



HOWARD COUNTY PUBLIC SCHOOL SYSTEM

A Guide to Your 2017 Employee Benefits





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Plan Year: January 1, 2017 – December 31, 2017

The purpose of this Benefits Enrollment Guide is to give you basic information about your benefits options and how to enroll for coverage or make changes to existing coverage. This guide is only a summary of your choices and does not fully describe each benefit option. Please refer to your Certificates of Coverage provided by your health plan carriers for important additional information about the plans. Every effort has been made to make the information accurate; however, in the case of any discrepancy, the provisions of the legal documents will govern.



Eligibility

All Active Employees regularly scheduled to work 17.5 hours or more per week are eligible for benefits. Food Service Workers regularly scheduled to work at least 15 hours per week are eligible for benefits.

All new-hires must enroll in benefits within 30 days of date of hire. If you do not enroll in benefits within 30 days of hire date, you will have to wait until the next open enrollment to enroll in benefits unless a qualifying event occurs.

An Employee on an authorized leave-of-absence, as required by the Family and Medical Leave Act (FMLA) of 1993, shall be classified as eligible. The Employer will continue to pay its share of the premium as long as the Employee is on FMLA leave.

If an Employee qualifies as both an Employee and a Dependent, such person may be covered as an Employee or Dependent, but not as both. If both husband and wife are Employees, their children will be covered as Dependents of the husband or wife, but not of both.

Dependents

Eligible Dependents are:

- a. A Spouse under a legal marriage recognized by the state of Maryland or other state in the U.S.;
- b. An unmarried/married Dependent child regardless of student status until the end of the birth month in which he or she reaches age 26;
- c. An unmarried/married Dependent child who is incapable of self-support because of mental retardation, mental illness, or physical incapacity that began before the child reached age 26. Proof of incapacity must be received by HCPSS within 30 days after coverage would otherwise terminate. Additional proof of disability may be required from time to time;
- d. Any child of a Participant who does not qualify as a Dependent under subsections b and c, solely because the child is not primarily dependent upon the Participant for support so long as over half of the support of the child is received by the child from the Participant pursuant to a multiple support agreement.

A Spouse or child in the armed forces of any country is not eligible for coverage.

The term “Dependent child” means any of a Participant’s:

- a. Biological children;
- b. Legally adopted children or children placed in the Employee’s home pending final adoption;
- c. Stepchildren who permanently reside in the Employee’s household and are Dependent on the Employee for more than half of his or her support;
- d. Foster children (provided the foster child is not a ward of the state);
- e. Children who are under the legal guardianship of the Employee;
- f. Children for whom the Employee is required to provide health care coverage under a recognized Qualified Medical Child Support Order.

Dependent Eligibility Verification

Employees, who add new dependent to their health benefits plans during the open enrollment period and throughout the benefits calendar year as a result of a qualifying event, will be required to provide verification of their newly enrolled dependent(s). The verification of eligible dependent(s) will be conducted by Bolton Partners, Inc., an independent third party that specializes in dependent verification. You will receive an information packet with instructions on how to submit verification materials.

Age Limits

Dependent children are covered through the end of the birth month until age 26 for all medical, pharmacy, dental, and vision plans, unless disabled (certification required).



Benefit Credits

HCPSS employees electing a Medical Plan will receive benefit credits in the amount of \$420 per year. If an employee chooses to waive all Medical plans, they will receive benefit credits in the amount of \$750 per year.

Coverage Effective Date for Eligible Employees/Dependents

Coverage is effective on the first of the month following the benefits eligibility date.

Changes to Benefits Coverage Due to Qualifying Event

An Employee may change his/her election if eligible during the Plan Year when any of the following changes occur due to a qualifying event, within 30 days of qualifying event.

- A change in employment status, including termination or commencement of employment of the Employee, Spouse, or Dependent;
- The Employee or Spouse has a significant change in health coverage attributable to the Spouse's employment;
- A reduction or increase in hours of employment by the Employee, Spouse, or Dependent, including a switch between part-time and full-time, if eligible, or commencement or return from an unpaid leave of absence;
- A change in legal marital status, including marriage, death of Spouse, divorce, legal separation, or annulment;
- A change in the number of Dependents, including birth, adoption, placement for adoption, or death of a Dependent;
- Your Dependent satisfies or ceases to satisfy the requirements for unmarried/married Dependents, due to attainment of age, or any similar circumstances as provided in the health plan under which the Employee receives coverage;
- A change in employment of the Employee, Spouse, or Dependent;
- You or your dependent(s) move to a new residence outside Maryland that is not included in your current plan's coverage area. Employee and their dependents must be enrolled under one plan;
- A judgment, decree or order resulting from a divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order) that requires accident or health coverage for an Employee's child. The Employee can change his election to provide coverage for the child if the order requires coverage under the Employee's plan; or the Employee can make an election change to cancel coverage for the child if the order requires the former Spouse to provide coverage;
- Eligibility for Medicaid.
- Employees must log on to Workday to make any changes to existing coverage(s) due to a qualifying event, within 30 days of the qualifying event date.

Grandfathered Status Under the Patient Protection and Affordable Care Act

HCPSS health plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plans may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be reviewed at the Employee Benefits Security Administration, U.S. Department of Labor at www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.



Your HCPSS Benefits At-A-Glance

HEALTH INSURANCE	
<p>Aetna Medical Plans</p> <p>For detailed benefit information, click here</p> <p>www.aetna.com</p>	<p>Aetna Open Choice PPO – a PPO Plan that provides access to a nationwide network of health care providers. You can receive care within the network and pay less for your care, or you can choose to receive care outside the network and still receive benefits, but at a lower level.</p> <ul style="list-style-type: none">• Plan pays 100% for most in-network covered services after a copay• No in-network deductible requirement <p>Aetna Open Access HMO – an HMO Plan with a nationwide network of health care providers. There's no requirement to choose a PCP or obtain referrals for specialty care. You must use a network provider.</p> <ul style="list-style-type: none">• Plan pays 100% for most in-network covered services after a copay• No deductible requirement <p>Teladoc offers the Aetna members the ability to consult with a national network of U.S. board-certified family practitioners, PCPs, pediatricians and internists to diagnose, recommend treatment, and write short-term (non-DEA prescriptions), when necessary 24 hours, 7 days a week. Consultations are available by telephone as well as by online video (PCP copay will apply) using Teladoc.com or through the Teladoc Member mobile app. Teladoc can provide effective resolution to a wide range of common and routine illnesses as an option to receive urgent care services. Some of the more common illnesses that Teladoc handles are Allergies, Bronchitis, Ear Infection, Nasal congestion, and Urinary Tract infection.</p>
<p>BlueCross Blue Shield Medical Plan</p> <p>For detailed benefit information, click here</p> <p>www.carefirst.com</p>	<p>BlueChoice HMO Open Access – an HMO Plan with no referrals required. Provides access to more than 37,000 providers, specialists, and hospitals in the Maryland, Washington, D.C, and Northern Virginia areas. You must choose a primary care provider, but you are not required to obtain referrals to see a specialist.</p> <ul style="list-style-type: none">• In-network coverage only• Plan pays 100% for most in-network covered services after a copay• No deductible requirement <p>CareFirst BlueCross BlueShield Video Visit allows you and your family members to connect with a doctor whenever and wherever you want—without an appointment! Video Visit is perfect when your primary care provider (PCP) isn't available or if you don't have a PCP. You can utilize Video Visit from your computer, tablet or smartphone for health concerns including bronchitis, cough/sore throat, sinus infection, fever, cold/flu, headache, sprains/strains, and more. You can access the Video Visit platform from the CareFirst member website at www.carefirst.com/needcare. You can also download the CareFirst Video Visit app (iTunes and Android) to see a doctor on their smartphone or tablet. Before the first visit, you will need to register for an account. Upon successful registration, you will receive a welcome email with instructions on how to schedule a visit.</p>
<p>Prescription Plan</p> <p>For detailed benefit information, click here</p> <p>www.express-scripts.com</p>	<p>Express Scripts – Retail or Mail Order. Express Scripts mail order program is voluntary. You can either receive maintenance medications via retail pharmacy or through the mail order program for the same co-pay amounts. Visit Express-Scripts.com to sign up, or call the toll-free number on your ID card.</p> <ul style="list-style-type: none">• Included with all medical plans• National network of over 50,000 pharmacies• Voluntary Home Delivery (mail order) program



Your HCPSS Benefits At-A-Glance

HEALTH INSURANCE	
Dental Plans <i>For detailed benefit information, click here</i> <i>www.deltadentalins.com</i>	<p>Cigna Dental DHMO – a dental health maintenance organization where you must select and seek services from your DHMO facility.</p> <ul style="list-style-type: none">• In-network coverage only, no benefits are available if non-participating dentists are used.• Required to select a primary dentist• No deductible or annual dollar maximums• No claim forms to file <p>Delta Dental PPO – a dental preferred provider plan.</p> <ul style="list-style-type: none">• Ability to see providers in the Delta network or outside of the Delta network• No requirement to select a primary dentist• No deductible for Diagnostic/Preventive, Basic Restorative, or Orthodontics• The maximum benefit paid per calendar year is \$2000 for Premier and PPO dentists and is \$1500 for non-participating dentists per person.
Vision Plan <i>For detailed benefit information, click here</i> <i>www.vsp.com</i>	<p>Vision Service Plan (VSP)</p> <ul style="list-style-type: none">• Ability to see providers in the VSP network or outside of the VSP network• Coverage for well vision exam, prescription glasses, and contact lenses• ID cards are not required
Flexible Spending Accounts <i>For detailed benefit information, click here</i> <i>www.naviabenefits.com</i> <i>Company Code: HWC</i>	<p>Navia Benefit Solutions</p> <p>Health Care FSA</p> <ul style="list-style-type: none">• Used to reimburse your predictable out-of-pocket medical expenses• Plan year is January 1, 2017 – March 15, 2018• Annual minimum contribution \$100, annual maximum contribution \$2,550• Last date to submit 2017 claims is April 30, 2018• If your employment terminates (voluntary or involuntary) you must submit your claims within 120 days after your termination date. The dates of service must be on or before your termination date. <p>Dependent Care FSA</p> <ul style="list-style-type: none">• Used to reimburse you for expenses you have for dependent daycare for children up to the age of 13 or for other dependents you report for federal income tax purposes who are incapable of self-care• Plan year is January 1, 2017 – December 31, 2017• Educational programs for pre-school age children and Summer day camp programs may also qualify for reimbursement.• Annual minimum contribution \$100, annual maximum contribution \$5,000• Last date to submit 2017 claims is April 30, 2018• If your employment terminates (voluntary or involuntary) you must submit your claims within 120 days after your termination date. The dates of service must be on or before your termination date. <p>*Online and mobile claims: Submit claims through your online account by registering your account through the Navia website; www.naviabenefits.com or the mobile application Flexi App for the fastest claim processing times.</p>



Your HCPSS Benefits At-A-Glance

LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE	
Basic Term Life Insurance <i>For detailed benefit information, click here</i> www.metlife.com	MetLife <ul style="list-style-type: none">• Offered at no cost to the employees• Amount of basic term life insurance is equal to your current annual salary (minimum \$10,000 and a maximum of \$250,000), rounded to the nearest \$1,000
Accidental Death & Dismemberment Coverage <i>For detailed benefit information, click here</i> www.metlife.com	MetLife <ul style="list-style-type: none">• Offered at no cost to the employees• Provides benefits beyond your disability or life insurance for losses due to covered accidents• Amount of AD&D insurance is equal to your basic term life insurance amount
Supplemental Life Insurance <i>For detailed benefit information, click here</i> www.metlife.com	MetLife <ul style="list-style-type: none">• You may elect coverage in amounts of 1 to 5 times your annual salary to a maximum of \$500,000• Evidence of Insurability is required for all coverage requests above \$50,000 or 1 times Basic Yearly Earning, whichever is less• New Hires are eligible for the guaranteed issue amount of one times salary up to \$50,000 if enrolled within 30 days of date of hire• You may elect Dependent Life coverage (\$10,000 Spouse/ \$5,000 for each child) if you have enrolled in Supplemental Life insurance for yourself.• Converting Your Group Life Insurance Policy <p>Conversion allows you to "convert" your group life coverage, in the same or a lesser amount, to an individual life insurance policy. This policy will be issued without the need for a medical exam, provided you apply for and pay the premium within the application period. MetLife would like to help you understand conversion and other options available to you. We have arranged for financial professionals with Massachusetts Mutual Life Insurance Company (MassMutual) to help explain your options, if you choose, since MetLife cannot provide you with individual guidance. If you have any questions, you can arrange a meeting with a local MassMutual financial professional by calling 877-275-6387 Monday-Friday 9:00 a.m. to 6:00 p.m. (ET)</p>
Whole Life Insurance with optional Long Term Care Rider and Accident Coverage <i>For detailed benefit information, click here</i>	VOYA <ul style="list-style-type: none">• Employees may apply for the amount of coverage that \$20 per week will purchase for their age up to \$100,000 with two health questions asked. Additional coverage available with underwriting requirements• Spouses may apply for the amount of coverage that \$5 per week will purchase for their age with a minimum coverage of \$5,000 with two health questions asked. Additional coverage available with underwriting requirements• Children/Grandchildren may apply for an individual policy in amounts of \$12,500, \$15,000, \$20,000 or \$25,000 with two health questions asked
CATASTROPHIC INSURANCE	
Critical Illness Coverage <i>For detailed benefit information, click here</i>	Aflac <ul style="list-style-type: none">• Provides a lump-sum benefit payment to you if you or a covered family member is diagnosed with a covered critical illness, such as cancer, heart attack, stroke or renal failure (end stage)• Benefit amounts available for \$5,000 up to \$50,000 for employees and \$25,000 for spouse• Each dependent child is covered at 25% of the primary insured amount at no additional charge.



Your HCPSS Benefits At-A-Glance

	DISABILITY INSURANCE
Short Term Disability <i>For detailed benefit information, click here</i>	The Standard <ul style="list-style-type: none">• Three options to choose based on duration of elimination period (7, 14 or 30 day elimination period)• Benefit percentage is 60% of your regular weekly pay• Maximum weekly benefit is \$2,500• Evidence of Insurability (EOI) may be required
Long Term Disability <i>For detailed benefit information, click here</i>	The Standard <ul style="list-style-type: none">• A choice of choosing a plan which can replace 25%, 40% or 50% of your monthly income loss• Maximum monthly benefit is \$6,500• Evidence of Insurability (EOI) may be required
	VOLUNTARY BENEFITS THROUGH LEGALSHIELD
LegalShield Plan <i>For detailed benefit information, click here</i>	<ul style="list-style-type: none">• Access to a quality law firm 24/7, for covered personal situations (<i>real estate, speeding tickets, Will preparation, and beyond</i>) <p>NOTE: Any action, proceeding or dispute related to Named Member's employment is excluded from coverage under the membership contract.</p>
IDShield Plan <i>For detailed benefit information, click here</i>	<ul style="list-style-type: none">• Provides monitoring, consultation and restoration for the member, spouse domestic partners, and minor children.• Plus a \$5 million service guarantee towards complete restoration of Medical, Criminal, Social Security, DMV and Financial identity theft issues are included.

Voluntary Benefits offered through LegalShield

We are extremely pleased to announce that the Howard County Public School System has joined more than 5,000 other public schools and colleges in adding LegalShield and IDShield to its roster of employee benefits.

LegalShield Plan

Unexpected legal questions arise every day and with LegalShield on your side, you'll have access to a quality law firm 24/7, for covered personal situations. From real estate to speeding tickets to Will preparation, and beyond, we're here to help you with any personal legal matter—no matter how traumatic or how trivial it may seem. Because our dedicated law firms are prepaid, their sole focus is on serving you, rather than billing you.

IDShield Plan

Provides monitoring, consultation and restoration for the member, spouse domestic partners, and minor children. Plus a \$5 million service guarantee towards complete restoration of Medical, Criminal, Social Security, DMV and Financial identity theft issues are included.

Enrolling in the Plan

Both services offers family or individuals coverage. Employees may select the plan(s) that best fit their household and can begin enrollment immediately upon completing the simple online enrollment at: <http://www.legalshield.com/info/hcpss>.

Cost of the plans

These benefits provide nationwide protection for employees and covered family members. Employees who retire or leave the school system may continue their membership at the same low rate. Payment is via self-pay option (not a payroll deduction).

LEGAL PLAN

Family Coverage: \$18.95 per month
Individual Coverage: \$16.95 per month



IDENTITY THEFT

Family Coverage: \$18.95 per month
Individual Coverage: \$8.95 per month

COMBINED COVERAGE

Family Coverage: \$25.90 per month
Individual Coverage: \$33.90 per month

Listed below are detailed information regarding the plans offered through HCPSS. A full explanation of plan benefits and rates, FAQ's as well as how to enroll are provided via the link provided on HCPSS website. <http://www.legalshield.com/info/hcpss>.

LegalShield Legal Plan

Expected and unexpected legal issues arise every day. But with a LegalShield Legal Plan, a small monthly fee gets you access to advice and counsel on an unlimited number of personal legal issues from lawyers with an average of 19 years experience.

Advice & Consultation

Advice

Toll-free phone consultations with your Provider Law Firm for any personal legal matter, even on pre-existing conditions.

Letters & Phone Calls on Your Behalf

Available at the discretion of your Provider Lawyer

Contract and Document Review

Contract/document review up to 15 pages each

24/7 Emergency Assistance

After-hours legal consultation for covered legal emergencies. Specific coverage depends on plan, such as: if you're arrested or detained, if you're seriously injured, if you're served with a warrant, or if the state tries to take your child(ren).

Family Matters (family plan only)

Uncontested Name Change Assistance*

One (1) uncontested name change prepared per member year by Provider Law Firm

Uncontested Adoption Representation*

Representation by your Provider Law Firm for uncontested adoption proceedings

Uncontested Separation/Divorce Representation*

Representation by your Provider Law Firm for uncontested legal separation, uncontested civil annulment and uncontested divorce proceedings

Representation

Trial Defense Services

Assistance if you or your spouse are named defendant or respondent in a covered civil action filed in court.

Year	Pre-Trial Time	Trial Time	Total
1	2.5	57.5	60
2	3	117	120
3	3.5	176.5	180
4	4	236	240
5	4.5	295.5	300

NOTE: Any action, proceeding or dispute related to Named Member's employment is excluded from coverage under the membership contract.

Document Preparation

Standard Will Preparation

- Will preparation and annual reviews and updates for covered members
- Other documents available: Living Will, Health Care Power of Attorney

Residential Loan Document Assistance (family plan only)

Mortgage documents (as required of the borrower by the lending institution) prepared by your Provider Law Firm for the purchase of your primary residence



Auto

Motor Vehicle Services

- Non-criminal moving traffic violation assistance
- Motor vehicle-related criminal charge assistance
- Up to 2.5 hours of help with driver's license reinstatement and property damage collection assistance of \$5,000 or less per claim
- Available 15 days after enrollment
- Available only if member has a valid driver's license and is driving a non-commercial motor vehicle

IRS

IRS Audit Legal Services

- One hour of consultation, advice or assistance when you are notified of an audit by the IRS
- An additional 2.5 hours if a settlement is not achieved within 30 days
- If your case goes to court, you'll receive 46.5 hours of your Provider Law Firm's services
- Coverage for this service begins with the tax return due April 15 of the year you enroll

Additional Benefits

25% Preferred Member Discount

You may continue to use your Provider Law Firm for legal situations that extend beyond plan coverage. The additional services are 25% off the law firm's standard hourly rates. Your Provider Law Firm will let you know when the 25% discount applies, and go over these fees with you.

Caroline Betancourt

202.285.5810 / betancourtc@legalshieldassociate.com

Lesley Morrissey

410.206.4868 / lmorrissey14@legalshieldassociate.com

Your Plan Covers:

Family Plan:

- The member
- The member's spouse/ domestic partner
- Never-married dependent children under age 26 living at home
- Dependent children under age 18 for whom the member is legal guardian
- Never married, dependent, children who are full-time college students up to age 26
- Physically or mentally disabled children living at home

Individual Plan:

An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.

**These services are available 90 consecutive days from the effective date of your membership. For detailed information about the legal services provided for personal matters by the LegalShield contract, go to <http://www.legalshield.com/info/legalplan>. Business issues are not included; however, plans providing those services are available*



Access LegalShield
on the go!

At the touch of a finger, connect with your LegalShield Provider Law Firm for legal guidance you can trust. The app includes Snap by LegalShield! Connecting with your law firm when you get a speeding ticket is a "snap."

Download the
free app from
the App Store or
Google Play.





IDSShield

Identity Consultation Services

Members have unlimited access to identity consultation services provided by Kroll's Licensed Private Investigators. The Investigator will advise members on best practices for identity management tailored to the member's specific situation. Consultative services include:

Privacy and Security Best Practice

- Consult on best practices for the use and protection of a consumer's Social Security number and Personally Identifying Information (PII)
- Provide consultation on current trends, scams and schemes related to identity theft and fraud issues
- Discuss best practices for financial transactions, online activities and consumer privacy
- Provide the knowledge to best protect the member from identity theft and to be aware of their rights under federal and state laws
- Help members interpret and analyze their credit report and take steps to reduce pre-approved credit offers
- Consult with members regarding a public record inquiry, background search or credit freeze

Event-Driven Consultation Support

- Lost/stolen wallet assistance
- Data Exposure/Data Breach
- Safeguards

Alerts and Notifications

- Monthly identity theft updates to help educate and protect
- Data breach notifications

Consultation Services are limited to the solutions, best practices, legislation, and established industry and organizational procedures in place in the United States and Canada as determined beneficial or productive by a Kroll Licensed Private Investigator.

Privacy Monitoring

Black Market Website Surveillance (Internet Monitoring)

Monitors global black market websites, IRC (internet relay chat) channels, chat rooms, peer-to-peer sharing networks, and social feeds for a member's Personally Identifiable Information (PII), looking for matches of name,

date of birth, Social Security number, email addresses (up to 10), phone numbers (up to 10), driver's license number, passport number and/or medical ID numbers (up to 10).

Address Change Verification

Keeps track of a personal mailing address and alerts when a change of address has been requested through the United States Postal Service.

Security Monitoring

Black Market Website Surveillance (Internet Monitoring)

Monitors global black market websites, IRC (internet relay chat) channels, chat rooms, peer-to-peer sharing networks, and social feeds for a member's Personally Identifiable Information (PII), looking for matches of Social Security number, credit card numbers (up to 10) and bank account numbers (up to 10).

Court Records Monitoring

Detects criminal activity that may be associated with an individual's personal information, alerting them to signs of potential criminal identity theft.

Credit Monitoring

Members have access to continuous credit monitoring through TransUnion. The credit monitoring service will alert members to activity up to and including new delinquent accounts, fraud alerts, improved account, new account, new address, new bankruptcy, new employment, new account inquiry, and new public records.

Credit Inquiry Alerts

Members will be notified via email when a creditor requests their TransUnion credit file for the purposes of opening a new credit account. Included are accounts that result in a new financial obligation, such as a new cell phone account, a lease for a new apartment, or even for an application for a new mortgage.

Quarterly Credit Score Tracker

A quarterly credit score from TransUnion that plots the member's score quarter by quarter on a graph.

Payday Loan Monitoring

Alerts the subscriber when their personal information is associated with short-term, payday, or similar cash-advance loans.



Employee Family Plan Coverage

Minor Identity Protection (Formerly Safeguard for Minors - Family Plan only)

Allows parents/guardians of up to 8 dependents under the age of 18 to monitor for potential fraudulent activity associated with their child's SSN. Unauthorized names, aliases and addresses that become associated with a minor's name and date of birth may be detected. The service monitors public records in all 50 States and including; real estate data, new mover information, property and recorder of deed registration, county assessor/record data, internet job site providers, state occupational license data providers, voter information, public records/ court proceedings, bankruptcies, liens, and judgements. Parents/ Guardians are provided a baseline scan, subsequent alerts and notifications thereafter.

Dependent Identity Theft Protection (Ages 18 to 26 - Family Plans only)

If you have dependents that are over 18, under 26, either live at your home or are a full time student, and have never been married, they are still eligible for protection. Dependents who fall under this category will receive unlimited consultation and complete restoration by Kroll licensed private investigators. Note that monitoring is not available for dependents in this category.

Identity Restoration

Kroll's Licensed Private Investigators perform the bulk of the restoration work required to restore a member's identity to pre-theft status.

IDShield Service Guarantee

We don't give up until your identity is restored.

Purchase of IDShield requires member to have a valid email address.

Contact Your Designated Representative with any questions

Caroline Betancourt

202.285.5810 / betancourtc@legalshieldassociate.com

Lesley Morrissey

410.206.4868 / lmorrissey14@legalshieldassociate.com

The following are excluded from the Services: Legal Remedy—Any Stolen Identity Event where the member is unwilling or unable to prosecute or otherwise bring a civil or criminal claim against any person culpable or reasonably believed to be culpable for the fraud or its consequences. Dishonest Acts—Any dishonest, criminal, malicious or fraudulent acts, if the member(s) that suffered the fraud personally participated in, directed or had knowledge of such acts. Financial Loss—Any direct or indirect financial losses attributable to the Stolen Identity Event, including but not limited to, money stolen from a wallet, unauthorized purchases of retail goods or services online, by phone, mail or directly. However, individuals who have merely experienced the loss or unauthorized exposure of personal identifiers, including credit or debit card data, such as a data breach event, with no indication of actual misuse or identity theft resulting from that event, are not subject to the Prior Misuse exclusion hereunder. Business—The theft or unauthorized or illegal use of any business name, DBA or any other method of identifying business (as distinguished from personal) activity. Third Parties Not Subject to U.S. or Canadian Law—Restoration services do not remediate issues with third parties not subject to United States or Canadian law that have been impacted by an individual's Stolen Identity Event, such as financial institutions, government agencies, and other entities.

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal CasualtySM, Inc.; Pre-Paid Legal Access, Inc.; In FL: Pre-Paid Legal Services, Inc. of Florida; In VA: Legal Service Plans of Virginia, Inc.; and PPL Legal Care of Canada Corporation

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HCPSS 2017 Annual Benefit Costs

Rate Chart for Active Full-Time/Part-Time Employees

Medical Costs

Hire Date On or Before 6/30/2011

	TOTAL COST Plan Year	YOUR COST Plan Year	YOUR COST Per Pay Period	BENEFIT CREDITS Plan Year	BENEFIT CREDITS Per Pay Period
No Medical Coverage Through the School System	-	-	-	\$750.00	\$37.50
With Medical Coverage Through the School System	<i>Deductions are based on 20 pay periods</i>				
Aetna Open Choice PPO					
Individual	\$7,003.00	\$910.00	\$45.52	\$420.00	\$21.00
Parent/Child(ren)	\$13,642.00	\$1,773.00	\$88.67	\$420.00	\$21.00
Husband/Wife	\$15,354.00	\$1,996.00	\$99.80	\$420.00	\$21.00
Family	\$21,958.00	\$2,855.00	\$142.73	\$420.00	\$21.00
Open Access Aetna Select HMO					
Individual	\$5,708.00	\$742.00	\$37.10	\$420.00	\$21.00
Parent/Child(ren)	\$11,121.00	\$1,446.00	\$72.29	\$420.00	\$21.00
Husband/Wife	\$12,514.00	\$1,627.00	\$81.34	\$420.00	\$21.00
Family	\$17,896.00	\$2,327.00	\$116.33	\$420.00	\$21.00
BlueChoice HMO Open Access					
Individual	\$5,961.00	\$775.00	\$38.74	\$420.00	\$21.00
Parent/Child	\$11,642.00	\$1,513.00	\$75.67	\$420.00	\$21.00
Husband/Wife	\$13,118.00	\$1,705.00	\$85.27	\$420.00	\$21.00
Family	\$18,799.00	\$2,444.00	\$122.20	\$420.00	\$21.00

Hire Date On or After 7/01/2011

	TOTAL COST Plan Year	YOUR COST Plan Year	YOUR COST Per Pay Period	BENEFIT CREDITS Plan Year	BENEFIT CREDITS Per Pay Period
No Medical Coverage Through the School System	-	-	-	\$750.00	\$37.50
With Medical Coverage Through the School System	<i>Deductions are based on 20 pay periods</i>				
Aetna Open Choice PPO					
Individual	\$7,003.00	\$1,050.00	\$52.52	\$420.00	\$21.00
Parent/Child(ren)	\$13,642.00	\$2,046.00	\$102.31	\$420.00	\$21.00
Husband/Wife	\$15,354.00	\$2,303.00	\$115.15	\$420.00	\$21.00
Family	\$21,958.00	\$3,294.00	\$164.68	\$420.00	\$21.00
Open Access Aetna Select HMO					
Individual	\$5,708.00	\$856.00	\$42.81	\$420.00	\$21.00
Parent/Child(ren)	\$11,121.00	\$1,668.00	\$83.41	\$420.00	\$21.00
Husband/Wife	\$12,514.00	\$1,877.00	\$93.86	\$420.00	\$21.00
Family	\$17,896.00	\$2,684.00	\$134.22	\$420.00	\$21.00
BlueChoice HMO Open Access					
Individual	\$5,961.00	\$894.00	\$44.70	\$420.00	\$21.00
Parent/Child	\$11,642.00	\$1,746.00	\$87.31	\$420.00	\$21.00
Husband/Wife	\$13,118.00	\$1,968.00	\$98.39	\$420.00	\$21.00
Family	\$18,799.00	\$2,820.00	\$140.99	\$420.00	\$21.00



HCPSS 2017 Annual Benefit Costs

Rate Chart for Active Full-Time/Part-Time Employees

Dental Costs

Delta Dental – PPO	ANNUAL RATES	PER PAY PERIOD 20 Pay Periods
Individual	\$380.00	\$19.02
Parent/Child(ren)	\$614.00	\$30.70
Husband/Wife	\$876.00	\$43.81
Family	\$1,181.00	\$59.06
Cigna DHMO		
Individual	\$134.00	\$6.71
Parent/Child(ren)	\$301.00	\$15.04
Husband/Wife	\$228.00	\$11.40
Family	\$423.00	\$21.17

Vision Costs

VSP Vision	ANNUAL RATES	PER PAY PERIOD 20 Pay Periods
Individual	\$79.00	\$3.96
Parent/Child(ren)	\$108.00	\$5.39
Husband/Wife	\$159.00	\$7.93
Family	\$201.00	\$10.07

Short-Term Disability Rates

Per Payroll Rates Based on 20 Annual Deductions				
	<39	40-49	50-59	60+
7 Day EP Rate	\$0.319	\$0.242	\$0.308	\$0.440
14 Day EP Rate	\$0.275	\$0.187	\$0.242	\$0.352
30 Day EP Rate	\$0.187	\$0.132	\$0.176	\$0.242

$$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times .06 \times \text{Rate Above} = \$ \text{Per Pay Cost}^*$$

Long-Term Disability Rates

Per Payroll Rates Based on 20 Annual Deductions									
Age	<25	25-29	30-35	35-39	40-45	45-49	50-54	55-59	60+
Option 1 Rate	\$0.1035	\$0.1035	\$0.1665	\$0.2160	\$0.3390	\$0.4605	\$0.6990	\$0.9105	\$0.9105
Option 2 Rate	\$0.0720	\$0.0720	\$0.1164	\$0.1548	\$0.2436	\$0.3300	\$0.4992	\$0.6540	\$0.6540
Option 3 Rate	\$0.0684	\$0.0684	\$0.1104	\$0.1392	\$0.2220	\$0.3048	\$0.4644	\$0.6036	\$0.6035

If I Elect:	My LTD Benefit Will Be:	Annual Salary Maximum
Option 1	LTD coverage of up to 50% of my regular pay to maximum of \$6,500	\$156,000
Option 2	LTD coverage of up to 40% of my regular pay to maximum of \$6,500	\$195,000
Option 3	LTD coverage of up to 25% of my regular pay to maximum of \$6,500	\$312,000

$$\frac{\text{Annual Salary}}{12} = \text{Monthly Salary} \div 100 = \text{Rate Above} = \$ \text{Per Pay Cost}$$

***Important Note:** Your cost will change if your salary changes within the Benefits Plan Year.



Questions about your Benefits

Benefits Support Call Center (KELLY) representatives are available to answer benefit questions.

Call Center Hours

Monday – Friday: 8:30AM to 5:30PM

Contact Information

Phone: (443) 589-1940

Toll Free: (855) 245-9479

You may also email questions to: hcpssbenefits@kellyway.com



Howard County Public School System

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

This notice is related to employees and dependents that become covered under the Howard County Public School System benefit plan. (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is:

Howard County Public School System
10910 Route 108
Ellicott City, MD 21042 410-313-6710

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in the notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happen:


1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his /her gross misconduct;
4. Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose your coverage under the Plan because any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;

- 
3. The parent-employee's employment ends for any reason other than his /her gross misconduct;
 4. The parent-employee becomes enrolled in Medicare (Part A, Part B, or both); or
 5. The parents become divorced or legally separated; or
 6. The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Available?

The plan will offer COBRA continuation to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event. In addition, if the Plan provides retiree health coverage, then commencement of a proceeding in a bankruptcy with respect to the employer is also a qualifying event where the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 30 days after the qualifying event occurs. You must send this notice to:

COBRA Administration : Jasper and Company

Phone: 410-268-1003

Email : COBRA@JasperandCo.com

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries through our COBRA Administrator, Jasper & Company. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin either (1) on the date of the qualifying event or (2) on the date that Plan coverage would otherwise have been lost, depending on the nature of the Plan.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. This notice should be sent to:



Jasper & Company, Inc.
P.O. Box 3218 • Annapolis, MD 21403
410-268-1003 • COBRA@JasperandCo.com

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 30 days of the second qualifying event. This notice must be sent to:**

Jasper & Company, Inc.
P.O. Box 3218 • Annapolis, MD 21403
410-268-1003 • COBRA@JasperandCo.com

Trade Act of 2002

If you qualify for Trade Adjustment Assistance (TAA) as defined by the Trade Act of 2002, then you will be provided with an additional 60-day enrollment period, with continuation coverage beginning on the date of such TAA approval.

If You Have Questions

If you have questions about your COBRA continuation coverage, you should contact Jasper & Company, Inc. or you may contact the nearest Regional or District Office of the U.S Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator and COBRA Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Administrator Contact Information

Howard County Public School System 10910 Route 108
Ellicott City, MD 21042 • 410-313-6710

COBRA Administrator Contact Information

Jasper & Company, Inc.
P.O. Box 3218 • Annapolis, MD 21403
410-268-1003 • COBRA@JasperandCo.com



Key Contact Information

Navia Benefit Solutions	
Health Care Spending Account / Dependent Care Account	www.naviabenefits.com / (800) 669-3539
CareFirst BlueChoice HMO	
www.carefirst.com	(800) 628-8549
Hospital Precertification	(866) 773-2884
Mental Health & Substance Abuse	(800) 245-7013
Davis Vision	www.davisvision.com / (800) 783-5602
Aetna Open Choice PPO	www.aetna.com / (888) 502-3862
Open Access Aetna Select HMO	www.aetna.com / (888) 502-3862
Vision Service Plan (VSP)	www.vsp.com / (800) 877-7195
Delta Dental	www.deltadentalins.com / (800) 932-0783
Cigna Dental	www.cigna.com / (800) 244-6224
Express Scripts	www.express-scripts.com / (877) 866-5859
AFLAC (<i>Voluntary Benefits–Critical Illness / Cancer</i>)	suzanne_herrmann@us.aflac.com / (703) 795-0406
VOYA	
Whole Life with Long Term Care Rider	(800) 621-0067
Voluntary Benefits	(800) 537-5024
The Standard	
Short & Long Term Disability	(800) 378-4667
MetLife	
Claims	www.metlife.com / (800) 638-6420
Conversion	(877) 275-6387
Will Preparation	(800) 821-6400
Benefits Support Center (KELLY)	hcpssbenefits@kellyway.com / (443) 589-1940 / (855) 245-9479
Virgin Pulse	www.virginpulse.com/hcpss / (866) 852-6898
COBRA Administration: Jasper & Company	COBRA@JasperandCo.com / (410) 268-1003



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