



A Guide to Your 2020
Active Employee Benefits

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PLAN YEAR: JANUARY 1, 2020 – DECEMBER 31, 2020

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 Spouse under a legal marriage recognized by the state of Maryland or other state in the U.S.;
- An unmarried/married Dependent child regardless of student status until the end of the birth month in which he or she reaches age 26;
- 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;
- Any child of a Employee who does not qualify as a Dependent under subsections b and c, solely because the child is not primarily dependent upon the Employee for support so long as over half of the support of the child is received by the child from the Employee 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:

- Biological children;
- Legally adopted children or children placed in the Employee’s home pending final adoption;
- Stepchildren who permanently reside in the Employee’s household and are Dependent on the Employee for more than half of his or her support;
- Foster children (provided the foster child is not a ward of the state);
- Children who are under the legal guardianship of the Employee;
- 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 dependents 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 in the mail with instructions on how to submit verification documents.

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).

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 A QUALIFYING EVENT

An Employee may request to 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 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.

IMPORTANT NOTE:

Employees must make changes to existing coverage(s) or enroll in benefits due to a Qualifying Event on Workday, within 30 days of the Qualifying Event date. Proof of Qualifying Event must be uploaded on Workday.

MEDICAL BENEFITS

HCPSS offers you a choice of three medical plans:

COVERAGE(S) OFFERED THROUGH AETNA

AETNA OPEN CHOICE PPO

Aetna's 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.

AETNA OPEN ACCESS HMO

Aetna's 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.

A Few Plan Highlights

TELADOC

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 prescriptions for non-controlled substances, 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](https://www.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.

DISCOUNTS ON HEARING AIDS AND VISION SERVICES FROM AETNA

Aetna members are eligible to receive a discount from Hearing Care Solutions and Amplifon on hearing aids, exams, repairs and materials.

Aetna's VisionSM discount program provides discounts on designer frames, the latest in lens technology, non-disposable contact lenses, sunglasses, eye exams, and LASIK laser eye surgery.

For more detailed information regarding hearing aid discounts and vision discounts, log in to your member website at <https://www.aetnaresource.com/n/HCPSS>.

MANAGE A HEALTH CONDITION WITH AETNA HEALTH CONNECTIONSSM DISEASE MANAGEMENT PROGRAM

Our disease management program supports over 35 conditions such as diabetes, heart disease, asthma and low back pain. Let us be the coach in your corner and try one of our online programs or one on one discussions with a nurse.

CALL OUR INFORMED HEALTH LINE

Get answers to health questions anytime, day or night. You can talk with a registered nurse, 24 hours a day, toll free. While only your doctors can diagnose, prescribe, or give medical advice, our nurses can discuss a wide variety of health and wellness topics.

HABILITATIVE THERAPY IS NOW COVERED UNDER THE AETNA MEDICAL PLAN

Habilitative Therapy (Physical, Speech and Occupational therapy) will now be covered under both the Aetna PPO and HMO plans. Habilitation therapy services are services defined as those that help you keep, learn, or improve skills and functioning for daily living (e.g., therapy for a child who isn't walking or talking at the expected age). These services are provided with a diagnosis of developmental delay or autism for children

COVERAGE THROUGH CAREFIRST BLUECROSS BLUESHIELD

BLUECHOICE HMO OPEN ACCESS

BlueChoice HMO Open Access, an HMO Plan with no referrals required. Provides access to more than 37,000 providers, specialist 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.

A Few Plan Highlights

CAREFIRST BLUECROSS BLUESHIELD VIDEO VISIT

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.

CAREFIRST BLUECROSS BLUESHIELD BLUE365[®]

With the Blue365 wellness discount program, CareFirst members receive discounts on various items such as items through Reebok, Jenny Craig and various gym memberships. To take advantage of Blue365, register at www.carefirst.com/wellnessdiscounts. Have your CareFirst member ID card handy.

You are also eligible to receive vision discounts through Eye Med and discounts on hearing relating items through TruHearing.

Important Note:

Effective January 1, 2020, the medical plans offered by HCPSS will no longer be grandfathered under the Affordable Care Act (ACA). Therefore, routine preventive care services will be covered under the CareFirst and Aetna medical plans without a copay. To review a list of covered preventive care services, please visit www.carefirst.com or www.aetna.com.

	AETNA PPO In-Network	AETNA PPO Out-of-Network	AETNA HMO Nationwide In-Network Only	BLUECHOICE HMO* Regional In-Network Only (MD, DC, & N. VA)
BENEFITS				
Calendar Year Deductible	\$0 Ind. / \$0 Fam.	\$100 Ind. / \$300 Fam.	\$0 Ind. / \$0 Fam.	\$0 Ind. / \$0 Fam.
Calendar Year Out-of-Pocket Maximum	\$500 Ind. / \$1,500 Fam. <i>(includes copays)</i>	\$1,000 Ind. / \$3,000 Fam. <i>(includes copays & deductibles)</i>	\$2,000 Ind. / \$6,000 Fam. <i>(includes copays)</i>	\$2,000 Ind. / \$6,000 Fam.
Coinsurance	100%	Unlimited	100%	100%
Lifetime Maximum	Unlimited	Unlimited	None	None
PROFESSIONAL SERVICES				
Primary Care Office Visit	\$15 copay	80% after deductible	\$10 copay	\$10 copay
Specialist Office Visit	\$20 copay	80% after deductible	\$15 copay	\$15 copay
Gynecology Office Visit	\$0 copay <i>(well women visit)</i> \$20 copay <i>(all other visits)</i>	80% after deductible	\$0 copay <i>(well women visit)</i> \$15 copay <i>(all other visits)</i>	\$0 copay <i>(well women visit)</i> \$15 copay <i>(all other visits)</i>
Diagnostic Tests	Included with PCP or Specialist copayment	80% after deductible	Included with PCP or Specialist copayment	100% after copay
Diagnostic Tests <i>(performed by lab or other testing facility & billed separately from office visit)</i>	100%	80% after deductible	100%	100%
Physical Therapy Office Visit	100% <i>(120 visits combined with Occupational Therapy)</i>	80% after deductible <i>(120 visits combined with Occupational Therapy)</i>	100% after copay <i>(120 visits combined with Occupational Therapy)</i>	100% after copay <i>(30 visits/condition/year/ combined with OT/ST)</i>
Occupational Therapy Office Visit	100% <i>(120 visits combined with Physical Therapy)</i>	80% after deductible <i>(120 visits combined with Physical Therapy)</i>	100% after copay <i>(120 visits combined with Physical Therapy)</i>	100% after copay <i>(30 visits/condition/year/ combined with OT/ST)</i>
Speech Therapy Office Visit	100% no copay <i>(maximum 60 visits)</i>	80% after deductible <i>(maximum 60 visits)</i>	100% after copay <i>(maximum 60 visits)</i>	100% after copay <i>(30 visits/condition/year/ combined with OT/ST)</i>
Habilitative Therapy <i>(Physical, Speech, Occupational)</i>	100% no copay	80% after deductible	100% after copay	100% after copay
PREVENTIVE CARE				
Well Child Visit/Immunization	100% no copay	80% after deductible	100% no copay	100% no copay
Routine Adult Physical	100% no copay	80% after deductible	100% no copay	100% no copay
Routine Gynecological Exam <i>(one exam per calendar year)</i>	100% no copay	80% after deductible	100% no copay	100% no copay
Routine Pap Smear <i>(one exam per calendar year)</i>	100% when included with routine GYN exam	80% after deductible when included with routine GYN exam	100% when included with routine GYN exam	100% when included with routine GYN exam
Routine Mammogram	100% <i>(Baseline between ages 35-39. One per calendar year age 40 & over)</i>	80% after deductible <i>(Baseline between ages 35-39. One per calendar year age 40 & over)</i>	\$10 copay <i>(Baseline between ages 35-39. One per calendar year age 40 & over)</i>	100% unlimited visits

	AETNA PPO In-Network	AETNA PPO* Out-of-Network	AETNA HMO Nationwide In-Network Only	BLUECHOICE HMO* Regional In-Network Only (MD, DC, & N. VA)
INPATIENT HOSPITAL CARE Room and Board <i>(Pre-Authorization required)</i>	100%	80% after deductible	100%	100%
Physician/Surgical Services	100%	80% after deductible	100%	100%
Intensive Care Unit/ Critical Care Unit	100%	80% after deductible	100%	100%
Maternity/Nursing/ Birthing Center	100%	80% after deductible	100%	100%
OUTPATIENT HOSPITAL CARE Surgical/Anesthesia Services	100%	80% after deductible	100%	100%
Outpatient Diagnostic Services	100%	80% after deductible	100%	100%
MATERNITY SERVICES 1 st Prenatal Visit	100% after copay	80% after deductible	100% after copay	100% after copay for routine visits
Pre and Postnatal Care and Delivery	100%	80% after deductible	100%	100%
Routine Nursery Care	100%	80% after deductible	100%	100%
MEDICAL EMERGENCIES <i>(Use of ER)</i> Emergency Room	100% after \$50 ER copay <i>(waived if admitted)</i>	100% after \$50 ER copay <i>(waived if admitted)</i>	100% after \$50 ER copay <i>(waived if admitted)</i>	100% after \$50 ER copay <i>(waived if admitted)</i>
Urgent Care Center	100% after \$25 copay	80% after deductible	100% after \$15 copay	100% after \$15 copay
MENTAL HEALTH AND SUBSTANCE ABUSE <i>(Pre-Authorization required for inpatient only)</i> Mental Health Inpatient	100%	80% after deductible	100%	100%
Mental Health Outpatient	\$20 copay	80% after deductible	\$15 copay	\$15 copay
Substance Abuse Inpatient	100%	80% after deductible	100%	100%
Substance Abuse Outpatient	\$20 copay	80% after deductible	\$15 copay	\$15 copay

Percentage refers to allowed amount.

The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

PRESCRIPTION DRUG BENEFITS

Important Note:

Effective January 1, 2020, the medical plans offered by HCPSS will no longer be grandfathered under the Affordable Care Act (ACA). Therefore, routine preventive care services will be covered under Express-Scripts without a copay.

	PPO Prescription Drug Program**	HMO Prescription Drug Program**
IN-NETWORK* PHARMACY Up to a 30-day supply	\$10 Generic / \$20 Preferred Brand Name \$35 Non-Preferred Brand Name**	\$5 Generic / \$10 Preferred Brand Name \$25 Non-Preferred Brand Name**
SMART90 PARTICIPATING PHARMACY** Up to a 90-day supply**	\$20 Generic / \$40 Preferred Brand Name \$70 Non-Preferred Brand Name**	\$10 Generic / \$20 Preferred Brand Name \$50 Non-Preferred Brand Name**
EXPRESS SCRIPTS PHARMACY (Mail Order - Voluntary) Up to a 90-day supply**	\$20 Generic / \$40 Preferred Brand Name \$70 Non-Preferred Brand Name**	\$10 Generic / \$20 Preferred Brand Name \$50 Non-Preferred Brand Name**
ROUTINE PREVENTIVE SERVICES	\$0	\$0
OUT-OF-POCKET	\$3,000 Individual/\$6,000 Family	\$3,000 Individual/\$6,000 Family

*To receive the in-network level of benefits, you must use a pharmacy in the Express Scripts network. **A 90-day supply may also be purchased at a SMART90 pharmacy for eligible maintenance medications. The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

HOME DELIVERY FROM THE EXPRESS SCRIPTS PHARMACYSM

By having your long-term medicine delivered, you'll get up to a 90-day supply for just two times a 30-day supply copay and shipping is free. You can refill by phone, online, with our app or sign up for our automatic refill program and we'll send your medicine to you when it's time.

To get started, call Express Scripts at the toll free number on the back of your member ID card, or sign in at www.express-scripts.com. Register if it's your first visit. Just have your member ID or SSN handy).

IF YOU HAVE A NEW PRESCRIPTION

Get started by:

- Contacting your doctor to request a 90-day prescription that he or she can ePrescribe directly to Express Scripts or print a form by selecting "Forms" or "Forms & Cards" from the menu under 'Benefits,' print a mail order form and follow the mailing instructions.
- Or call us and we'll contact your doctor for you.

Please allow 10 to 14 days for your first prescription order to be shipped.

IF YOU HAVE A PRESCRIPTION

- Check Order Status online or using our app to view details and track shipping.
- Transfer retail prescriptions to home delivery. Just click Add to Cart for eligible prescriptions and check out. We'll contact your provider on your behalf and take care of the rest. Check Order Status to track your order.

Refill and Renew Prescriptions for yourself and your family while online or while using our app. Just click Add to Cart for eligible prescriptions and check out. We'll contact your provider on your behalf, if renewals included, and take care of the rest.

PRESCRIPTION PLAN CHANGES EFFECTIVE 01/01/2020

SMART90

The Express Scripts SMART90 network provides members access to 90-day medications used to treat ongoing conditions at a select network of participating retail pharmacies. Your access to retail pharmacies for 30-day supply medications will not change. While you are not required to transition pharmacies, access to a 90-day fill will be limited to participating SMART90 pharmacies. On or after 01/01/2020, please call Express Scripts member services at (877) 866-5859 to verify if your pharmacy will allow a 90-day fill, or for assistance in locating a SMART90 participating pharmacy. You may also log in or register at www.Express-Scripts.com/90day to locate SMART90 participating pharmacies in your area. **To find out more information regarding the SMART90 program go to www.hcpss.org/retiree-benefits/.**

ADVANCED UTILIZATION MANAGEMENT (AUM)

Express Scripts clinical review criteria will be enhanced effective January 1, 2020 and require additional medications be subject to a clinical review prior to dispensing. If you are taking a medication that will now require a clinical review prior to dispensing, you will be notified via mail in mid to late November. After January 1, your physician may call Express Scripts at 800.417.1764 to arrange a review prior to your next refill.

MANDATORY GENERICS (DAW2)

Starting January 1, if you choose a brand when a generic equivalent is available for a prescription that does not state *Dispense as Written* (DAW), you will pay your brand copayment plus the difference in cost between the brand name drug and the generic drug. If you use brands, you may want to ask your doctor whether generics are available and right for you. You can also see if there is a generic drug available for a brand name drug you take. Register or log in anytime at www.Express-Scripts.com and choose Price a Medication from the menu under Prescriptions. Enter your drug name and click Search.

VACCINE COVERAGE

Howard County is enhancing the pharmacy benefit to include coverage of common vaccines, such as, flu, shingles, or measles at the retail pharmacy. Contact your network pharmacy in advance to inquire about vaccine availability, age restrictions, and current vaccination schedules. You can also log in at www.Express-Scripts.com and click Prescriptions, and then Find a Pharmacy.

DENTAL BENEFITS

HCPSS offers you a choice of two dental plans:

COVERAGE(S) OFFERED THROUGH CIGNA

CIGNA DENTAL CARE DHMO

CIGNA Dental Care DHMO, is a dental health maintenance organization (DHMO). You must select and seek services from your DHMO facility. No benefits are available if non-participating dentists are used. There is no deductible to meet, no annual dollar maximums, and no claim forms for you to file.

COVERAGE(S) OFFERED THROUGH DELTA DENTAL

DELTA DENTAL PPO

Delta Dental PPO, allows you the freedom to visit any licensed dentist, but you will maximize plan value by taking advantage of our large nationwide network. Delta Dental PPO dentists generally offer the lowest contracted rates and greatest cost savings. Delta Dental Premier dentists are your next best bet, with contracted rates that help you save.

DISCOUNTS ON HEARING AIDS AND LASIK SERVICES FROM DELTA DENTAL

Delta Dental members are eligible to receive a discount from Amplifon on hearing aids. Members are able to receive an average of 62% off of the retail price for a pair of hearing aids. You will also have access to a national network of hearing aid professionals. Call (888) 779-1429 to schedule your hearing exam with a local participating provider near you or visit www.amplifonusa.com/deltadentalins.

Delta Dental has partnered with QualSight to offer members access to discounts on LASIK services. Through QualSight, you can save 40-50% off the national average price of Traditional LASIK along with big savings on Custom and Custom Bladeless LASIK procedures. To learn more visit www.qualsight.com/-delta-dental or call (855) 248-2020 to speak to a QualSight care manager.

	CIGNA DENTAL DHMO In-Network Only
Benefits	
Deductible	\$0
Maximum Benefit per Calendar Year	Unlimited
Professional Services	Plan Pays
Preventive Care (Exams, Cleanings & X-rays)	100%*
Restorative Fillings	Copays for covered procedures range from \$23-\$140*
Crowns and Bridges	Copays for covered procedures range from \$425-\$520*
Endodontic (Root Canals)	Copays for covered procedures range from \$375-\$680*
Periodontics	Copays for covered procedures range from \$75-\$640*
Prosthetics	Copays for covered procedures range from \$43-\$780*
Orthodontics	Copayments very from case to case Maximum benefit of 24 months*
Emergency Care	\$65 (\$77 after regularly scheduled hours)

	DELTA DENTAL PPO In-Network** & Out-of-Network**
Benefits & Covered Services*	
Diagnostic & Preventive Benefits (Oral Examinations, Routine Cleanings, X-rays, Fluoride treatment, Space Maintainers, Sealants)	100%
Basic Benefits (Fillings, Posterior Composites)	90%
Major Benefits (Inlays, Onlays and Cast Restorations)	50%
Endodontics (Root Canals)	80%
Periodontics (Gum Treatment)	80%
Oral Surgery (Incisions, Excisions, Surgical Removal of Tooth including Simple Extractions)	80%
Prosthodontics (Bridges, Dentures, Implants)	50%
Crowns	60%
Orthodontic Benefit (Children only to the end of the calendar year they reach age 19)	50%
Orthodontic Maximum	\$1,200 Lifetime
Other – Denture Repair	Services covered at 80%

*Go to <https://hcpss.hrintouch.com>. Click on Dental, select CIGNA Dental DHMO.

The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

*Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

**Fees are based on PPO fees for PPO dentists and PPO fees for out-of-PPO dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees. The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

VISION BENEFITS

HCPSS offers a comprehensive vision plan through Vision Service Providers (VSP), providing you the option to see a VSP provider or a non-VSP providers. ID cards are not required. Below is a summary of your benefits.

Vision Benefit Frequency: Once Every Calendar Year

Benefits	COPAY	Coverage with COSTCO / VISIONWORKS	NON VSP DOCTOR SERVICES
WellVision Exam® <i>focuses on your eye health and overall wellness</i>	No copay	No copay	Covered up to \$52
Prescription Glasses			
Lenses			
Single Vision	\$20 copay	\$20 copay	Covered up to \$55
Bifocal	\$20 copay	\$20 copay	Covered up to \$75
Trifocal	\$20 copay	\$20 copay	Covered up to \$100
Lenticular	\$20 copay	\$20 copay	Covered up to \$125
Frames	\$130 allowance for frame of your choice / 20% off amount over your allowance	\$130 allowance for frame of your choice / 20% off amount over your allowance	Covered up to \$70
Contact Lens Care <i>(medically necessary)*</i>			
Contact Lens Exam <i>(fitting & evaluation)</i>	\$20 copay up to \$60	\$20 copay up to \$60	Covered up to \$210
Contact Lenses	\$130 allowance for contacts <i>(copay does not apply)</i>	\$130 allowance for contacts <i>(copay does not apply)</i>	Covered up to \$105

*Patients choosing contacts use their eligibility for a frame and lenses. Materials are provided at the customary fees. Your VSP doctor must get prior approval from VSP for medically necessary contact lenses. The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

EXTRA SAVINGS & DISCOUNTS	
Prescription Glasses	<ul style="list-style-type: none"> Average 35-40% savings on lens options like progressives and scratch-resistant and anti-reflective coatings 30% off additional glasses and sunglasses, including lens options within the same day or 20% off any VSP doctors within 12 months of your last exam
Contacts	<ul style="list-style-type: none"> 15% off costs of contact lens exam (fitting and evaluation)
Laser Vision Correction**	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price from contracted facilities After your surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

**Laser vision correction (PRK and LASIK surgery) is available through contracted laser centers. Must see a VSP doctor for a referral. Call 888-354-4434 for information.

DISCOUNTS ON HEARING AIDS FROM VSP

VSP members are eligible to receive a discount from TruHearing on hearing aids. Members can save up to \$2,400 on a pair of hearing aids with the program. You will have access to a national network of more than 4,500 licensed hearing aid professionals. Call (877) 396-7194 to schedule your hearing exam with a local participating provider.

LASER VISION CORRECTION

VSP members will receive a discount on Laser Vision Correction surgery. You can receive an average of 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

To Find A Participating VSP Provider – Visit www.vsp.com or call 800-877-7195

For Non-VSP Doctor Appointment Only – Sign on to www.vsp.com, select the VSP Member Reimbursement Form and following the instruction. If you don't have internet access, send the following to VSP:

- Itemized receipt listing services received
- Name, address and phone number of non-VSP provider
- Insured member's name, unique ID number, address and phone number
- Patient's name, date of birth, address, phone number and relationship to insured
- Reference Howard County Public Schools

Submit your claims to VSP within six months. Keep copies of the claims and send the originals to:

VSP, P.O. Box 997105, Sacramento, CA 95899-7105

FLEXIBLE SPENDING ACCOUNTS (FSA'S)

HCPSS offers a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account through Navia Benefit Solutions

HEALTH CARE FSA

- Used to reimburse your qualified out-of-pocket medical expenses
- Plan year is January 1, 2020 – March 15, 2021
- Your Health Care FSA plan offers a grace period allowing you to incur services for an additional 2 ½ months after your plan is over (through March 15, 2021). All Health Care FSA services must be incurred on or before March 15, 2021 in order to apply to this plan year.
- Annual minimum contribution \$100, annual maximum contribution \$2,700
- Last day to submit 2020 claims is April 30, 2021. Claims submitted after 04/30/2021 will be denied.
- 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.

DEPENDENT CARE FSA

- Used to reimburse you for qualified expenses you have for dependent care 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, if such care is needed to allow you or your spouse to work.
- Plan year is January 1, 2020– December 31, 2020
- Annual minimum contribution \$100, annual maximum contribution \$5,000 per household.
- Last day to submit 2020 claims is April 30, 2021. Claims submitted after 04/30/2021 will be denied.
- 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.

The IRS requires that all funds set aside each plan year must be used by year end or they will be forfeited and not refunded.

ONLINE AND MOBILE CLAIMS:

Submit claims through your online account by registering your account through the Navia website; www.naviabenefits.com (Company ID - HWC) or the mobile application Flexi App for the fastest claim processing times.



LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

HCPSS offers Basic Term Life and Accident Death & Dismemberment, as well as Voluntary Supplemental Life Insurance and Voluntary Whole Life Insurance.

BASIC TERM LIFE INSURANCE, OFFERED THROUGH METLIFE

- 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, OFFERED THROUGH METLIFE

- 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

VOLUNTARY SUPPLEMENTAL LIFE INSURANCE, OFFERED THROUGH METLIFE

- 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
- New Hires are eligible for the guaranteed issue amount of one times salary up to \$50,000 (whichever is less) 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. Evidence of insurability is required for your dependents.
- Employee pays for cost of coverage
- Converting Your Group Life Insurance Policy

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).

VOLUNTARY WHOLE LIFE INSURANCE WITH OPTIONAL LONG-TERM CARE RIDER AND ACCIDENT COVERAGE, OFFERED THROUGH VOYA

- 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

Employee pays for cost of coverage

COUNSELING AND SUPPORT SERVICES

HCPSS offers counseling and support services through Guidance Resources. Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Guidance Resources provides support, resources and information for personal and work-life issues. Guidance Resources is company- sponsored, confidential and provided at no charge to you and your dependents.

- Confidential Counseling - Up to 6 sessions per issue per year at no cost for you and your dependents
- Call Anytime 1-888-532-7874 TDD 1-800-697-0353
- Financial Information and Resources - Getting out of debt, Retirement Planning, Credit card or loan problems, Estate Planning, Saving for College, Tax Questions
- Legal Support and resources - Refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about; Divorce and family law, Debt and Bankruptcy, Real Estate Transactions, Contract etc. Work Life Solutions - Delegate your “to-do-list. Work Life specialists will do the research for you, providing qualified referrals and customized resources for Child and elder care, Moving and relocation, College planning, Pet care, home repair etc.
- Guidance Resources Online Support – Guidance Resources online is your one stop for information, tools and support.

Log on for: Timely articles, Help Sheets, tutorials, trainings

Website: guidanceresources.com **Company Web ID:** HCPSS

CATASTROPHIC INSURANCE

HCPSS offers a variety of Catastrophic Insurance coverages. Voluntary Critical Illness, Voluntary Accident Insurance, Voluntary Short-Term Disability and Voluntary Long-Term Disability provided by The Hartford.

VOLUNTARY CRITICAL ILLNESS COVERAGE

- 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 for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis. Your amounts options are \$5,000, \$15,000, \$30,000 or \$50,000 for Employees
- You may enroll your spouse for 50% of your elected coverage amount and your child(ren) for \$5,000
- Guaranteed acceptance
- Employee pays for cost of coverage.
- [Watch Critical Illness Video](#)
- [My Tomorrow](#) - an interactive educational tool designed to help you make smart, affordable benefits choices.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active Employee who works at least 17.5 hours per week on a regularly scheduled basis and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.³

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

BENEFITS & FEATURES

COVERED ILLNESSES	BENEFIT AMOUNTS
Cancer Conditions	
• Invasive Cancer*	• 100% of coverage amount
• Non-invasive Cancer	• 25% of coverage amount
Vascular Conditions	
• Heart Attack*; Heart Transplant*; Stroke*	• 100% of coverage amount
• Coronary Artery Bypass Graft	• 25% of coverage amount
Other Specified Conditions	
• End Stage Renal Failure; Major Organ Transplant*	• 100% of coverage amount
ADDITIONAL BENEFITS	BENEFIT AMOUNTS
• Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	• 100% of original benefit amount
• Second Opinion Cancer	• \$500 per diagnosis
• Prosthesis/Wig	• \$500 one time
• Health Screening Benefit	• \$50 one time
FEATURES	DETAILS
• Coverage Maximum – Primary Insured & Spouse	• 500% of coverage amount
• Coverage Maximum – Child(ren)	• 300% of coverage amount
Ability Assist® EAP ² – 24/7/265 access to help for financial, legal or emotional issues	
HealthChampion ^{SM2} – Administrative and clinical support following serious illness or injury	

²HealthChampionSM and Ability Assist® are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. Ability Assist is a registered trademark and HealthChampion is a service mark of ComPsych Corporation.

³The Critical Illness policy is guaranteed issue, but does contain a Pre-Existing Condition Limitation. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

VOLUNTARY ACCIDENT INSURANCE

- Provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident
- Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s)
- Guaranteed issue, no health questions asked
- Employee pays for cost of coverage
- [Watch Accident Video](#)
- [My Tomorrow](#) - an interactive educational tool designed to help you make smart, affordable benefits choices

COVERAGE INFORMATION

WHO IS ELIGIBLE?

- You are eligible for this insurance if you are an active Employee who works at least 17.5 hours per week on a regularly scheduled basis and are less than age 80.
- Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

PLAN INFORMATION		CUSTOM PLAN
	• Coverage Type	• Off-job only
BENEFITS		CUSTOM PLAN
EMERGENCY, HOSPITAL & TREATMENT CARE		
<ul style="list-style-type: none"> • Accident Follow-Up • Acupuncture/Chiropractic Care/PT <ul style="list-style-type: none"> • Ambulance – Air • Ambulance – Ground • Blood/Plasma/Platelets <ul style="list-style-type: none"> • Child Care • Daily Hospital Confinement • Daily ICU Confinement <ul style="list-style-type: none"> • Diagnostic Exam • Emergency Dental • Emergency Room • Hospital Admission • Initial Physician Office Visit <ul style="list-style-type: none"> • Lodging • Medical Appliance • Rehabilitation Facility <ul style="list-style-type: none"> • Transportation • Urgent Care <ul style="list-style-type: none"> • X-ray 	<ul style="list-style-type: none"> • Up to 3 visits per accident • Up to 10 visits each per accident <ul style="list-style-type: none"> • Once per accident • Once per accident • Once per accident • Up to 30 days per accident while insured is confined <ul style="list-style-type: none"> • Up to 365 days per lifetime • Up to 30 days per accident <ul style="list-style-type: none"> • Once per accident • Once per accident • Once per accident • Once per accident • Up to 30 nights per lifetime <ul style="list-style-type: none"> • Once per accident • Up to 15 days per lifetime • Up to 3 trips per accident <ul style="list-style-type: none"> • Once per accident • Once per accident 	<ul style="list-style-type: none"> • \$60 • \$50 • \$600 • \$120 • \$360 • \$25 • \$250 • \$500 • \$100 • Up to \$450 • \$180 • \$1,000 • \$60 • \$120 • \$120 • \$50 • \$360 • \$60 • \$75

[?]HealthChampionSM and Ability Assist[®] services are provided through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych

PLAN INFORMATION		CUSTOM PLAN
• Coverage Type		• Off-job only
BENEFITS		CUSTOM PLAN
SPECIFIED INJURY & SURGERY		
<ul style="list-style-type: none"> • Abdominal/Thoracic Surgery • Arthroscopic Surgery <ul style="list-style-type: none"> • Burn • Burn – Skin Graft • Concussion • Dislocation • Eye Injury • Fracture • Knee Cartilage • Laceration • Ruptured Disc • Tendon/Ligament/Rotator Cuff 	<ul style="list-style-type: none"> • Once per accident • Once per accident • Once per accident • Once per accident for third degree burn(s) <ul style="list-style-type: none"> • Up to 3 per year • Once per joint per lifetime • Once per accident • Once per bone per accident • Once per accident • Once per accident • Once per accident • Up to 2 per accident 	<ul style="list-style-type: none"> • \$1,200 • \$120 • Up to \$12,000 • 25% of burn benefit <ul style="list-style-type: none"> • \$120 • Up to \$4,800 • Up to \$240 • Up to \$6,000 • Up to \$600 • Up to \$480 • \$480 • Up to \$720
FEATURES		
• Ability Assist® EAP ² – 24/7/265 access to help for financial, legal or emotional issues		• Included
• HealthChampion ^{SM2} – Administrative & clinical support following serious illness or injury		• Included

²HealthChampionSM and Ability Assist® services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

DISABILITY INSURANCE

HCPSS offers Voluntary Disability Benefits through The Hartford.

VOLUNTARY SHORT-TERM DISABILITY

- Weekly benefit is 60% of your regular weekly earning
- Maximum weekly benefit is \$2,500
- Minimum weekly benefit is \$15
- 14 - day elimination period, benefits commence on the 15th day for injury/15th day for sickness
- Guarantee Issue, no health questions if you elect during your new hire eligibility period
- Employee pays for cost of coverage
- [Watch Disability Video](#)
- [My Tomorrow](#) - an interactive educational tool designed to help you make smart, affordable benefits choices.

COVERAGE INFORMATION

You may enroll for the following short-term disability benefit: 60% of your weekly earnings to a maximum weekly benefit of \$2,500.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active Employee working 30 hours per week on a regularly scheduled basis.

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Typically, disability means that due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% of your pre-disability weekly earnings.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your health. This coverage is subject to a pre-existing condition limitation, which is detailed on the Limitations & Exclusions sheet.

WHEN DOES MY BENEFIT BECOME PAYABLE?

For disabilities caused by sickness, benefits begin after you are disabled for 14 days.

For disabilities caused by injury, benefits begin after you are disabled for 14 days.

HOW LONG WILL I RECEIVE BENEFITS?

Benefits will be payable for 13 weeks or until you are no longer disabled, whichever occurs first.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

VOLUNTARY LONG-TERM DISABILITY

- A choice of plans which can replace 50% or 60% of your monthly income loss
- Maximum monthly benefit is \$6,500
- 90-day elimination period
- Guarantee Issue, no health questions if you elect during your new hire eligibility period
- Employee pays for cost of coverage
- [Watch Disability Video](#)
- [My Tomorrow](#) - an interactive educational tool designed to help you make smart, affordable benefits choices

COVERAGE INFORMATION

COVERAGE LEVEL	BENEFIT PERCENTAGE	MAXIMUM	BENEFIT STARTS (ELIMINATION PERIOD)
• Option 1	• 50%	• \$6,500	• After 90 days disabled
• Option 2	• 60%	• \$6,500	• After 90 days disabled

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active Employee who works at least 30 hours per week on a regularly scheduled basis.

WHEN DOES MY BENEFIT BECOME PAYABLE?

You must be disabled for 90 days before the benefit becomes payable. This is referred to as your elimination period

HOW LONG WILL I RECEIVE BENEFITS?

If you become disabled prior to age 63, benefits may continue for as long as you remain disabled or until you reach your Social Security Normal Retirement Age. If your disability occurs at age 63 or above, the number of payments may reduce.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your health.

This coverage is subject to a pre-existing condition limitation, which is detailed on the Limitations & Exclusions sheet.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

HOW LONG WILL I RECEIVE BENEFITS?

If you become disabled prior to age 63, benefits may continue for as long as you remain disabled or until you reach your Social Security Normal Retirement Age. If your disability occurs at age 63 or above, the number of payments may reduce.

VOLUNTARY BENEFITS THROUGH LEGALSHIELD

LEGALSHIELD PLAN

- Access to a quality law firm 24/7, for covered personal situations (real estate, speeding tickets, Will preparation, and beyond)
- Individual or family coverage is available. 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>.
- Employee pays for cost of coverage
- Detailed information regarding the plans offered through HCPS, including benefits, rates, and FAQ's, as well as how to enroll are provided via the link provided on HCPSS website. <http://www.legalshield.com/info/hcpss>)

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

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.
- Individual or family coverage is available. 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>
- Employee pays for cost of coverage
- Detailed information regarding the plans offered through HCPS, including benefits, rates, and FAQ's, as well as how to enroll are provided via the link provided on HCPSS website. <http://www.legalshield.com/info/hcpss>.

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

To learn more about HCPSS Benefit offerings, go to www.hcpss.org/employees/benefits.

HCPSS 2020 ANNUAL BENEFIT COSTS

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

MEDICAL COSTS

HIRE DATE ON OR BEFORE 6/30/2011

6.30% Increase for all plan coverages

	TOTAL COST Plan Year	YOUR COST Plan Year	YOUR COST Per Pay Period	BENEFIT CREDITS Plan Year	BENEFIT CREDITS Per Pay Period
Medical Coverage Through the School System	<i>Deductions are based on 20 pay periods</i>				
Aetna Open Choice PPO					
Individual	\$8,176.00	\$1,063.00	\$53.15	\$420.00	\$21.00
Parent/Child(ren)	\$15,927.00	\$2,070.00	\$103.50	\$420.00	\$21.00
Employee/Spouse	\$17,926.00	\$2,330.00	\$116.50	\$420.00	\$21.00
Family	\$25,636.00	\$3,333.00	\$166.65	\$420.00	\$21.00
Open Access Aetna Select HMO					
Individual	\$6,664.00	\$866.00	\$43.30	\$420.00	\$21.00
Parent/Child(ren)	\$12,984.00	\$1,688.00	\$84.40	\$420.00	\$21.00
Employee/Spouse	\$14,610.00	\$1,899.00	\$94.95	\$420.00	\$21.00
Family	\$20,893.00	\$2,716.00	\$135.80	\$420.00	\$21.00
BlueChoice HMO Open Access					
Individual	\$6,959.00	\$905.00	\$45.25	\$420.00	\$21.00
Parent/Child	\$13,922.00	\$1,810.00	\$90.50	\$420.00	\$21.00
Employee/Spouse	\$15,315.00	\$1,991.00	\$99.55	\$420.00	\$21.00
Family	\$22,480.00	\$2,922.00	\$146.10	\$420.00	\$21.00

HIRE DATE ON OR AFTER 7/01/2011

5.10% Increase for all plan coverages, except for Parent/Child(ren) and Family Coverage only for Blue Choice with a 7.65% Increase

	TOTAL COST Plan Year	YOUR COST Plan Year	YOUR COST Per Pay Period	BENEFIT CREDITS Plan Year	BENEFIT CREDITS Per Pay Period
Medical Coverage Through the School System	<i>Deductions are based on 20 pay periods</i>				
Aetna Open Choice PPO					
Individual	\$8,176.00	\$1,226.00	\$61.30	\$420.00	\$21.00
Parent/Child(ren)	\$15,927.00	\$2,389.00	\$119.45	\$420.00	\$21.00
Employee/Spouse	\$17,926.00	\$2,689.00	\$134.45	\$420.00	\$21.00
Family	\$25,636.00	\$3,845.00	\$192.25	\$420.00	\$21.00
Open Access Aetna Select HMO					
Individual	\$6,664.00	\$1,000.00	\$50.00	\$420.00	\$21.00
Parent/Child(ren)	\$12,984.00	\$1,948.00	\$97.40	\$420.00	\$21.00
Employee/Spouse	\$14,610.00	\$2,192.00	\$109.60	\$420.00	\$21.00
Family	\$20,893.00	\$3,134.00	\$156.70	\$420.00	\$21.00
BlueChoice HMO Open Access					
Individual	\$6,959.00	\$1,044.00	\$52.20	\$420.00	\$21.00
Parent/Child	\$13,922.00	\$2,088.00	\$104.40	\$420.00	\$21.00
Employee/Spouse	\$15,315.00	\$2,297.00	\$114.85	\$420.00	\$21.00
Family	\$22,480.00	\$3,372.00	\$168.60	\$420.00	\$21.00

HCPSS 2020 ANNUAL BENEFIT COSTS

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

DENTAL COSTS

Delta Dental – PPO <i>No change in rates for all plan coverage levels</i>	Annual Rates	Per Pay Period 20 Pay Periods
Individual	\$391.00	\$19.55
Parent/Child(ren)	\$632.00	\$31.60
Employee/Spouse	\$902.00	\$45.10
Family	\$1,216.00	\$60.80
Cigna DHMO <i>No change in rates for all plan coverages</i>		
Individual	\$140.00	\$7.00
Parent/Child(ren)	\$314.00	\$15.70
Employee/Spouse	\$238.00	\$11.90
Family	\$442.00	\$22.10

VISION COSTS

VSP Vision <i>No change in rates for all plan coverage levels</i>	Annual Rates	Per Pay Period 20 Pay Periods
Individual	\$82.00	\$4.10
Parent/Child(ren)	\$112.00	\$5.60
Employee/Spouse	\$164.00	\$8.20
Family	\$209.00	\$10.45

SHORT-TERM DISABILITY RATES

Rates are based on the Employee's age and increase as you enter each new age category. If your salary changes, your payroll deduction may change.

Per Payroll Rates Based on 20 Annual Deductions	
Age	Your Cost
< 40	\$0.162
40-49	\$0.114
50-59	\$0.144
60+	\$0.210

$$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times 0.06 \times \text{Rate Above} = \$ \text{Per Pay Cost}^*$$

LONG-TERM DISABILITY RATES

Rates are based on the Employee's age and increase as you enter each new age category. If your salary changes, your payroll deduction may change.

Per Payroll Rates Based on 20 Annual Deductions			Per Payroll Rates Based on 20 Annual Deductions		
Benefit Option	Age	Your Cost	Benefit Option	Age	Your Cost
50% benefit to \$6,500	< 30	\$0.042	60% benefit to \$6,500	< 30	\$0.064
	30-34	\$0.069		30-34	\$0.104
	35-39	\$0.089		35-39	\$0.134
	40-44	\$0.142		40-44	\$0.214
	45-49	\$0.192		45-49	\$0.290
	50-54	\$0.293		50-54	\$0.442
	55-59	\$0.382		55-59	\$0.577
	60+	\$0.382		60+	\$0.577

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

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

HCPSS 2020 ANNUAL BENEFIT COSTS

RATE CHART FOR ACTIVE FULL-TIME/PART-TIME EMPLOYEES

CRITICAL ILLNESS RATES

EMPLOYEE COVERAGE AMOUNT	PER PAYROLL RATES BASED ON 20 ANNUAL DEDUCTIONS			
	Employee	Employee & Spouse	Employee & Child	Family
\$5,000				
18-29	\$0.94	\$1.62	\$1.73	\$2.54
30-39	\$1.41	\$2.34	\$2.08	\$3.13
40-49	\$2.56	\$4.12	\$3.16	\$4.82
50-59	\$4.66	\$7.38	\$5.24	\$8.07
60-69	\$8.48	\$13.28	\$9.06	\$13.96
70-79	\$15.02	\$23.30	\$15.61	\$23.99
\$15,000				
18-29	\$1.84	\$2.96	\$2.63	\$3.88
30-39	\$3.18	\$4.97	\$3.85	\$5.75
40-49	\$6.46	\$9.97	\$7.07	\$10.69
50-59	\$12.66	\$19.57	\$13.25	\$20.26
60-69	\$24.04	\$37.08	\$24.62	\$37.76
70-79	\$43.66	\$67.09	\$44.24	\$67.77
\$30,000				
18-29	\$3.20	\$4.96	\$4.00	\$5.89
30-39	\$5.84	\$8.92	\$6.52	\$9.71
40-49	\$12.32	\$18.77	\$12.92	\$19.48
50-59	\$24.68	\$37.85	\$25.27	\$38.54
60-69	\$47.36	\$72.77	\$47.95	\$73.46
70-79	\$86.60	\$132.77	\$87.19	\$133.45
\$50,000				
18-29	\$5.01	\$7.64	\$5.80	\$8.56
30-39	\$9.38	\$14.19	\$10.06	\$14.98
40-49	\$20.12	\$30.49	\$20.74	\$31.21
50-59	\$40.69	\$62.23	\$41.28	\$62.92
60-69	\$78.48	\$120.37	\$79.07	\$121.05
70-79	\$143.87	\$220.34	\$144.46	\$221.02

*Critical Illness rates based on attained age of the Employee and will increase as he/she enters each new age category. If elected, spouse coverage amount is 50% of Employee's coverage amount and child(ren) coverage amount is \$5,000

ACCIDENT PLAN RATES

COVERAGE LEVEL	Per Payroll Rates Based on 20 Annual Deductions
	Your Cost
Employee Only	\$3.75
Employee & Spouse	\$5.96
Employee & Child	\$6.19
Family	\$9.80

BENEFITS	COVERAGE LEVEL	PER MONTH RATE
LEGAL PLAN		
	• Individual Coverage	\$16.95 per month
	• Family Coverage	\$18.95 per month
IDENTITY THEFT		
	• Individual Coverage	\$8.95 per month
	• Family Coverage	\$18.95 per month
COMBINED COVERAGE		
	• Individual Coverage	\$33.90 per month
	• Family Coverage	\$25.90 per month

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

Additionally, you may email questions to benefits@hcpss.org

KEY CONTACT INFORMATION

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
HCPSS Benefits Support Center	hcpssbenefits@kellyway.com / (443) 589-1940 / (855) 245-9479

A FINAL WORD

In this guide, we describe your employee benefits in a clear, simple, and concise manner. Complete descriptions of the benefits provided through HCPSS are contained in the corresponding contracts and plan documents. If there is any disagreement between this guide and the wording of the corresponding contract or plan document, the contract or plan document will govern. HCPSS reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. This guide does not constitute a guarantee of employment.

Designed & Prepared by:



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*This booklet summary is only intended as a brief summary of your benefits. Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts.