – We compare our benefits to what other organizations offer to ensure it is competitive. Our competitive coverage balances the needs of our government—helping us attract and retain top talent to achieve our Proud Priorities, Proud Results—with sustaining our investment in Benefits 365 for the future.



Caring Connections – Benefits 365 provides caring connections: programs, resources and tools which help our employees access financial planning resources, mental health support, actively manage chronic health conditions, engage in wellness activities, and practice preventive care.



Quality Care – Benefits 365 brings our employees access to quality care with designations to help them identify quality providers and access to specialists to support their physical, mental, and financial health. Quality care provides opportunities for our employees to play an active role in preventive care, seek the support they need for ongoing management and treatment of diagnosed conditions and access to vetted income security and retirement savings options.



Comprehensive Choices – Benefits 365 offers our employees new plans, new programs, new vendor partners, new tools, and resources. That means more choices to better meet our employees' needs—today and tomorrow.

We are committed to providing the tools, resources and information you need to make the right decisions for yourself and your family. Use this guide to understand the benefit programs and resources to help you make the most of Benefits 365.

BENEFITS AT-A-GLANCE

Benefits 365 provides you with the benefits you need to protect yourself and your family every day of the year.



YOU AND PGCG SHARE THE COST

Medical

Choose from three medical options:

- ▶ Kaiser Permanente Health Maintenance Organization (Kaiser HMO)
- ▶ Cigna Open Access Plus In-Network (Cigna HMO)
- ▶ Cigna Open Access Plus (Cigna PPO)

Prescription Drug

Elect coverage through Express Scripts.

Vision

Choose from two vision options:

- ▶ VSP Basic
- ▶ VSP Buy-up

Pension Plan

PGCG PAYS THE FULL COST

Level Up (Employee Wellness Program)

Employee Assistance Program (EAP)

Basic Life and Accidental Death & Dismemberment (AD&D)

- ▶ Basic Life

Generics for Five Classes of Prescription Drugs

First Responder Program

Supplemental Life

(For police officers, deputy sheriffs, firefighters, paramedics and emergency response technicians)



YOU PAY THE FULL COST

Tax-Free Spending Accounts (Voya)

- ▶ Health Care Flexible Spending Account (FSA)
- ▶ Dependent Care (DCA)

Extra Life (MetLife)

Whole Life (Unum)

Disability (MetLife)

- ▶ Short-Term Disability
- ▶ Long-Term Disability

Critical Illness (Unum)

Accident (Unum)

Supplemental Dental (Aflac)

Legal Services

- ▶ Legal Resources
- ▶ LegalShield

Dental

Choose from two dental options:

- ▶ Aetna Dental DMO
- ▶ Aetna Dental PPO

457(b) Deferred Compensation Plan

OPEN ENROLLMENT

October 16 - October 30

Review the Open Enrollment Checklist for in-person and virtual sessions. As you discover your benefits, we may be visiting a site near you!



WHAT'S NEW

Health Insurance (Cigna)

Cigna - Lower copays for doctor visits.

Primary Care (\$30 reduced to \$15)

Specialist (\$35 reduced to \$25)

Urgent Care (\$50 reduced to \$35)

HOW TO ENROLL OR OPT-OUT?

Enroll online: October 16 - 30, 2023

If you want to enroll, make changes, or terminate participation in a core benefit plan(s), you must complete the online enrollment process. If you don't make changes, your current elections will roll over at 2024 rates. You must re-enroll in the Flexible Spending Accounts (FSA and DCA) to participate. In addition, you must re-enroll in the Medical Opt-Out Credit each year by completing the Medical Opt-Out section in Employee Self-Service (ESS) during the Open Enrollment period. Once your 2024 benefit elections have been submitted in ESS, you will receive your benefit elections statement in your county email.

MEDICAL OPT-OUT PROCESS

If you want to opt-out of the medical and/or prescription drug plans and receive the opt-out credit, you must:

- ▶ Enroll in the Medical Opt-Out and/or Prescription Opt-Out Credit each year by selecting the opt-out option(s) at <https://portal.sap.mypgc.us> and completing the attestation in Employee Self-Service. If you do not waive your coverage for the 2024 plan year, the opt-out credit(s) will terminate at the end of the current plan year.

REMINDERS

Health Care Flexible Spending Account

You can rollover up to \$610 in unused funds from the previous calendar year to the new year. Any amount over \$610 will be lost if you have not used it by December 31, 2023. There will be no grace period.

2024

OPEN ENROLLMENT READY, SET, ENROLL!

Open Enrollment is coming soon!

This is your chance to discover your benefits and make any changes to your benefit elections for 2024. Open Enrollment will be held Monday, October 16, through October 30, 2023 at 5:00 p.m. ET. This year, Open Enrollment will feature in-person and virtual sessions. Visit www.princegeorgescountymd.gov/OE for more information about Open Enrollment. If you have questions about Open Enrollment, specific benefits, or if you need assistance enrolling, contact the Open Enrollment Call Center at 301-444-6298. Benefits counselors will be available Monday through Friday, 8 a.m. to 7 p.m.



Open Enrollment Events

Event	Date	Time	Location
Open Enrollment Kick-off	Mon. Oct 16	9:30 AM to 12:30 PM	Online resources coming soon!
Benefit Fair (OHRM)	Tues. Oct 17	10 AM to 2 PM	RMS Building 1400 McCormick Dr., Lobby Largo, MD 20774
Enrollment Assistance Session	Wed. Oct 18	12 PM to 5 PM	Fire/EMS Department Fire/EMS Fitness Center, 100 Shady Glen Dr. Capital Heights, MD 20743
Enrollment Assistance Session	Fri. Oct. 20	12 PM to 5 PM	Dept of Public Works and Transportation 8400 D'Arcy Road District Heights, MD 20747
Enrollment Assistance Session (Correction Employees Only)	Mon. Oct. 23	7:30 AM to 4:30 PM	Department of Corrections 13400 Dille Drive Upper Marlboro, MD 20772
Enrollment Assistance Session	Tues. Oct. 24	12 PM to 5 PM	Police Department 8801 Police Plaza Upper Marlboro, MD 20772
Benefit Fair (OHRM)	Wed. Oct. 25	3 PM to 7 PM	RMS Building 1400 McCormick Dr., Lobby, Largo, MD 20774
Enrollment Assistance Session	Thurs. Oct. 26	12 PM to 5 PM	Sheriff's Department 5303 Chrysler Way Upper Marlboro, MD 20772



ENROLLMENT OVERVIEW

You have 30 days from your date of hire to enroll in your benefits.



ELIGIBILITY

You are eligible to receive the benefits described in this guide if you are a:

- ▶ Full-time permanent employee;
- ▶ Part-time permanent employee who generally works at least 15 hours per week;
- ▶ Active accessor or judge (Circuit and District Court).

If you are a limited-term grant funded (LTGF) employee whose position includes funding for medical benefits, you are only eligible to participate in the Cigna PPO or Cigna HMO medical plans.

Dependent Eligibility

You may enroll your eligible dependents in the same plans you choose for yourself. You must submit documentation to verify their eligibility (see **Dependent Verification**).

Dependent Verification

To add a dependent, you must complete the **Dependent Verification Form** and submit a copy of your supporting documentation (as outlined on page 7) to the OHRM Benefits Division within 30 days of enrollment:

- ▶ **Email:** benefits@co.pg.md.us
- ▶ **Fax:** Send your documents to 301-883-6192

All documents must include the employee's name and employee ID number. If you do not provide the required documentation, your unverified dependents will be dropped from coverage.

See the next page for the types of documents required.

Dependents with Disabilities

Children who are physically or mentally incapable of self-support as determined by medical certification continue

on your County coverage beyond the normal age limit if the disability continues and the child remains unmarried. You will be required to provide certification annually for your dependent with a disability. Documentation must be on file prior to the dependent child reaching age 26. A copy of the Medicare Card is required if the dependent with a disability is eligible for Medicare through disability.

Ineligible Dependents

Dependent children over the age of 26 (unless the dependent has a disability), dependent children for whom you do not have guardianship or legal custody, common law spouses, or ex-spouses that have not been removed from the plan are not eligible for coverage.

Dependent Type	Documents Required
Spouse	Government issued Marriage Certificate AND Current proof of Joint Ownership*. If married in the past 12 months, only Government issued Marriage Certificate is required. Note: Submit a copy of Medicare card if your spouse is enrolled in Medicare.
Newborn Biological Child	Government issued Birth Certificate that includes parents' names AND Social Security Card. Note: Birth Registration Notices are not accepted as dependent documentation.
Biological Child	Government issued Birth Certificate that includes parents' names.
Adopted Child	Amended Government issued Birth Certificate that includes parents' names or Adoption Certificate or Placement Agreement AND Social Security Card.
Stepchild	Government issued Birth Certificate that includes parents' name AND Government issued Marriage Certificate.
Legal Ward	Government issued Birth Certificate, Court Ordered Document of Guardianship, AND Social Security Card.
Disabled Child	Documentation listed above AND Federal Tax Return within last 2 years claiming the child. Note: Disabled Adopted Children cannot verify with a placement agreement or petition.
Children who are the subjects of a Qualified Medical Child Support Order (QMCSO)	Qualified Medical Child Support Order required. This order creates the right of the children to receive health insurance benefits under an employee's or retiree's coverage.

*** Standard proof of joint ownership includes:**

- Mortgage statement
- Bank statement (bank account verification letter showing active status)
- Active lease agreement
- Homeowners' Insurance
- Renters' Insurance
- State Tax Return (within 1 year)
- Credit card statement (includes department stores, and care credit)
- Property tax
- Current-year state tax return listing spouse/partner
- Current-year mortgage interest/mortgage insurance
- Warranty deed
- Auto loans
- Current-year federal tax return listing the spouse



SURVIVING

SPOUSE/DEPENDENTS

Spouses of Active Employees

Spouses of active employees who are covered under the employee's health insurance plan(s) will be able to continue their coverage as a surviving spouse only if the employee is a public safety officer who dies in the line of duty. All other active employees' spouses and dependents will be offered COBRA in the event of their death. Eligible spouses will be charged the monthly retiree health insurance premium for the public safety class the employee was enrolled upon their death.

Dependents of Active Employees

Dependents of active employees with no spouse on their plan(s) will be able to continue their health insurance coverage as a surviving dependent only if the employee is a public safety officer who dies in the line of duty. Surviving dependents will be allowed to continue coverage with the County up until the end of the month in which they turn 26. Eligible dependents will be charged the monthly retiree health insurance premium for the public safety class the employee was enrolled upon their death.



Spouses and Dependents of Retirees

Spouses and dependents of retirees who are covered under the retiree's health insurance plan(s) will be able to continue their coverage as a surviving spouse or surviving dependent upon the retiree's death. Surviving spouses will be allowed to continue coverage with the County until their death as long as they don't remarry. If the spouse remarries, they and any dependents on the

plan will be offered COBRA as their health insurance coverage with the County will terminate at the end of the month in which they marry. Surviving dependents will be allowed to continue coverage up until the end of the month in which they turn 26 and then will be offered COBRA. Surviving dependents are not allowed to add new dependents to their coverage. All dependent children will be allowed to continue their coverage up until the end of the month in which they turn 26. Eligible surviving spouses/dependents will be billed the monthly survivor health insurance premium.

HOW TO ENROLL IN YOUR BENEFITS

If you want to enroll, you must complete the online enrollment process within 30 days of your date of hire or during the annual Open Enrollment period. To get started, **log in to Employee Self-Service (ESS)** at <https://portal.sap.mypgc.us>. If you need help accessing the system, contact the OIT Helpdesk at **301-883-5322**.

- 1. Personal Profile** – Review and update your personal information.
- 2. Dependents and Beneficiaries** – Add your dependent information. Beneficiary updates and/or changes can be made at any time during the year using Anytime Changes in ESS.
- 3. Benefits Summary** – Review your current elections.
- 4. Health Benefit Plans** – Select your medical, prescription drug, dental and/or vision coverage. Select your option for each plan, then click “Add.”
If you want to **opt-out of the medical and/or prescription drug plans**, you must:
 - ▶ Click on the opt-out option under the medical and/or prescription drug plans;
 - ▶ Attest to understanding of the medical opt out agreement prompt
- 5. Insurance Plans** – Select Life and Disability plans.
- 6. Flexible Spending Accounts (FSAs)** – Enter the annual dollar amount you want to contribute to a Health Care and/or Dependent Care account for calendar year 2024. Click “Calculate” to estimate your bi-weekly cost.
- 7. Review and Save** – Click the “Save” button to complete and submit your enrollment elections. You will see the message: “Data Saved Successfully.” Click the “PRINT Benefit Elections Summary” to print a copy for your records. If you do not receive this option, please immediately contact OHRM at benefits@co.pg.md.us to confirm your elections were properly submitted.

CORE BENEFITS

Medical

Dental

Vision

Prescription Drug

Flexible Spending
Accounts (FSA/DCA)

Life

Disability

NOTE: If you are a limited-term grant funded (LTGF) employee, you may only change enrollment elections if your contract permits. Enrollment in the Cigna HMO or Cigna PPO is subject to department approval.

HOW TO ENROLL IN VOLUNTARY BENEFITS

To participate in one of the voluntary benefit options, you must contact the provider directly:

- ▶ **Unum:** Call Unum at 301-298-8140
- ▶ **Legal:** Call Legal Resources at 1-800-728-5768 or LegalShield at 1-800-654-7757
- ▶ **Supplemental Dental plan:** Call Aflac at 410-394-9617 or schedule an appointment

QUALIFYING LIFE EVENTS

LIFE CHANGES? MAKE CHANGES!

If you need to make a change to your health benefit plan(s) after Open Enrollment has ended... what do you need to do?

If you experience a qualifying life event after Open Enrollment has ended, you will need to complete an Enrollment Change Form within thirty (30) days of the qualifying life event.

Some of the major qualifying life events that permit enrollment or change to the health benefit plans are:

- Marriage, divorce, or legal separation
- Death of the employee's spouse or dependent
- Birth, adoption, or legal guardianship of a child
- Change in eligibility status of a dependent of the employee, including attainment of age limit of eligibility
- Change in dependent's job that results in addition or loss of coverage
- Status change of an employee (i.e., part-time to full-time, full-time to part-time, beginning leave of absence or returning from such leave)
- Relocation into or out of network area for employee, spouse and dependent; and
- An employee, spouse, or dependent becomes enrolled under Medicare or Medicaid.

The required documentation for the addition of new Eligible Dependents will need to be sent to **Benefits@co.pg.md.us** within thirty (30) days of the qualifying life event. The list of required dependent documentation is on page 7.

NOTE:

If you fail to notify the Benefits Division within 30 days, you may not enroll, cancel, or change coverage until the next annual Open Enrollment period, unless you have another qualifying life event.

You will need to provide documentation to verify the qualifying life event as outlined below.

Accordingly, the IRS states "that each covered employee or qualified beneficiary is responsible for notifying the plan administrator of the occurrence of a qualifying event that is either a dependent child's ceasing to be a dependent under the generally applicable requirements of the plan or a divorce or legal separation of a covered employee." Treas. Reg. §54.4980B-6, Q/A-2(a)

IF YOU DON'T ENROLL

If you do not enroll within 30 days of your eligibility date, you will have to wait until the next Open Enrollment period to enroll, unless you experience a qualifying life event.

COST OF COVERAGE

The County pays most of the cost of your employee benefits; however, you also contribute to the cost of your benefits through tax-free or after-tax payroll deductions.



Before-Tax

- ▶ Medical
- ▶ Prescription Drug
- ▶ Vision
- ▶ Dental
- ▶ Health Care FSA
- ▶ Dependent Care DCA
- ▶ 457(b) Plan
- ▶ Pension

After-Tax

- ▶ Critical Illness and Accident
- ▶ Supplemental Dental
- ▶ Whole Life
- ▶ Short-Term Disability
- ▶ Long-Term Disability
- ▶ Legal
- ▶ Extra Life

ALL ACTIVE EMPLOYEES¹

Bi-Weekly Rates (Paid Over 26 pay periods in 2024)

Plan	Individual	Two-Person	Family
Medical			
Kaiser Permanente	\$72.64	\$145.00	\$210.12
Cigna HMO	\$71.42	\$142.88	\$199.79
Cigna PPO	\$111.90	\$225.70	\$316.97
Prescription Drug			
Express Scripts	\$15.07	\$30.37	\$38.80
Vision			
VSP Basic Plan	\$0.57	\$0.97	\$1.29
VSP Buy-Up Plan	\$1.01	\$1.86	\$2.53
Dental			
Aetna Dental DMO	\$9.57	\$14.87	\$18.92
Aetna Dental PPO	\$18.85	\$34.46	\$50.98

¹ Excluding Crossing Guards

You and the County share the cost of coverage:

- ▶ Cigna HMO and Kaiser HMO – County pays 75%, you pay 25%
- ▶ Cigna PPO – County pays 70%, you pay 30%
- ▶ Prescription drug and vision – County pays 85%, you pay 15%

CROSSING GUARDS

Bi-Weekly Rates (Paid Over 20 pay periods in 2024)

Plan	Individual	Two-Person	Family
Medical			
Kaiser Permanente	\$94.43	\$188.50	\$273.16
Cigna HMO	\$92.85	\$185.74	\$259.73
Cigna PPO	\$145.48	\$293.41	\$412.06
Prescription Drug			
Express Scripts	\$19.59	\$39.48	\$50.44
Vision			
VSP Basic Plan	\$0.74	\$1.26	\$1.68
VSP Buy-Up Plan	\$1.31	\$2.41	\$3.29
Dental			
Aetna Dental DMO	\$12.44	\$19.33	\$24.60
Aetna Dental PPO	\$24.50	\$44.80	\$66.28

MEDICAL

The County offers you three medical plan choices so you can choose the coverage that is right for you.



You have a choice of three medical plan options:

- ▶ Cigna Open Access Plus (Cigna PPO)
- ▶ Cigna Open Access Plus In-Network (Cigna HMO)
- ▶ Kaiser Permanente Health Maintenance Organization (Kaiser Permanente HMO)

Each plan offers comprehensive coverage, the plans differ in benefit levels, cost, and flexibility in your choice of providers and facilities.

CIGNA PPO

The Cigna PPO offers coverage through the Open Access Plus network. Coverage is available in- and out-of-network; however, you will pay less when you use network providers. You do not have to select a Primary Care Physician (PCP) or get a referral to a specialist.

CIGNA HMO

The Cigna HMO offers coverage through the Open Access Plus network. You do not have to select a Primary Care Physician (PCP) or get a referral to a specialist. Coverage is not provided if you see out-of-network providers except in a true emergency.

MY CIGNA: YOUR PERSONAL HEALTH MANAGER

myCigna gives you a simple way to personalize, organize, and access your important health information. It puts you in control of your health, so you can get more out of life—and Benefits 365. Get started at myCigna.com.



Healthcare professional directory

- ▶ Search for a doctor or healthcare facility from the Cigna national network and compare quality-of-care ratings
- ▶ Access maps for driving directions



ID cards

- ▶ View ID cards for the entire family
- ▶ Print, email, or scan ID cards



Claims

- ▶ View and search recent and past claims
- ▶ Bookmark and group claims for easy reference



Account balances

- ▶ Review plan deductibles and coinsurance



Estimate costs

- ▶ Estimate the cost of in-network services before treatment
- ▶ Look up the cost of medications before you have your prescription filled



Wellness programs

- ▶ Connect with a health coach
- ▶ Access health and wellness phone seminars
- ▶ Learn from Cigna Health and Wellness Library



Telehealth

- ▶ Meet with a board-certified doctor by phone or video via MDLIVE
 - MDLIVEforCigna.com
 - **888-726-3171**

KAISER PERMANENTE HMO

The Kaiser Permanente HMO uses a regional network of providers and except in medical emergencies, the plan does not provide benefits for care received out-of-network. Kaiser Permanente of the Mid-Atlantic has medical facilities in Maryland, Virginia, and the District of Columbia. Members have exclusive access to over 1,000 primary care and specialty physicians, plus access to over 12,000 community based physicians. With the Kaiser Permanente HMO plan, you choose a primary care physician to coordinate your care.

When you participate in the Kaiser Permanente HMO, you have access to:



Top-rated doctors

Kaiser Permanente of the Mid-Atlantic States has 1,500+ specially selected physicians—and they're recognized in the community for the quality of care they provide. On a scale of 1 to 10, more Kaiser members rate their doctor a 9 or 10 than any other health plan in the area.



Personalized care

Your doctors, nurses, and specialists are connected to your electronic health record, so they can work together to deliver great care that's right for you.



More care options

It's up to you how you get care—in person, by phone, or online. In some cases, you can even save time by scheduling a video visit. Flexible options make it easy to stay on top of your health, no matter how busy you are.



More services under one roof

Do more in less time. In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions—all in a single trip.



Digital health tools

With Kaiser Permanente, you can manage your health on the devices you already use every day. You can email your doctor's office with non-urgent questions, schedule routine appointments, and check most lab test results online.



Wellness programs

Kaiser Permanente members have access to podcasts, healthy lifestyle programs, an information library to learn about specific conditions and diseases, wellness coaching, center-based classes and workshops, and so much more.



CARE WHEN YOU NEED IT

REACH A DOCTOR 24/7

Telehealth is a great option for non-emergency care, especially if you don't feel comfortable leaving your home. Your personal provider may offer virtual care visits or you can access no-cost telehealth services when your provider isn't available.

How to access telehealth

► Call your personal provider

Many doctors and mental health professionals will treat patients through telehealth. Call your doctor to see if they're participating in telehealth or if they think you should come into the office for any chronic health needs. Since they already know your medical history, they're a great first option.

► Use MDLIVE (Cigna participants)

Meet with a board-certified doctor by phone or video. Register now, so you are ready when you need it:

MDLIVE
MDLIVE forCigna.com
888-726-3171

► Use Video Visits (Kaiser Permanente participants)

Make an appointment for a video visit by signing into **kp.org**, using the mobile app, or calling **1-800-777-7904 (1-800-700-4901, TTY)**.

To get started, visit <https://my.kp.org/princegeorgescountygovernment>.

YOUR MEDICAL OPTIONS AT-A-GLANCE

	Cigna PPO		Cigna HMO	Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Calendar Year Deductible				
Employee Only	\$50	\$300	\$50	None
Family	None	\$550	None	None
Annual Out-of-Pocket Maximum¹				
Employee Only	\$2,000	\$2,000	\$2,000	\$3,500
Family	\$4,000	\$4,000	\$4,000	\$9,400
Emergency Services				
Emergency Room/Care (waived if admitted)	\$150 copay/visit AND deductible		\$150 copay/visit AND deductible	\$50 copay/visit
Emergency Medical Transport	No charge		No charge	No charge
Urgent Care	\$35 copay/visit AND deductible		\$35 copay/visit AND deductible	\$15/visit
Mental Health				
Outpatient Care Physician's Office	\$10 copay/visit	80% after deductible	\$10 copay/visit	Individual: \$10/visit; Group: \$5/visit
Inpatient Care	\$250 copay/visit AND deductible	80% after deductible	\$250 copay/visit AND deductible	\$100/admission
Maternity Care				
Office Visits (for mother)	\$35 for initial visit, then 100%	80% after deductible	\$35 for initial visit, then 100%	No charge
Childbirth/delivery: Physician Services	No charge after deductible	80% after deductible	No charge after deductible	Included in facility fee
Childbirth/delivery: Facility services	\$250 copay/admission AND deductible	80% after deductible	\$250 copay/admission AND deductible	\$100/admission
Inpatient Services				
Hospital Stay	\$250 copay/admission AND deductible	80% after deductible	\$250 copay/admission AND deductible	\$100/admission
Hospice Care	No charge after deductible	80% after deductible	No charge after deductible	No charge
Skilled Nursing Care	No charge after deductible	80% after deductible	No charge after deductible	\$100/admission
Outpatient Services				
Primary Care Visit	\$15 copay	80% after deductible	\$15 copay	\$15/visit
Specialist Visit	\$25 copay	80% after deductible	\$25 copay	\$15/visit
Preventive Care	No charge	80% after deductible	No charge	No charge
Diagnostic Test (X-ray, blood work)	No charge	80% after deductible	No charge	No charge

¹ Premiums, balance billing, penalties for failure to obtain pre-authorization, and expenses for services not covered by the plan do not apply toward the out-of-pocket maximum.

PRESCRIPTION DRUG

Elect coverage through Express Scripts and have access to a nationwide network of pharmacies.



With Express Scripts, you can receive your prescriptions at a retail or mail order pharmacy.

Mandatory Generics

If you request a brand name drug when a generic equivalent is available, you pay the difference in cost.

Mandatory Mail Order for Maintenance Medications

If you take a maintenance medication, you must fill the prescription as a 90-day supply—via the home delivery program. Filling these prescriptions via a 90-day supply provides significant advantages both in cost (due to deeper discounts) and adherence. When you are newly prescribed a medication for a chronic condition, you will be required to move to a 90-day supply after the second prescription.

Drugs that treat ongoing conditions or needs like asthma, diabetes, birth control, high cholesterol, high blood pressure, and arthritis are usually considered maintenance medications.

A maintenance medication can also be a drug that you take for three to six months and then discontinue. For example, an allergy medication that you take throughout the spring and summer.

Benefits-At-A-Glance

	Express Scripts
Annual Deductible	\$50 per person
Out-of-Pocket Maximum	\$3,850/individual \$7,700/family
Retail Pharmacy (30-day supply)	
Generic Drug	\$10 copay
Formulary Brand Name Drug	20% coinsurance (\$20 min/\$50 max)
Non-Formulary Brand Name Drug	30% coinsurance (\$40 min/\$50 max)
Home Delivery (90-day supply)	
Formulary Brand Name Drug	20% coinsurance (\$40 min/\$100 max)
Non-Formulary Brand Name Drug	30% coinsurance (\$80 min/\$100 max)
Generic Drug	\$20 copay

\$0 copays for the following classes:

- anxiety
- cholesterol
- depression
- diabetes
- high blood pressure

SAVE ON DRUGS

The average American pays nearly \$1,200/year for prescription costs. But, there are ways for you to lower your prescription drug costs:

- ▶ Generic medications provide you with the same quality, strength, purity, and stability as the brand name—but cost 80% to 85% lower, on average, than brand-name products.
- ▶ When you use mail order, you save on a 3-month supply delivered right to your door.
- ▶ Ask your doctor to refer to the Preferred Drug list when prescribing a new medication. These preferred drugs are generally considered to offer equal or greater therapeutic value and to be more cost-effective than the other drugs in the same drug category.

Login to www.express-scripts.com to review the Preferred Drug List and estimate drug costs.

DENTAL

Dental coverage is available through Aetna. Benefits are available for both in- and out-of-network dental services.



With Aetna Dental, coverage is available through two national networks:

- ▶ Aetna Dental DMO
- ▶ Aetna Dental PPO

You receive greater benefit coverage when you use a provider who participates in the Aetna Dental network.

Aetna Dental DMO Features

- ▶ Primary care dentist manages your dental care
- ▶ Primary care dentist refers you to a specialist when necessary
- ▶ No deductibles
- ▶ No annual dollar maximums

NOTE: You must select a Primary Care Dentist (PCD) by the 15th of the month following your enrollment. If you do not select a PCD using the **DMO Form**, your benefits and claims may be limited to emergency services only.

Aetna Dental PPO features

- ▶ No need to choose a primary care dentist
- ▶ No referrals

	Aetna Dental DMO	Aetna Dental PPO (non-participating)
Annual Deductible	None	\$25/individual \$0 family
Annual Benefit Maximum	None	Plan pays \$1,500/person each calendar year
Preventive and Diagnostic Services	Refer to fee schedule	Covered at 100%
Basic Services	Refer to fee schedule	Covered at 100% after deductible
Major Services	Refer to fee schedule	Covered at 50% after deductible
Orthodontia	Refer to fee schedule	Up to 50%, \$1,500 maximum

STAY IN-NETWORK

When you visit a dentist or specialist who is in the network, your out-of-pocket costs are usually lower. That's because participating dentists have agreed to accept negotiated fees for covered services that are usually 30% to 45% less than the average charges. Before you receive care, check if your provider participates in the **Aetna Dental network**.

VISION

Vision coverage is available through the Vision Service Plan (VSP). Choose from two vision coverage options: the VSP Basic Plan and VSP Buy-Up Plan.



Both plans provide coverage for eye exams, eyeglasses, and contact lenses through a national network of providers.

Benefit	Base Coverage with a VSP Provider	Copay	Buy Up Coverage with a VSP Provider	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
PRESCRIPTION GLASSES		\$10	PRESCRIPTION GLASSES	\$10
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Walmart®/Costco® frame allowance Every other calendar year 	Included in Prescription Glasses	<ul style="list-style-type: none"> \$250 allowance for a wide selection of frames \$270 allowance for featured frame brands 20% savings on the amount over your allowance \$135 Walmart®/Costco® frame allowance Every other calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$80 - \$90 \$120 - \$160	<ul style="list-style-type: none"> Progressive lenses Anti-reflective coating Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$10
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
DIABETIC EYECARE PLUS PROGRAM	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20



TAX-FREE ACCOUNTS

Saving money on everyday expenses is convenient and easy with the County's tax-free accounts.

The County offers benefits-eligible employees tax-free accounts to help save money on everyday expenses:

- ▶ Health Care Flexible Spending Account (FSA)
- ▶ Dependent Care Flexible Spending Account (DCA)

The money you contribute to these accounts is deducted from your paycheck before federal, state, and Social Security taxes are calculated. While the amount of pay you receive isn't less, the amount of taxes you pay will be. In some cases, your tax savings can be significant.

The tax-free accounts are administered by Voya. To participate in an FSA, you must enroll each year and designate how much you want to contribute. You do not have to enroll in a County medical plan to enroll in a tax-free account.

Note: If your employment ends or your eligibility for the FSA ends during the Plan Year, you cease being eligible to use your Health Care FSA and/or Dependent Care DCA funds for new expenses as of midnight on the day of termination and your debit will be inactive. You will be able to submit claims for eligible health care expenses incurred on or before your termination date through your runout period.

	Contribution Limits	Eligible Expenses
Health Care FSA	\$3,050 ¹ per year	Health plan deductibles, copayments, and coinsurance; eye exams, contact lenses, and glasses; prescription drugs; dental care, including orthodontia; and over-the-counter (OTC) products.
Dependent Care DCA	\$5,000 ¹ per year, if single or married and filing joint income tax returns	Licensed day care, in-home care, elder care, day camp and nursery school (if expenses are for a dependent child, the child must be under age 13)

¹ Subject to change annually by the IRS. Pre-tax contributions will be made in equal amounts through paycheck deduction. However, your annual election is eligible to be reimbursed prior to having the full amount deducted from your pay.

This is a partial list of eligible expenses. For a more complete list of eligible healthcare expenses, go to: www.irs.gov/publications/p502. For dependent care expenses, go to: www.irs.gov/publications/p503.

PLAN CAREFULLY

Use-it-or-lose-it

Because of the tax advantages these accounts provide, IRS regulations require that unused money left in your Health Care FSA and/or Dependent Care DCA at the end of the plan year will be forfeited. However, you can rollover up to \$610 for use in the following year.

USING YOUR FSA/DCA FUNDS



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



Dependent Care DCA
Your funds are available as they accumulate through payroll deductions.

Access and Manage Your FSA Online

The Voya online portal gives you 24/7 access to manage your FSA/DCA. From the portal, you can:

- ▶ File a claim for reimbursement
- ▶ Upload receipts and track expenses
- ▶ View up-to-the-minute account balances
- ▶ View your account activity, claims history, and reimbursement history
- ▶ Report a lost/stolen card and request a new one
- ▶ Download plan information, forms, and notifications

Access the portal at:

<https://myhealthaccount.voya.com>.

In the upper right corner, select **Individual Login**, then **Rewards, Reimbursements, Savings & Spending Accounts**. The first time you log on, select the **Create Your Username and Password** link.

FSA Debit Card

When you enroll in an FSA, you will receive a Voya debit card pre-loaded with your full annual Health Care FSA election amount. You use the card to pay for IRS-qualified expenses directly at the point of sale or when paying a bill. The card works in settings such as physician offices, dental and orthodontic offices, optometrists, pharmacies, chiropractors, urgent care centers, and hospitals.

If you are enrolled in the DCA, the card can also be used in dependent care settings. Just remember that the card will only work for an amount that does not exceed the available balance in your DCA account on that day.

The IRS requires you keep all original documentation for purchases associated with the debit card. Voya may also request copies of your documentation to verify a debit card purchase.

Electronic and Paper Reimbursement

Reimbursements made payable to you, either by paper check or direct deposit, typically have a 3- to 5-day turnaround time.

All reimbursement methods require you to submit documentation using one of the following methods:

- ▶ Online at <https://myhealthaccount.voya.com>
- ▶ Voya/Benefit Strategies mobile app; or
- ▶ Fax, secure email, or mail using a paper claim form.

FSA Rollover

The rollover feature on the Health FSA allows up to \$610 to roll to the new plan year. Now you have more reasons to take advantage of a Health FSA!

- ▶ On the last day of your 2023 plan year, any balance in your Health FSA up to \$610 is rolled over into the new 2024 plan year. You don't need to request this be done; it will happen automatically.
- ▶ If you have rollover funds but don't enroll in the new 2024 plan year, we will open an account for you with your rollover funds.
- ▶ Funds rolled over can be used at any time during the new plan year while you are enrolled in the Health FSA.
- ▶ You can elect the annual employer maximum in the new plan year and the \$610 rollover monies will be added in addition to this amount.
- ▶ At the end of the plan year is a 90-day runout period that allows you to still submit claims that were incurred during the prior plan year. If you submit a claim for the prior plan year during the runout period and we need to use all or a portion of your rollover funds to pay it, we will automatically move back the rollover funds needed and pay the claim.

EMPLOYEE ASSISTANCE PROGRAM

The EAP helps you balance the challenges of day-to-day life.



The Inova Employee Assistance Program (EAP) is a confidential service that can help you and your family manage problems that impact your productivity, health, safety, or quality of life. The program is provided at no cost to you and offers short-term counseling for personal or work-related issues. The EAP also offers specialized resources to help you balance work and life. EAP counselors are available 24/7 to assist you in assessing problems and locating resources to help address issues both big and small.

Short-Term Counseling

- ▶ Relationships
- ▶ Alcohol
- ▶ Family
- ▶ Depression
- ▶ Anxiety

Elder Care Resources

- ▶ Adult day care centers
- ▶ Assisted living centers
- ▶ Nursing homes
- ▶ Transportation services
- ▶ Nutrition services
- ▶ Respite care
- ▶ Home care services
- ▶ Geriatric health and mental health

Legal Assistance

- ▶ Consultation with an attorney
- ▶ Web-based legal documents

Child Care Services

- ▶ Nursery/preschools
- ▶ Emergency/back-up care
- ▶ Before-after school care
- ▶ Care for mildly ill children
- ▶ Child care centers
- ▶ In-home care agencies
- ▶ Family day care and group homes
- ▶ Nanny/au pair agencies
- ▶ Summer camps

Adoption Services

- ▶ U.S. adoption agencies
- ▶ International adoption agencies
- ▶ Support groups

Resources for Children with Special Needs

- ▶ ADD/ADHD
- ▶ Disability
- ▶ Autism

Online Savings Center

- ▶ Merchant discounts

Parental Services

- ▶ Birthing classes
- ▶ Support groups
- ▶ Exercise and nutrition
- ▶ Parent education

Educational Resources

- ▶ Identify schools
- ▶ Navigate applications
- ▶ Evaluate educational consultants
- ▶ Apply for grants, financial aid, and scholarships

Health and Wellness Resources

- ▶ Exercise program
- ▶ Holistic care
- ▶ Nutrition counselors
- ▶ Personal trainers
- ▶ Self-help programs

Pet Services

- ▶ Veterinarians
- ▶ Boarding facilities
- ▶ Pet sitters
- ▶ Groomers
- ▶ Obedience trainers

Daily Living

- ▶ Entertainment and sports tickets
- ▶ Grocery shopping
- ▶ Housekeeping
- ▶ Lawn maintenance
- ▶ Real estate and relocation professionals

Finances

- ▶ Unbiased financial consultation

Identity Theft

- ▶ Web based monitoring
- ▶ Phone consultation



HELP IS HERE

EASE YOUR STRESS WITH THE EAP

In this time of change and uncertainty, the challenges of life can seem overwhelming. The Inova EAP offers resources to help you better cope with work/life challenges and manage stress.

- ▶ Access online support: www.inova.org/eap (Username: **prince**, Password: **george**)
- ▶ Talk with a counselor: **1-800-346-0110**

RETIREMENT SAVINGS

Take charge of your retirement income early to help you make smart decisions toward a financially-secure retirement.



BENEFITS
365

457(B) DEFERRED COMPENSATION PLAN

The County offers a 457(b) Deferred Compensation Plan to help you achieve your retirement goals. Both full- and part-time employees are eligible to participate.

You contribute on a tax-deferred basis, up to the IRS limits. The minimum amount you can contribute is \$10 per pay period. You can increase, reduce, or stop your contributions at any time in the Employee Self Service (ESS) portal. In 2023, the IRS limits were:

- ▶ \$22,500 for employees under age 50; and
- ▶ \$27,000 for employees age 50 and older (includes \$6,500 catch-up contribution limit).

Please note these amounts are subject to change based on the limits announced by the IRS.

If you are within three years of normal retirement, you may be eligible to make additional contributions.

The County has partnered with Empower Retirement to administer the 457(b) Plan—offering you a variety of investment options.

PENSION PLAN

All qualified full- and part-time general civilian employees are automatically enrolled in the Maryland State Retirement and Pension System (MSRPS) and one of the Prince George's County Government Supplemental Pension Plans.

There are separate pension plans for County sworn police officers, deputy sheriffs, firefighters, paramedics, and correctional officers. The Police, Fire Service, Deputy Sheriffs', and Correctional Officers' Pension Plans (Comprehensive Plans) provide retirement and disability benefits for all full-time persons covered by the Plan.

Regardless of plan enrollment, employees contribute a percentage (varies by pension plan) of their annual salary and receive a defined monthly pension benefit at retirement.

SAVE WITH THE 457(B)



EVERYDAY

TIPS

- ▶ **Save on taxes** – You pay no state or federal income taxes on the amount you contribute and any investment earnings grow tax deferred. Taxes are only paid on the amount withdrawn, after retirement or separation from employment.
- ▶ **Compound earnings** – By investing early and staying invested, you can take advantage of compound earnings. A monthly contribution of \$100 can accumulate tax-deferred over 30 years to \$150,030. That's a difference of almost \$50,000 just because you didn't have to pay taxes up front. Of course, you'll have to pay taxes on earnings when you withdraw the money but you will likely be retired and may be in a lower tax bracket.
- ▶ **Flexible options** – With the 457(b) plan, there is no penalty for taking an early withdrawal regardless of your age.

LIFE & DISABILITY

To help you protect your family’s finances in the event something happens to you, the County makes the following benefits available to you—some at no cost to you.



BASIC LIFE

The County provides you with Basic Life Insurance up to 2x your base salary (up to \$225,000 based on your salary schedule). Coverage is administered through MetLife and becomes effective on your date of hire. The coverage amount will automatically increase or decrease when you have a change in base salary.

Basic Life Insurance flat \$50,000 amount to anyone who does not want to receive the 2x salary offering and would prefer a reduced flat amount. Please note, there is no credit provided to those electing this change. Please note, employer-paid coverage amounts over \$50,000 are subject to imputed income (this option is only available to those employees whose salary is over \$25,000 a year).

EXTRA LIFE

You may purchase Extra Life Insurance equal to one to four times your base pay up to \$600,000. Coverage is provided through MetLife.

During Open Enrollment, you can enroll for the first time or increase your existing Extra Life coverage (up to 4x annual salary to a max of \$600,000, or up to \$800,000

for Fire Civilians only) by answering 5 medical questions. Premiums for Extra Life Insurance are based on your salary and age.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The County provides you with AD&D coverage. Coverage is administered through MetLife and becomes effective on your date of hire. A benefit is payable for death or personal loss caused by an accident on or off the job, up to a maximum benefit of:

Employee Group	Maximum Benefit
Police officers, deputy sheriffs, correctional officers, firefighters, paramedics and emergency response technicians	\$50,000
Deputy sheriff civilians	\$30,000
All other employee groups	\$10,000

SUPPLEMENTAL LIFE

This benefit applies only to police officers, deputy sheriffs, firefighters, paramedics and emergency response technicians. Supplemental Life is administered by MetLife and is equal to 50x your monthly salary with a maximum benefit of \$600,000. The County provides this coverage at no cost to you.

LONG-TERM DISABILITY (LTD)

All benefits-eligible employees may enroll in the Long-Term Disability (LTD) Insurance administered by MetLife. Long-Term Disability insurance provides income replacement that may be used in conjunction with your annual or sick leave. This program has a 180-day elimination period. Income is replaced at 50% or 60% percent of your base pay, reduced by deductible income.

Deductions are done on an after-tax basis and deducted bi-weekly. This assures that any payments you receive from the program are not taxed.

Instructions for calculating monthly premium: multiply the rate times your base salary rounded to the nearest hundred. Divide the annual amount by 12 to find the monthly cost for this benefit.

For this Open Enrollment only a 5-question Statement of Health (SOH) will be required for the following:

- ▶ Current participants covered by Long-Term Disability electing to increase from 50% to 60% of your base salary.
- ▶ New participants electing Long-Term Disability for the first time or during Open Enrollment.

DEPENDENT LIFE INSURANCE

Dependent Life Insurance offered by MetLife is available to employees who already have or are applying for Extra Life Insurance, as this benefit is not available for dependents without the employee coverage. Eligible dependents can be covered for Life Insurance Coverage.

Spouse Coverage: Enroll for \$10,000 or \$25,000 of coverage without answering any health questions. You may apply for higher coverage amount by answering five health questions. After this enrollment period, a Statement of Health will be required for future spouse coverage (outside of a Qualifying Life Event).

Spouse Coverage is based on your age as of December 31, 2023.

Dependent Child(ren) Coverage: No health questions are required. Child(ren)'s eligibility is from 15 days to 26 years old. Coverage levels are \$5,000, \$10,000, or \$20,000.

Age	Monthly Cost per \$1,000 of Coverage
24 & Younger	\$0.055
25-29	\$0.066
30-34	\$0.088
35-39	\$0.099
40-44	\$0.110
45-49	\$0.165
50-54	\$0.253
55-59	\$0.473
60-64	\$0.726
65-69	\$1.397
70 & Above	\$2.266

Dependent Child(ren) Flat Monthly Cost of Coverage	
\$5,000	\$0.75
\$10,000	\$1.50
\$20,000	\$3.00

SHORT-TERM DISABILITY (STD)

Short-Term Disability insurance through MetLife protects a portion of your income if you are unable to work due to a covered injury or illness. Common reasons people use this coverage includes injuries, a covered pregnancy, and digestive problems, such as gall bladder surgery.

Key features include:

- ▶ Income Coverage of up to 60% of your salary (Maximum \$3,000 weekly benefit)
- ▶ Deductions for the program are done on an after-tax basis; therefore, any money received is not taxed

For this Open Enrollment only a 5-question Statement of Health (SOH) will be required to enroll for coverage.



SUPPLEMENTAL COVERAGE

The County offers options to supplement your coverage so you can customize your coverage to fit your personal needs.



CRITICAL ILLNESS INSURANCE

Critical illness insurance through Unum can help relieve the financial impact of a sudden, life-threatening illness. Coverage helps pay expenses not covered by medical insurance including deductibles, copays, child care, travel expenses, and more.

Critical illness insurance pays a lump sum cash benefit upon diagnosis of a covered critical illness. Examples of covered illnesses include:

- ▶ Heart attack
- ▶ Stroke
- ▶ Cancer
- ▶ Permanent paralysis
- ▶ Major organ failure
- ▶ End-stage renal (kidney) failure
- ▶ Coronary bypass surgery

This coverage also includes a \$50 Wellness Benefit. You pay the full cost of coverage through after-tax payroll deductions. You can purchase coverage for your family.

ACCIDENT INSURANCE

Accident insurance through Unum can help you cope with out-of-pocket costs associated with common and serious accidents on and off the job—costs possibly not covered by your medical plan. In the event of a covered incident, accident insurance provides cash benefits to help you and your family pay for the medical and out-of-pocket expenses that add up so quickly after an injury, including treatment-related costs and everyday bills.

Covered expenses include, but are not limited to:

- ▶ Emergency room fees, X-rays, and exams
- ▶ Physical therapy and follow-up
- ▶ Ambulance
- ▶ Hospital stay

You pay the full cost of coverage through after-tax payroll deductions. You can purchase coverage for your family.

WHOLE LIFE INSURANCE

Whole life insurance is available through Unum for your spouse, children and yourself. Whole life insurance is designed to pay a benefit to your beneficiaries, but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level premium that will not increase due to age. Choose from following coverage options:

- ▶ Whole life insurance
- ▶ Individual spouse coverage
- ▶ Individual child coverage
- ▶ Child term life benefit

Whole life insurance will be in addition to the coverage provided by the County and can supplement the amount you purchase. Any benefit payment you receive is not taxed. You pay 100% of the premium cost through after-tax payroll deductions.

SUPPLEMENTAL DENTAL INSURANCE

Supplemental Dental insurance through Aflac enhances your current dental coverage. An individual or family that needs coverage for a particular procedure not covered by their dental plan may choose to purchase supplemental dental insurance to help manage costs.

Key features include:

- ▶ Choose your own dentist
- ▶ No pre-certification requirements
- ▶ Pays an annual wellness benefit
- ▶ Premiums start as low as \$5.73 per week

LEGAL SERVICES

The legal services options provide you and your family peace of mind knowing legal assistance is a call or click away.



The County offers two legal services options:

- ▶ Legal Resources
- ▶ LegalShield

Both plans help pay for attorney fees for services such as wills, home sale/purchase, adoptions, divorce, consumer protection, and tax audit.

LEGAL RESOURCES

The Legal Resources network has 13,000 attorneys nationwide. Participants can select a law firm from a well-established local law firm network. There is no limit on fully covered benefits for the following services: attorney telephone calls, attorney letters on your behalf, and document review of personal legal documents.

LEGALSHIELD

LegalShield has worked with over 100,000+ law firms and attorneys nationwide. Provider law firms must be AV rated by Martindale Hubble, the National Law Firm Directory. A mobile app provides easy access to legal and ID theft support 24/7.

	Legal Resources	LegalShield
Enrollment Requirement	12 months	None
Cost for Coverage	\$17/month (Identity Theft Services included)	Legal Only: \$7.27/paycheck or \$15.75/month Identity Theft Only: \$6.90/ paycheck Legal & Identity Theft: \$11.86/paycheck
Divorce	Fully covered (no waiting period) 25% discount for advice and consultation	Fully covered 25% discount for advice and consultation
Adoption (Uncontested)	Fully covered	Fully covered
Traffic Ticket Defense	Fully covered	Fully covered (15-day waiting period)
Will Preparation Standard Will, Powers of Attorney, Living Wills, Codicils, Complex Will	Fully covered Consultations covered in full; 25% discount	Fully covered Consultations covered in full; 25% discount
Document Preparation	Fully covered – no limits	Fully covered
Purchase or Sale of Home	100% attorney fees covered on buying, selling, or refinancing primary residence	Fully covered
Identity Theft Defense	Fully covered for household	Fully covered for 10 family members ID theft monitoring and restoration included
Immigration Assistance	Consultation/document review fully covered; 25% discount	Consultation/document review fully covered; 25% discount
Financial and Tax Planning Services	Consultation/document review fully covered; 25% discount for Financial Plan	Consultation/document review fully covered; 25% discount for Financial Plan
Civil Litigation	Attorney fees 100% covered for household	Covered – Increasing defense hours each year Year 1: 60 hours; Year 5: 300 hours

RESOURCES TO HELP YOU

If you have questions about the plans and programs described in this guide, contact the appropriate benefit partner.

OFFICE OF HUMAN RESOURCES MANAGEMENT (OHRM)

Benefits Division
1400 McCormick Drive
Suite 110
Largo, MD 20774

301-883-6380

Monday – Friday
8:30 a.m. – 5:00 p.m., ET

Pensions Division
1400 McCormick Drive
Suite 125
Largo, MD 20774

301-883-6390

Monday – Friday
8:30 a.m. – 5:00 p.m., ET

OFFICE OF FINANCE

Payroll
1301 McCormick Drive
Suite 1100
Largo, MD 20774

301-952-5362

Monday – Friday
9:00 a.m. – 4:30 p.m., ET

YOUR HEALTH AND WELLNESS

Medical	<p>Cigna Member Services 1-800-244-6224 myCigna.com</p> <hr/> <p>Kaiser Permanente 301-468-6000 or 1-888-225-7202 my.kp.org/princegeorgescountygovernment</p>
Prescription Drug	<p>Express Scripts 1-800-711-0917 www.express-scripts.com</p>
Vision	<p>Vision Services Plan 1-800-877-7195 https://princegeorgescounty-acpt.vspforme.com/?view=pre</p>
Dental	<p>Aetna 1-877-238-6200 DMO: www.aetnadmodental.com PPO: www.aetnappodental.com</p>
Flexible Spending Account (FSA)	<p>Voya 1-888-401-3539 https://myhealthaccount.voya.com</p>
Employee Assistance Program (EAP)	<p>Inova 1-800-346-0110 www.inova.org/eap (Username: prince Password: george)</p>

YOUR FINANCIAL FUTURE

457(b) Deferred Compensation Plan	<p>ICMA Retirement Corporation 1-800-669-7400 www.icmarc.org/pgcounty</p> <hr/> <p>Empower Retirement (formerly MassMutual) 1-800-743-5274 www.retiresmart.com</p>
Pension Plans	<p>OHRM Benefits Division 301-883-6390 Pensions@co.pg.md.us</p>
Life and AD&D	<p>MetLife 1-800-638-6420 www.metlife.com</p>
Long-Term Disability Short-Term Disability	<p>MetLife 1-833-622-0135 www.metlife.com</p>

Questions? Email: benefits@co.pg.md.us

This Benefits 365 Decision Guide provides you with an overview of your benefit options for 2024. We have made every effort to ensure the information in this guide is as accurate and easy for you to understand as possible. However, this guide is not intended to be a complete description of your benefits. This guide and any oral statements are not a substitute for the official insurance policies. If there is a difference between what is in this guide or told to you orally, and the insurance policies, the official insurance policies will govern. Prince George's County Government reserves the right to modify, amend or terminate any benefit plan at any time, with or without advance notice to participants. In no way does this guide or any of the benefits constitute a guarantee of continued employment.

YOUR VOLUNTARY OPTIONS

Critical Illness and Accident	<p>Unum 1-800-635-5597 www.unum.com</p>
Supplemental Dental	<p>Aflac 1-800-992-3522 PrinceGeorges.aflac@gmail.com (email)</p>
Legal Services	<p>Legal Resources 1-800-728-5768 www.legalresources.com</p> <hr/> <p>LegalShield 1-800-654-7757 www.legalshield.com</p>
Whole Life	<p>Unum 1-800-635-5597 www.unum.com</p>
Short-Term Disability	<p>Unum 1-800-635-5597 www.unum.com (coverage prior to 1/1/2022)</p>



FOR OFFICE USE ONLY

Completed By: _____



**AETNA DMO DENTAL PLAN PRIMARY CARE DENTIST (PCD) ELECTION FORM
 ACTIVE EMPLOYEE / RETIREE**

STEP 1: Please PRINT or TYPE when you complete this form.

NAME: _____ SOCIAL SECURITY #: _____
 DATE OF BIRTH: _____ EFFECTIVE DATE OF COVERAGE: _____
 STREET: _____ PHONE-WORK-HOME: _____
 CITY/STATE: _____ ZIP: _____ DEPT: _____
 REASON: Open Enrollment New Employee *Hire Date:* _____
 Family Status Change *Event:* _____ *Date of Event:* _____

STEP 2: Complete this section for you and the dependent(s) you are adding to the DMO dental plan as of the above effective date. **If you fail to select a Primary Care Dentist, it will result in you not being able to utilize the DMO dental plan benefits on or after the effective date of your coverage.**

FULL NAME (PRINT)		Relationship	Sex	Social Security No.	DOB	Primary Care Dentist	Office ID #
First	Middle Initial	Last	SELF				
			SPOUSE				

STEP 3: You must complete this section with the Primary Care Dentist's address.

STREET: _____
 CITY/STATE: _____ ZIP CODE: _____

STEP 4: Read the statement below and sign your name.

By signing this form, I understand that my Aetna DMO dental plan premiums will be deducted on a pre-tax basis. No changes can be made to my dental plan enrollment during the plan year unless there is a family status change and I complete a benefits form **within 30 days** of the event. This form authorizes any licensed physician, hospital, or healthcare provider to furnish my health plan with such medical information about myself and any eligible dependent, as needed. I understand that my coverage and benefits may be adversely affected by my failure to provide complete and accurate information.

Signature _____ Date _____



Prince George's County Government
Office of Human Resource Management
1400 McCormick Drive, Suite 110
Largo, MD 20774

For more information, including Annual Benefit Notices, please visit ohrm.mypgc.us.