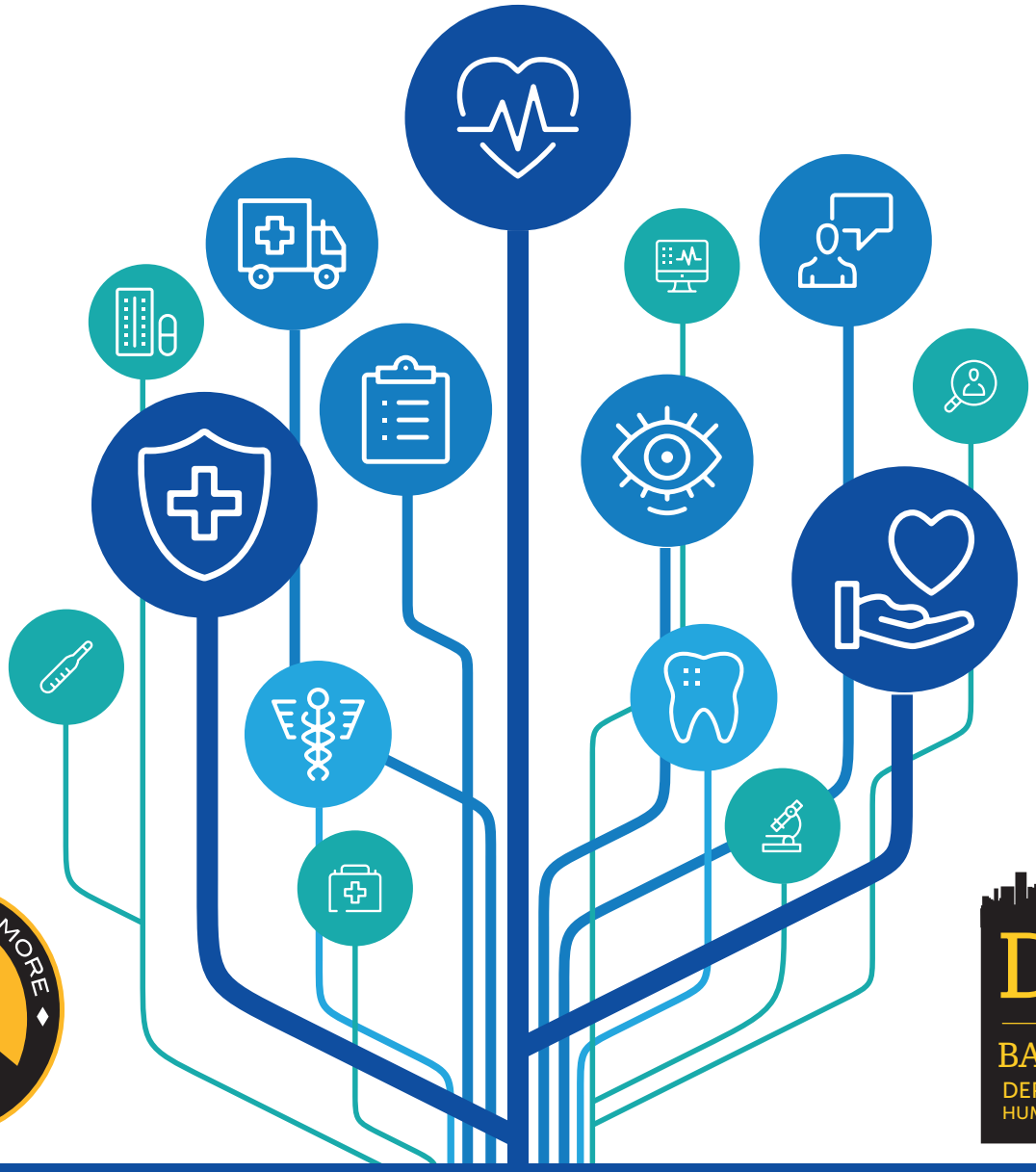
2021

ACTIVE EMPLOYEE BENEFITS



CITY OF BALTIMORE

DHR
CITY OF
BALTIMORE
DEPARTMENT OF
HUMAN RESOURCES

Open Enrollment
November 2nd - November 20th

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CONTACT INFORMATION

Provider Phone Numbers & Websites

Insurance Companies		
Provider	**Phone Number**	**Website**
Aetna Select Open Access (HMO)	(800) 900-7562	www.aetna.com
BlueChoice Advantage (PPO)	(800) 535-2292	www.carefirst.com
CareFirst Caremark/CVS	(800) 241-3371	www.carefirst.com
Kaiser Permanente (HMO)	(866) 248-0715	www.kaiserpermanente.org
MetLife	(866) 492-6983	www.metlife.com/mybenefits
National Vision Administrators (NVA)	(800) 672-7723	www.e-nva.com
TASC FSA	(800) 422-4661	www.tasconline.com
United Concordia Dental	(866) 851-7568	www.unitedconcordia.com/dental-insurance/member/city-of-baltimore/
WageWorks COBRA	(800) 526-2750	https://benedirect.wageworks.com/ParticipantWeb/login.jsp

Office of Employee Benefits		
Provider	**Phone Number**	**Website**
7 E. Redwood Street 20th Floor Baltimore, Maryland 21202	(410) 396-5830 TTY 711 Fax (410) 396-5216	https://workday.baltimorecity.gov/login
Wellness Program	(410) 396-3872	www.facebook.com/DhrWellness/

Retirement Agencies		
Provider	**Phone Number**	**Website**
Baltimore City Retirement System (**ERS**)	(877) 273-7136	www.bcers.org
Fire & Police Retirement (**F&P**)	(888) 410-1600	www.bcfpers.org
Maryland State 48-0715 Retirement (Pension Information)	(800) 492-5909	https://sra.maryland.gov/
Retirement Savings Plan (**RSP**)	(443) 984-2389	www.bcers.org/

NEW AND IMPORTANT INFORMATION

Information About Your 2021 Benefits

Please read the information provided in this benefits book.

New Enrollment Process	Workday is accessible by visiting the https://workday.baltimorecity.gov/login webpage. The City will be using Workday for online enrollment this year. Each employee will be sent complete instructions concerning the new online enrollment system under separate cover.
Change of Address	Effective October 26, 2020, you must update your address in Workday.
Diabetic Supplies	• **REMINDER:** Diabetic services, supplies, and medication are covered under the City of Baltimore's medical plans and prescription drug plans. (Contact your plan directly for further information.) • Medical plans cover diabetic test supplies and services. • Prescription drug plans cover diabetic medication and diabetic insulin/medical supplies used to inject insulin.
Duplicate Coverage Information	If you and your spouse are both City employees/retirees, you cannot enroll each other or the same eligible dependents on your medical, dental, vision, and prescription plan(s) during the same coverage period. You will be notified to adjust duplicate coverage, if applicable.
Medicare Secondary Payer (MSP) Mandatory Reporting	Under the Medicare Secondary Payer (MSP) Mandatory Reporting, Federal law requires the mandatory collection and reporting of social security numbers for all covered participants, including employees, retirees, and their dependents through an employer group health benefits. Noncompliance may result in the loss of coverage for participants with invalid or missing social security numbers.
Summary Benefits and Coverage (SBC)	The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide a Summary of Benefits and Coverage (SBC) to applicants and enrollees. The SBC is a concise document providing simple and consistent information about health plan benefits and coverage. Its purpose is to help health plan consumers better understand the coverage they have and help them make easy comparisons of different options when shopping for new coverage. The City of Baltimore will post this document on the City of Baltimore's webpage at https://humanresources.baltimorecity.gov/.

Medical Plan Information at a Glance	
Aetna Select Open Access (HMO)	• No annual deductible • PCP (Primary Care Physician) selection not required • Referrals not required to see a specialist • In-network providers only (except for emergency care) • Nationwide network access
BlueChoice Advantage High Option (PPO)	• No annual deductible • In-network and Out-of-network providers (higher out-of-pocket costs) • Reduced copays for office visits • Referrals not required to see a specialist
BlueChoice Advantage Standard Option (PPO)	• Annual deductible • In-network and Out-of-network providers (higher out-of-pocket costs) • Referrals not required to see a specialist
Kaiser Permanente (HMO)	• No annual deductible • In-network providers only (except emergency care) • PCP (primary care physician) referrals needed to see a specialist • Nationwide network access
FSA Plans and Waiver Credits	**REMINDER:** The Waiver Credit, Healthcare FSA, and Dependent Care FSA do not rollover. They end on December 31st each year. You must re-enroll each year during Open Enrollment.
ID Cards	New ID cards will be mailed to members who change medical plans, enroll in new plans, or request a new FSA Debit Card during Open Enrollment.
Jelly Vision: Alex is waiting to help you!	Jelly Vision is here to help during the Open Enrollment period as well as Ongoing Enrollment when applicable. Active employees and retirees without Medicare can always interact online with Alex, the virtual benefits counselor. You can access the City's Health Benefits Enrollment System by visiting this link http://www.myalex.com/cityofbaltimore/2021. Alex will help you make smarter healthcare decisions that may save you time and money by answering a series of health-related questions.

Enrolling Eligible Dependents

You must submit documentation for each dependent you wish to enroll for coverage to verify that eligibility requirements are met. If you do not provide all the required documentation by the deadline, coverage may be terminated. You will be required to wait until the next annual Open Enrollment period to enroll new dependents or make any changes to your enrollment.

Once you and your dependents are enrolled, you may use the options below for submitting documentation to the Office of Employee Benefits:

Option #1: Upload scanned documents to Workday

Option #2: Fax documents to (410) 396-5216

Option #3: Mail Documents to:

DHR, Office of Employee Benefits
7 E. Redwood Street, 20th Floor
Baltimore, Maryland 21202

If you have any questions, contact the Office of Employee Benefits at (410) 396-5830.

The chart on the following page lists eligible dependents and the document required to verify eligibility. Photocopies are acceptable, provided any seal or official certification can be seen clearly.

Documentation for Newly Added Dependents & Family Status Changes

Eligible Dependent Relationships to Employee/Retiree	Dependent Eligibility Criteria	Documentation For Verification of Relationship (Provide Copy Of)
Legal Spouse	Legally married as recognized by the laws of the State of Maryland or in a jurisdiction where such marriage is legal	Official Court-Certified State Marriage Certificate (must be certified and dated by the appropriate state or County official, such as the Clerk of Court): • From the court in the County or City in which the marriage took place; or • From the Maryland Division of Vital Records; or • From the Department of Health and Mental Hygiene (DHMH) website www.dhmh.maryland.gov (click Online Services) or www.vitalchek.com
Children (Birth, Adoption, Stepchild, Permanent Guardianship, Grandchild, Medical Child Support Order, Disabled Child (At Age 26 as of December 31st))	• Children covered due to birth, adoption, or stepchildren are covered until the end of the year they reach age 26. They may be married or unmarried • Grandchildren are covered until the end of the year they reach 26, must reside in your home, and must have 100% economic support • Disabled Children over age 26 must be incapable of self-support due to mental or physical incapacity incurred before age 26 and are required to reside in your home	• **Birth:** Official State Birth Certificate with the name of employee/retiree as the child's parent • **Adoption:** Official Court Documents & Official State Birth Certificate • **Stepchild:** Official Court-Certified State Marriage Certificate & Official State Birth Certificate with the name of the spouse of employee/retiree as the child's parent • **Permanent Guardianship:** Official Court Documents signed by a judge & Official State Birth Certificate • **Grandchild:** Official State Birth Certificate of your child and grandchild showing the line of relationship, recent Income Tax Return claiming grandchild, and the "Certification of Economic Support for Grandchildren Form" • **Medical Child Support Order:** Official Medical Child Support Order requiring employee/retiree to provide health coverage signed by the child support officer or judge • **Disabled Child:** Original Disability Questionnaire Form

Termination of Covered Dependents Due to a Family Status Change

Reason for Termination of Dependents	Copy of Required Documentation
Death of Spouse or Child	Death Certificate
Divorce	Divorce Decree
Gain Other Coverage (Employee, Retiree, Spouse, or Child)	Letter from employer or medical plan

Enrollment Due to Coverage Change

Reason for Coverage Change	Copy of Required Documentation
Loss of Coverage (Employee, Retiree, Spouse, or Child)	Letter from employer or medical plan

IMPORTANT MEDICARE INFORMATION

Actively Employed with the City of Baltimore (COB) At Age 65 & Older

What should I do if I am still actively employed and enrolled in health benefits with the City of Baltimore when I turn age 65?

STOP, READ, Contact your Local Social Security Office!

If you are still actively working at the time you become qualified to enroll in Medicare, it may make more sense to delay enrolling in Medicare (and continue to use the City's health insurance plan) until you **RETIRE**. **Special Enrollment Periods** allow most actively employed 65 year or older employees with employer healthcare coverage to **delay enrollment** in Parts A, B, C and D without incurring fines. If you're still working and decide to waive Medicare, you can do that under certain situations and circumstances; please contact **Social Security at (800) 772-1213** with details about your situation to make sure you won't be penalized for waiving your Medicare enrollment and enrolling at a later date.

SPECIAL ENROLLMENT PERIOD

Once you retire and are no longer covered as an active employee with the City of Baltimore, you can get a Special Enrollment Period to sign up for Medicare Parts A and B:

- ✓ You have 8 months following the month your coverage as an active employee ends to enroll in Medicare.
- ✓ If you wait longer than eight months after your active employee coverage with the City of Baltimore ends you may have to pay a penalty when you join.
- ✓ The penalty imposed by Medicare will remain as long as you have Medicare coverage.

Prior to your Special Enrollment Period, you should obtain a ***Request for Employment Information*** form from your local Social Security Administration office to be completed by the Employee Benefits Division. This form verifies your employment and health benefits status with the City of Baltimore at the time your employment ends. Return the completed form to your Social Security office in order to waive the late-enrollment penalty for enrollment in Medicare Part B. **Note: If you wait until after you retire *(within the 8-month special enrollment period)* to enroll in Medicare Part B, your Medicare Part B start date will be delayed causing a lapse in coverage and out of pocket expenses.**

Who do I contact if I have any questions?

If you have any questions regarding your City of Baltimore medical plan coverage, please contact our office at (410) 396-5830 to speak to a customer service representative.

If you have any questions regarding Medicare enrollment in Part A and Part B, please contact the Social Security Administration at (800) 772-1213. If you have any questions regarding Medicare benefits, please call (800) 633-4227.

Notice of Creditable Coverage

Important Notice from the City of Baltimore About
Your Prescription Drug Coverage and Medicare

This annual notice is for certain retirees, employees, and their dependents who are currently covered by Medicare or who will become eligible for Medicare within the next 12 months due to age or disability. Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Baltimore and about your options under Medicare's prescription drug coverage ("Medicare Part D"). This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Keep this notice with your important records. This notice lets you know that the current prescription drug coverage you have under the City of Baltimore health plan is expected to pay out in 2021, on average, as much as the standard Medicare prescription drug coverage (defined as "creditable coverage"). If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher premium (a penalty).

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1) Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2) The City of Baltimore has determined that the offered prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

MEDICARE PART D PRESCRIPTION DRUG COVERAGE HIGHLIGHTS

When can you join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug

coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Baltimore Prescription drug coverage will terminate. However, if you choose to join a Medicare drug plan and drop your current City of Baltimore coverage, be aware that you and your dependents will be able to get this coverage back but only during the Open Enrollment period for the City.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Baltimore and don't join a Medicare drug plan within sixty-three (63) continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go sixty (60) continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Baltimore changes. You also may request a copy of this notice at any time.

MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call (800) MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213. TTY users should call (800) 325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 19, 2020
Name of Entity/Sender:	City of Baltimore
Contact:	Rajesh Gulhar Chief, Office of Employee Benefits Department of Human Resources
Address:	7 E. Redwood Street, 20th Floor Baltimore, Maryland 21202
Phone Number:	(410) 396-5830

Flexible Spending Accounts (FSA)

The City of Baltimore offers the opportunity to save taxes on eligible health and dependent care expenses by participating in one or both below flexible spending accounts (FSAs):

- **Health Care Flexible Spending Account (FSA)**
  An employee who chooses to participate in the Health Care FSA can contribute up to $2,750 during the 2021 plan year.

- **Dependent Care Flexible Spending Account (FSA)**
  An employee who chooses to participate in the Dependent Care FSA can contribute up to $5,000 during the 2021 plan year if the employee is married and filing a joint return or is a single parent. You can contribute up to $2,500 if you are married and filing a single return.

Participation in both types of flexible spending accounts is entirely voluntary and is administered by TASC. If you choose to enroll, simply decide how much to contribute each year to one or both accounts.

Contributions to your account(s) are deducted from your paycheck before federal, state, and Social Security taxes are withheld, reducing your taxes and saving you money. When you have an eligible expense, you may submit a claim for reimbursement to the City's FSA Administrator, TASC.

FSA ELIGIBILITY

You can use your **Health Care FSA** to be reimbursed for eligible health care expenses incurred by you, your spouse, your qualifying child, or your qualifying relative, who can be claimed on your federal tax return.

You may use your **Dependent Care FSA** to be reimbursed for eligible dependent care expenses for your child (under age 13) or eligible dependent care expenses for other qualifying dependents that can be claimed on your federal tax return.

Employees cannot claim the same expenses under the Dependent Care FSA and the federal Dependent Care Tax Credit. Please consult with your tax advisor if you have questions about whether the Dependent Care FSA or Dependent Care Tax Credit is the best option for you. Please see the FSA Participant Reference Guide at www.tasconline.com for more information. You will need to register the first time you use the site. You may also find information on both FSA accounts on the Workday site or the 2021 Benefits Guide, located on the Department of Human Resources webpage https://humanresources.baltimorecity.gov/.

ENROLLING IN AN FSA

If you are a new hire, you may enroll in one or both FSA accounts. Your FSA participation becomes effective with your first payroll **deduction if you enroll online within forty-five (45) days from your date of hire**. Once enrolled, **you may not "request" to change your election mid-year unless you have a qualifying life event**, such as marriage or the birth of a child. (See the Qualifying Life Events and Status Changes page for further information).

Each year during the annual Open Enrollment period, you may choose to enroll or re-enroll in one or both FSA accounts. Following your enrollment, participation begins on January 1st. You must re-enroll each year during Open Enrollment if you wish to participate in one or both FSAs the following plan year. Your enrollment does not automatically carry over from year to year. **If you do not actively enroll in an FSA account during Open Enrollment, you will not participate in that FSA for the following year.**

ESTIMATING EXPENSES

If you are enrolling during the annual Open Enrollment period, your election will be in force for the full plan year (January 1st – December 31st). Therefore, you should estimate your eligible expenses for the full twelve months. However, if you are a new hire, you should estimate only the expenses you will incur from the effective date of your enrollment through the end of the year, December 31st. **Estimate carefully to avoid forfeiting any money left in these FSA accounts.**

YEAR-END CARRYOVER

FSAs are subject to a forfeiture rule, often referred to as "The Use It Or Lost It" rule, meaning that you risk losing your funds if you do not claim them in time.

Background: The City of Baltimore allows $500 of a Health Care FSA to be carried over for future use. Since the IRS carryover limit is $500, you will want to ensure that you end the plan year with a balance of $500 or less or have expenses from the current plan year that you can claim between January 1st and March 31st of the following year.

Note: The Dependent Care FSA works differently – it allows two and a half (2 ½) months into the next year for you to incur expenses and be reimbursed from the current year FSA. To avoid confusion, you will want to know these deadlines when you enroll and start spending. TASC conveniently provides access to your plan deadlines and account balance, so you always know how much money you have available to spend and how much time you have to spend your funds.

UPON EMPLOYMENT TERMINATION

When your employment ends, you may not submit any Health Care FSA claims for services incurred after your termination date; unless your plan allows you to continue your Health Care FSA benefit through your employer's Benefits Continuation Plan (COBRA). If you elect not to participate in Benefits Continuation or if Benefits Continuation is not available to you, any funds

remaining in your Health Care FSA will be forfeited if you did not incur any eligible expenses before termination.

The Dependent Care FSA is impacted by termination differently. You must be actively employed to be eligible to participate in a Dependent Care FSA. As a result, you do not have the option to continue your employer's Benefits Continuation Plan (COBRA). However, you may still submit claims for expenses you incurred while you were an active employee for up to ninety (90) days after your termination date.

Qualifying Life Events and Status Changes

IRS regulations for cafeteria plans strictly govern when and how benefits election changes can be made.

Generally, you can only change your health coverage during the Open Enrollment period each year.

The coverage you elect during Open Enrollment will be effective January 1st through December 31st. However, you may make certain changes to your coverage outside of the annual Open Enrollment period if you have a qualifying change in status.

Examples include the following:

- Birth or adoption/placement for adoption of a child;
- Death of a dependent;
- Marriage or divorce;
- Loss of other coverage, such as, if coverage under your spouse's employment ends or your child is no longer eligible for coverage;
- Gaining eligibility for Medicare (for retirees); OR
- Changes in your other coverage (such as through a spouse's employer), which has a different plan year

You have sixty (60) days from the date of the qualifying change in status to update your health benefits enrollment.

You must submit any supporting documentation to change your coverage to the Office of Employee Benefits within sixty (60) days. Any changes submitted later than sixty (60) days after the qualifying change in status **will not be accepted**, and you will have to wait until the next Open Enrollment period to make a change.

If you are removing an ineligible dependent past sixty (60) days, contact the Office of Employee Benefits immediately at (410) 396-5830.

SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself, your spouse, or your dependents because of other health plan coverage, you may be eligible to enroll in this plan at a later date in the event there is a loss in coverage OR an employer ceases coverage contributions. However, you must request enrollment within sixty (60) days after you, your spouse, or your dependents other coverage ends OR contributions cease.

Also, if you have a new dependent because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself, your spouse, and your dependents. However, you must request enrollment within sixty (60) days after the marriage, birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if you or your dependents have coverage through Medicaid or a State Children's Health Insurance Program (CHIP), and you or your dependents lose eligibility for that coverage or become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within sixty (60) days after the Medicaid or CHIP coverage ends or eligibility is determined for such assistance.

To request special enrollment or obtain more information, contact the Office of Employee Benefits at (410) 396-5830.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

As required by the Women's Health and Cancer Rights Act of 1998, did you know that your plan provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

For more information, contact the Office of Employee Benefits at (410) 396-5830.

Waiver Credits

Employees may opt-out of certain City of Baltimore health benefits and elect a waiver credit. The City of Baltimore determines which waiver credit applies to you, based on your union affiliation. The Waiver Credit amount is disseminated in increments over the full plan year (either at the beginning of Open Enrollment or by the number of pay periods left in the plan year for a new employee.)

New employees have forty-five (45) days from their date of hire to enroll online using Workday. If you previously waived coverage and later lose coverage due to a divorce, loss of employment, or the death of your spouse or another person who is the primary source of coverage, you may enroll in health benefits through the City of Baltimore within sixty (60) days of the qualifying life event. In this situation, once you enroll in the City of Baltimore health benefits, you will relinquish the waiver credit.

IMPORTANT: Each year, during the annual benefits Open Enrollment period, you may choose to enroll in the waiver credit. Your participation will begin on January 1st, following your enrollment. You must re-enroll each Open Enrollment year to receive waiver credits because your enrollment does not automatically carry over from year-to-year. NO EXCEPTIONS! If your employment terminates, you are not entitled to payment for waiver credits during the month in which you become unemployed.

$2,500 WAIVER CREDIT: AFSCME LOCAL 558, 44, AND 2202

If you are represented by the AFSCME Local 558, 44, or 2202 Union, you may elect the $2,500 waiver credit. To receive the waiver credit, you must enroll online within forty-five (45) days of hire or during the Open Enrollment period each year. When you make this election, you are waiving medical, dental, prescription drug, and vision coverage with the understanding that you cannot enroll in any of these plans, as the policyholder or as a dependent, through the City of Baltimore for that plan year.

$2500 WAIVER CREDIT (NEW 2021): CUB

If you are represented by the CUB Union, you may elect the $2500 waiver credit. To receive this waiver credit, you must enroll online within forty-five (45) days of hire or during the Open Enrollment period each year. When you make this election, you are waiving medical, dental, vision, and prescription drug coverage with the understanding that you cannot enroll in any of these plans, as the policyholder or as a dependent through the City of Baltimore for that plan year.

$650 WAIVER CREDIT (WAIVES MEDICAL ONLY): POLICE

If you are represented by the Police Union, you may elect the $650 waiver credit. To receive this waiver credit, you must enroll online within forty-five (45) days of hire or during the Open Enrollment period each year. When you make this election, you may still elect dental, prescription drug, and vision coverage. However, you may not elect dental, prescription drug, and vision coverage as the policyholder if you are already enrolled as a dependent under the City of Baltimore plans for that plan year.

$780 WAIVER CREDIT (WAIVES MEDICAL ONLY): MAPS

If you are represented by MAPS, you may elect the $780 waiver credit. To receive this waiver credit, you must enroll online within forty-five (45) days of hire or during the Open Enrollment period each year. If you waive medical coverage, you may still elect dental, prescription drug, and vision coverage. However, you may not elect dental, prescription drug, and vision coverage as the policyholder if you are already enrolled as a dependent under the City of Baltimore plans for that plan year.

$650 WAIVER CREDIT (WAIVES MEDICAL AND PRESCRIPTION DRUG): FIREFIGHTERS AND FIRE OFFICERS

If you are a firefighter or fire officer, you may elect the $650 waiver credit. To receive this waiver credit, you must enroll online within forty-five (45) days of hire or during the Open Enrollment period each year. If you waive medical and prescription drug coverage, you may still elect dental and vision coverage. However, you may not elect dental and vision coverage as the policyholder if you are already enrolled as a dependent under the City of Baltimore plans for that plan year.

Visit Workday for more information about waiver credits.

PREMIUM DEDUCTIONS

2021 Premium Rates

2021 Weekly Medical & Rx Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 164.85	$ 124.44	**$ 40.41**	Participant Only	$ 152.07	$ 123.61	**$ 28.46**
Participant + Child	$ 304.97	$ 230.21	**$ 74.76**	Participant + Child	$ 281.33	$ 228.69	**$ 52.64**
Participant + Spouse	$ 346.18	$ 261.32	**$ 84.86**	Participant + Spouse	$ 319.35	$ 259.59	**$ 59.76**
Participant + Family	$ 494.55	$ 373.32	**$ 121.23**	Participant + Family	$ 456.22	$ 370.85	**$ 85.37**

Open Access Aetna Select (HMO)

Open Access Aetna Select (HMO)			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 126.64	$ 114.79	**$ 11.85**
Participant + Child	$ 234.28	$ 212.36	**$ 21.92**
Participant + Spouse	$ 265.94	$ 241.06	**$ 24.88**
Participant + Family	$ 379.92	$ 344.38	**$ 35.54**

Kaiser Permanente HMO

Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 132.61	$ 119.35	**$ 13.26**
Participant + Child	$ 251.95	$ 226.75	**$ 25.20**
Participant + Spouse	$ 278.48	$ 250.63	**$ 27.85**
Participant + Family	$ 397.82	$ 358.04	**$ 39.78**

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election Chart
Rx coverage is bundled with Medical plan election, but with a separate payroll
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CareFirst CVS (RX - High & Standard Options)

CareFirst CVS High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 19.67	$ 15.40	**$ 4.27**	Participant Only	$ 18.88	$ 15.35	**$ 3.53**
Participant + Child	$ 36.39	$ 28.49	**$ 7.90**	Participant + Child	$ 34.93	$ 28.39	**$ 6.54**
Participant + Spouse	$ 41.31	$ 32.34	**$ 8.97**	Participant + Spouse	$ 39.66	$ 32.24	**$ 7.42**
Participant + Family	$ 59.01	$ 46.20	**$ 12.81**	Participant + Family	$ 56.65	$ 46.05	**$ 10.60**

2021 Biweekly Medical & Rx Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 329.70	$ 248.88	**$ 80.82**	Participant Only	$ 304.15	$ 247.24	**$ 56.91**
Participant + Child	$ 609.94	$ 460.43	**$ 149.51**	Participant + Child	$ 562.67	$ 457.39	**$ 105.28**
Participant + Spouse	$ 692.37	$ 522.65	**$ 169.72**	Participant + Spouse	$ 638.70	$ 519.18	**$ 119.52**
Participant + Family	$ 989.09	$ 746.63	**$ 242.46**	Participant + Family	$ 912.44	$ 741.71	**$ 170.73**

Open Access Aetna Select (HMO)

Open Access Aetna Select (HMO)			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 253.28	$ 229.59	**$ 23.69**
Participant + Child	$ 468.57	$ 424.73	**$ 43.84**
Participant + Spouse	$ 531.88	$ 482.12	**$ 49.76**
Participant + Family	$ 759.84	$ 688.75	**$ 71.09**

Kaiser Permanente HMO

Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 265.21	$ 238.69	**$ 26.52**
Participant + Child	$ 503.91	$ 453.52	**$ 50.39**
Participant + Spouse	$ 556.95	$ 501.25	**$ 55.70**
Participant + Family	$ 795.64	$ 716.08	**$ 79.56**

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election Chart
Rx coverage is bundled with Medical plan election, but with a separate payroll
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CareFirst CVS (RX - High & Standard Options)

CareFirst CVS High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 39.34	$ 30.80	**$ 8.54**	Participant Only	$ 37.77	$ 30.70	**$ 7.07**
Participant + Child	$ 72.78	$ 56.98	**$ 15.80**	Participant + Child	$ 69.87	$ 56.79	**$ 13.08**
Participant + Spouse	$ 82.62	$ 64.69	**$ 17.93**	Participant + Spouse	$ 79.31	$ 64.47	**$ 14.84**
Participant + Family	$ 118.02	$ 92.40	**$ 25.62**	Participant + Family	$ 113.30	$ 92.10	**$ 21.20**

2021 21-Pay Medical & Rx Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 408.20	$ 308.14	**$ 100.06**	Participant Only	$ 376.56	$ 306.10	**$ 70.46**
Participant + Child	$ 755.17	$ 570.06	**$ 185.11**	Participant + Child	$ 696.64	$ 566.29	**$ 130.35**
Participant + Spouse	$ 857.21	$ 647.08	**$ 210.13**	Participant + Spouse	$ 790.78	$ 642.81	**$ 147.97**
Participant + Family	$ 1,224.59	$ 924.41	**$ 300.18**	Participant + Family	$ 1,129.68	$ 918.29	**$ 211.39**

Open Access Aetna Select (HMO)

Open Access Aetna Select (HMO)			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 313.58	$ 284.24	**$ 29.34**
Participant + Child	$ 580.13	$ 525.86	**$ 54.27**
Participant + Spouse	$ 658.52	$ 596.91	**$ 61.61**
Participant + Family	$ 940.75	$ 852.73	**$ 88.02**

Kaiser Permanente HMO

Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 328.36	$ 295.52	**$ 32.84**
Participant + Child	$ 623.89	$ 561.50	**$ 62.39**
Participant + Spouse	$ 689.56	$ 620.60	**$ 68.96**
Participant + Family	$ 985.08	$ 886.57	**$ 98.51**

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election Chart
Rx coverage is bundled with Medical plan election, but with a separate payroll
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CareFirst CVS (RX - High & Standard Options)

CareFirst CVS High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 48.71	$ 38.13	**$ 10.58**	Participant Only	$ 46.76	$ 38.01	**$ 8.75**
Participant + Child	$ 90.11	$ 70.55	**$ 19.56**	Participant + Child	$ 86.51	$ 70.32	**$ 16.19**
Participant + Spouse	$ 102.29	$ 80.09	**$ 22.20**	Participant + Spouse	$ 98.20	$ 79.83	**$ 18.37**
Participant + Family	$ 146.12	$ 114.40	**$ 31.72**	Participant + Family	$ 140.28	$ 114.03	**$ 26.25**

2021 Monthly Medical & RX Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$714.35	$539.24	**$175.11**	Participant Only	$658.98	$535.67	**$123.31**
Participant + Child	$1,321.54	$997.59	**$323.95**	Participant + Child	$1,219.11	$991.00	**$228.12**
Participant + Spouse	$1,500.13	$1,132.40	**$367.73**	Participant + Spouse	$1,383.86	$1,124.91	**$258.95**
Participant + Family	$2,143.04	$1,617.71	**$525.32**	Participant + Family	$1,976.94	$1,607.02	**$369.93**

Open Access Aetna Select (HMO)

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$548.77	$497.43	**$51.34**	Participant Only	$574.63	$517.17	**$57.46**
Participant + Child	$1,015.22	$920.25	**$94.98**	Participant + Child	$1,091.80	$982.62	**$109.18**
Participant + Spouse	$1,152.42	$1,044.60	**$107.82**	Participant + Spouse	$1,206.73	$1,086.06	**$120.67**
Participant + Family	$1,646.31	$1,492.28	**$154.03**	Participant + Family	$1,723.89	$1,551.50	**$172.39**

Kaiser Permanente HMO

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election Chart
Rx coverage is bundled with Medical plan election, but with a separate payroll
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CareFirst CVS (RX - High & Standard Options)

CareFirst CVS High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$85.24	$66.73	**$18.51**	Participant Only	$81.83	$66.51	**$15.32**
Participant + Child	$157.69	$123.46	**$34.23**	Participant + Child	$151.38	$123.05	**$28.33**
Participant + Spouse	$179.00	$140.15	**$38.85**	Participant + Spouse	$171.84	$139.69	**$32.15**
Participant + Family	$255.72	$200.21	**$55.51**	Participant + Family	$245.49	$199.55	**$45.94**

2021 Dental Rates

Biweekly (26 Pays)

United Concordia Dental DHMO – Biweekly Rates				United Concordia Dental DPPO – Biweekly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 5.93	$ 5.93	$ -	Participant Only	$ 12.72	$ 5.93	**$ 6.79**
Participant + Child	$ 11.69	$ 11.69	$ -	Participant + Child	$ 21.61	$ 11.69	**$ 9.92**
Participant + Spouse	$ 11.87	$ 11.87	$ -	Participant + Spouse	$ 25.44	$ 11.87	**$ 13.57**
Participant + Family	$ 16.93	$ 16.93	$ -	Participant + Family	$ 35.59	$ 16.93	**$ 18.66**

Weekly (52 Pays)

United Concordia Dental DHMO – Weekly Rates				United Concordia Dental DPPO – Weekly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 2.97	$ 2.97	$ -	Participant Only	$ 6.36	$ 2.96	**$ 3.40**
Participant + Child	$ 5.84	$ 5.84	$ -	Participant + Child	$ 10.80	$ 5.84	**$ 4.96**
Participant + Spouse	$ 5.93	$ 5.93	$ -	Participant + Spouse	$ 12.72	$ 5.93	**$ 6.79**
Participant + Family	$ 8.47	$ 8.47	$ -	Participant + Family	$ 17.80	$ 8.47	**$ 9.33**

21-Pays - Biweekly (10-Months)

United Concordia Dental DHMO – 21-Pays (Biweekly) Rates				United Concordia Dental DPPO – 21-Pays (Biweekly) Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 7.34	$ 7.34	$ -	Participant Only	$ 15.75	$ 7.34	**$ 8.41**
Participant + Child	$ 14.47	$ 14.47	$ -	Participant + Child	$ 26.75	$ 14.47	**$ 12.28**
Participant + Spouse	$ 14.69	$ 14.69	$ -	Participant + Spouse	$ 31.50	$ 14.69	**$ 16.81**
Participant + Family	$ 20.97	$ 20.97	$ -	Participant + Family	$ 44.07	$ 20.97	**$ 23.10**

Monthly (12-Months)

United Concordia Dental DHMO – Monthly Rates				United Concordia Dental DPPO – Monthly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$ 12.85	$ 12.85	$ -	Participant Only	$ 27.57	$ 12.85	**$ 14.72**
Participant + Child	$ 25.32	$ 25.32	$ -	Participant + Child	$ 46.82	$ 25.32	**$ 21.50**
Participant + Spouse	$ 25.71	$ 25.71	$ -	Participant + Spouse	$ 55.12	$ 25.71	**$ 29.41**
Participant + Family	$ 36.69	$ 36.69	$ -	Participant + Family	$ 77.12	$ 36.69	**$ 40.43**

2021 Monthly Active COBRA Rates

High Option & Standard Option Medical Plans

BlueChoice Adv High Option PPO

Coverage Level	High Option COBRA Cost
Participant Only	$728.64
Participant + Child	$1,347.97
Participant + Spouse	$1,530.13
Participant + Family	$2,185.90

BlueChoice Adv Std Option PPO

Coverage Level	Standard Option COBRA Cost
Participant Only	$672.16
Participant + Child	$1,243.49
Participant + Spouse	$1,411.54
Participant + Family	$2,016.48

HMO Medical Plans

Open Access Aetna Select (HMO)

Coverage Level	COBRA Cost
Participant Only	$559.75
Participant + Child	$1,035.52
Participant + Spouse	$1,175.47
Participant + Family	$1,679.24

Kaiser Permanente HMO

Coverage Level	COBRA Cost
Participant Only	$586.12
Participant + Child	$1,113.64
Participant + Spouse	$1,230.86
Participant + Family	$1,758.37

High Option & Standard Option Prescription Drug Plans

CareFirst CVS - RX - High Option

Coverage Level	COBRA Cost
Participant Only	$86.94
Participant + Child	$160.84
Participant + Spouse	$182.58
Participant + Family	$260.83

CareFirst CVS - RX - Standard Option

Coverage Level	COBRA Cost
Participant Only	$83.47
Participant + Child	$154.41
Participant + Spouse	$175.28
Participant + Family	$250.40

DHMO & DPPO Dental Plans

United Concordia Dental DHMO

Coverage Level	COBRA Cost
Participant Only	$13.11
Participant + Child	$25.83
Participant + Spouse	$26.22
Participant + Family	$37.42

United Concordia Dental DPPO

Coverage Level	COBRA Cost
Participant Only	$28.12
Participant + Child	$47.76
Participant + Spouse	$56.22
Participant + Family	$78.66

Vision Plan

Coverage	COBRA Cost
Participant Only	$3.96
Participant + Child	$3.96
Participant + Spouse	$3.96
Participant + Family	$3.96

BENEFIT INFORMATION (Rx, VISION, DENTAL & LIFE INSURANCE)

2021 Prescription Drug Copays Rates			
Days' Supply	**Generic**	**Formulary** (Preferred)	**Non-Formulary** (Non-Preferred)
CareFirst CVS/Caremark – High Option Plan			
MAPS/Unrepresented			
Retail (30-Day Supply)	$15	$30	$40
Mail Order/Retail (90-Day Supply)	$20	$40	$60
Represented			
Retail (30-Day Supply)	$10	$20	$30
Mail Order/Retail (90-Day Supply)	$15	$25	$35
CareFirst CVS/Caremark – Standard Option Plan			
Retail (30 Day Supply)	$5	$30	$50
Mail Order/Retail (90-Day Supply)	$10	$60	$100

The Standard Prescription Drug Plan requires that all plan participants meet a $50.00 deductible, per member, per calendar year. A deductible is the amount of covered expenses you must pay before your insurance plan pays benefits.

2021 Medical and Prescription Out-of-Pocket Maximums				
Medical Plan Enrollment	**Medical Out-of-Pocket Maximums – Family/Individual**		**Rx Out-of-Pocket Maximums**	**Total Out-of-Pocket Maximums** (Combined Medical & Rx)
	In-Network	**Out-of-Network**		
BlueChoice Advantage Active PPO Plans				
High Option	$1,000/$2,000	None	$5,500/$9,600	$6,500/$11,200
Standard Option <$45,000	$1,000/$2,000	$2,000/$4,000	$5,100/$10,200	$6,100/$12,200
Standard Option >$44,999	$1,500/$3,000	$3,000/$6,000	$5,100/$10,200	$6,600/$13,200
Aetna & Kaiser Active HMO Plans				
Aetna	$1,100/$2,200	N/A	$5,500/$9,600	$6,600/$11,800
Kaiser	$1,100/$3,600	N/A	$5,500/$9,600	$6,600/$13,200

Out-of-Pocket expenses are what you pay for health-related services above and beyond your monthly premium, including annual deductibles, coinsurance, and copayments.

Out-of-Pocket Maximum Definition: The yearly out-of-pocket maximum is the highest or total amount your health plan requires you to pay toward your health care cost. Once you have met your out-of-pocket maximum(s), you will not be required to pay toward the cost of services; however, you will still be required to pay your premiums.

2021 National Vision Administrators (NVA)

National Vision Administrators (NVA) is the City of Baltimore's vision vendor. NVA offers additional discounts, web tools, and other features to help you save money on your eye exams, glasses, and contact lenses.

FULL-SERVICE BENEFIT PLAN

City of Baltimore members have access to a vision benefit plan that provides coverage for routine eye exams, contact lens evaluations/fittings, eyeglasses, and contact lenses. Members receive a higher level of benefit when utilizing providers in the NVA network, but still have a level of coverage if they choose to use a non-network provider. This plan provides discounted rates on non-covered eyeglass lens options.

EYE ESSENTIAL DISCOUNT PROGRAM

After the enrolled member has exhausted their full-service benefit, they can access the free EyeEssentialSM plan discounts on additional purchases during the plan period. NVA's EyeEssentialSM discount plan is a low cost, member-friendly vision plan, which includes significant discounts through participating NVA network providers. These discounts are only available with participating NVA providers.

NVA SMART BUYERSM INFORMATIONAL TOOL

The NVA Smart BuyerSM program provides City of Baltimore members with the tools they need to become educated consumers of vision care services, products, and eyewear. For members to maximize their vision benefit, they need useful, timely information on the rapidly increasing number of eyeglass lenses, frames, and contact lenses available. The NVA Smart BuyerSM program provides definitions, descriptions, and other useful information to help make educated eyewear choices.

VISION BENEFIT MAXIMIZERSM SEARCH TOOL

When using the Vision Benefit MaximizerSM search tool on the NVA website, City of Baltimore members can easily find frames available to them at no out-of-pocket cost. Members can select a provider based on specific frame inventory and the number of frames available under the frame allowance.

24/7 CUSTOMER SERVICE

NVA employs knowledgeable and professionally trained member service representatives 24 hours per day, seven (7) days per week. The Member Services Department can be reached at (800) 672-7723 (TDD (973) 574-2599). Bilingual representatives are available to assist.

2021 National Vision Administrators (NVA) Rates

Service/Frequency	Participating Provider	Non-Participating Provider
Vision (Once per calendar year)		
Examination	Covered 100% after $5 copay	Plan pays Up to $38
Glasses (Once per calendar year)		
Lenses		
Single Vision	Covered 100% after $15 copay	Up to $41.50
Bifocal	Covered 100% after $15 copay	Up to $67.00
Trifocal	Covered 100% after $15 copay	Up to $89.50
Lenticular (Cataract)	Covered 100% after $15 copay	Up to $100.50
Lenses Options		
Solid Tints	Covered 100%	Up to $10
Fashion Gradient Tint	Covered 100%	Up to $12
Standard Progressive	Covered 100%	Up to $50
Frame		
Frames (Per pair)	Covered up to $75 retail allowance (20% discount off remaining balance over $75 allowance)	Up to $29.50
Contact Lenses (Once per Calendar Year)		
Medically Necessary	Covered 100%	Up to $221
Elective **not** Medically Necessary	Covered up to $100 retail allowance (15% discount (conventional) or 10% discount (disposable) off remaining balance over $100 allowance)	Up to $100

2021 United Concordia Dental HMO Rates

Active Employees that LIVE IN Maryland and Pennsylvania

Under this DHMO plan, you will have your choice of skilled primary care dentists from the United Concordia network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist. Covered services provided by your dentist have preset copayments (dollar amounts), which are listed below and in your plan booklet. There are no maximums or deductibles.

COPAYMENTS FOR COMMON DENTAL SERVICES

Code	Description of Service	Enrollee Pays
D0100-D0999 I. Diagnostic		
D0120	Periodic oral evaluation – established patient	$5.00
D0140	Limited oral evaluation - problem-focused	$5.00
D0150	Comprehensive oral evaluation - new or established patient	$5.00
D0210	Intraoral - complete series of radiographic images	$25.00
D0220	Intraoral - periapical first radiographic image	$4.00
D0230	Intraoral - periapical each additional radiographic image	$3.00
D0272	Bitewings - two radiographic images	$5.00
D0274	Bitewings - four radiographic images	$7.00
D0330	Panoramic radiographic image	$20.00
D1000-D0999 II. Preventive		
D1110	Prophylaxis – adult	$10.00
D1120	Prophylaxis – child	$10.00
D1208	Topical application of fluoride (prophylaxis excluded) - through age 18	$5.00
D1351	Sealant - per tooth	$5.00
D2000-D2999 III. Restorative		
D2140	Amalgam - one surface, primary or permanent	$28.00
D2150	Amalgam - two surfaces, primary or permanent	$35.00
D2160	Amalgam - three surfaces, primary or permanent	$45.00
D2161	Amalgam - four or more surfaces, primary or permanent	$55.00
D2330	Resin-based composite - one surface, anterior	$35.00
D2331	Resin-based composite - two surfaces, anterior	$45.00
D2332	Resin-based composite - three surfaces, anterior	$55.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$80.00
D2391	Resin-based composite - one surface, posterior	$40.00
D2392	Resin-based composite - two surfaces, posterior	$50.00
D2750	Crown - porcelain fused to high noble metal	$390.00
D2752	Crown - porcelain fused to noble metal	$380.00
D2790	Crown - full cast high noble metal	$390.00

Active Employees that LIVE IN Maryland and Pennsylvania

Under this DHMO plan, you will have your choice of skilled primary care dentists from the United Concordia network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist. Covered services provided by your dentist have preset copayments (dollar amounts), which are listed below and in your plan booklet. There are no maximums or deductibles.

COPAYMENTS FOR COMMON DENTAL SERVICES

Code	Description of Service	Enrollee Pays
D2792	Crown - full cast noble metal	$380.00
D2920	Re-cement crown	$25.00
D2950	Core buildup, including any pins	$60.00
D2954	Prefabricated post and core in addition to crown	$70.00
D3000-D3999 IV. Endodontics		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$200.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	$300.00
D3330	Endodontic therapy, molar (excluding final restoration)	$425.00
D4000-D4999 V. Periodontics		
D4341	Periodontal scaling and root planting - four or more teeth per quadrant	$60.00
D4910	Periodontal maintenance	$50.00
D7140	Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	$35.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$60.00
D7000-D7999 VI. Oral and Maxillofacial Surgery		
D7230	Removal of impacted tooth - partially bony	$110.00
D7240	Removal of impacted tooth - completely bony	$150.00
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$10.00
D9230	Inhalation of Nitrous Oxide/Anxiolytics Analgesia	$28.00

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE DENTAL PLAN. The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. Evidence of Coverage will be sent to you upon enrollment.

2021 United Concordia Dental PPO Rates

Active employees who live outside of MD and PA should enroll in the DPPO plan to receive dental coverage from the United Concordia.		
2021 Plan Year: January 1st – December 31st	**Network: Elite Plus**	
This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage—if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a United Concordia PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.		
	CONCORDIA FLEX PLAN	
Benefit Category[1]	**In-Network[2]**	**Non-Network[2]**
Class I – Diagnostic/Preventive Services		
Exams 2 per calendar year	100%	100%
X-rays Bitewing 2 per calendar year; Full Mouth 1 per 36 months		
Cleanings 2 per calendar year		
Fluoride Treatments 2 per calendar year to age 19		
Sealants 1 per tooth per 36 months to age 19 on permanent first and second molars		
Space Maintainers 1 per 60 months		
Palliative Treatment (Emergency)		
Class II – Basic Services		
Basic Restorative (Fillings, etc.) 1 per surface per 12 months	80%	80%
Simple Extractions		
Complex Oral Surgery		
General Anesthesia		

[1] Dependent children covered to age 26.

[2] Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 80th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.

Active employees who live outside of MD and PA should enroll in the DPPO plan to receive dental coverage from the United Concordia.		
2021 Plan Year: January 1st – December 31st	**Network: Elite Plus**	
This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage—if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a United Concordia PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.		
	CONCORDIA FLEX PLAN	
Benefit Category[1]	**In-Network[2]**	**Non-Network[2]**
Class III – Major Services		
Nonsurgical Periodontics Scaling & Root Planing 1 per 24 months, per quadrant	60%	50%
Surgical Periodontics Including bone surgery, tissue surgery, and bite adjustments 1 per 60 months		
Endodontics		
Inlays, Onlays, Crowns 1 per 60 months		
Prosthetics (Bridges, Dentures) Full and/or partial dentures 1 per 60 months		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures 1 in any 12-month period per specific area of appliance		
Implants 1 per 60 months		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (Applies to the combination of services received from network and non-network dentists)		
Calendar Year Program Deductible (per member/per family) January 1 – December 31	$50 / $150 Excludes Class I & Orthodontics	
Calendar Year Program Maximum (per member) January 1 – December 31	$1,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per child dependent)	$1,500	

MetLife: Life / Accidental Death & Dismemberment Insurance

How to Register

Website: https://online.metlife.com/edge/web/public/benefits

Step 1: Provide your group name and click to select it and then click "Next."

Step 2: The login screen. To begin accessing personal plan information, click on "Log In" at the top-middle of the page, and on the next screen, select "Create New Account" and complete the registration process.

Step 3: Enter personal information. Enter your first and last name, identifying data, and e-mail address.

Step 4: Establish account credentials. You will need to create a unique username and password for future access to My Benefits. You will also need to choose and answer three identity verification questions to be used in the event you forget your password. In addition to reading and agreeing to the website's Term of Use, you will be asked to opt into electronic consent.

Step 5: Process complete. Now you will be brought to the "Thank You" page.

Active Basic Life / AD&D Coverage	
Union	**Benefit Amount**
AFSCME Local 2202	1 x Annual Salary, Minimum $15,000
AFSCME Local 44	1 x Annual Salary, Minimum $15,000
AFSCME Local 558	1 x Annual Salary, Minimum $15,000
CUB	1 x Annual Salary, Minimum $17,630
Fire	1 x Annual Salary + $1,500
MAPS	2.5 x Annual Salary
Police	1 x Annual Salary

Supplemental Term Life Insurance Coverage	
For you:	1 time your basic annual earnings, to a maximum of $100,000
	2 times your basic annual earnings, to a maximum of $200,000
	3 times your basic annual earnings, to a maximum of $300,000
	4 times your basic annual earnings, to a maximum of $400,000
	5 times your basic annual earnings, to a maximum of $500,000

Monthly Costs for Supplemental Term Life and AD&D Insurance		
You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of January 1, 2021).		
Age	**Monthly Cost Per $1,000 of Employee Coverage**	**Monthly Cost Per $1,000 of Employee Coverage plus AD&D**
Under 30	$0.060	$0.085
30 – 34	$0.080	$0.105
35 – 39	$0.090	$0.115
40 – 44	$0.110	$0.135
45 – 49	$0.180	$0.205
50 – 54	$0.315	$0.340
55 – 59	$0.485	$0.510
60 – 64	$0.780	$0.805
65 – 69	$1.360	$1.385
70 – 74	$2.660	$2.685
75 +	$3.610	$3.635

MEDICAL PLAN COMPARISON

Comparing Medical Plan Benefits

The following charts are a summary of generally available benefits and do not guarantee coverage. Check each carrier's website to determine if your providers and the facilities in which your providers work are included in the various plan networks. To ensure coverage under your plan, contact the plan before receiving services or treatment to obtain more information on coverage limitations, exclusions, medical necessity determinations, and pre-authorization requirements.

2021 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	**Out-of-Network***	**In-Network**	**Out-of-Network***
Dependent Eligibility (See Enrolling Eligible Dependents)				
Deductible	$250 per individual $500 per family	$500 per individual $1,000 per family	None	None
Out-of-Pocket Maximum (based on annual salary)	**Employee Salary:** **<$45,000** $1,000 individual/ $2,000 family **>$44,999** $1,500 individual/ $3,000 family	**Employee Salary:** **<$45,000** $2,000 individual/ $4,000 family **>$44,999** $3,000 individual/ $6,000 family	$1,000 per individual $2,000 per family	N/A
Plan Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Routine & Preventive Services				
Routine Office Visit (Annual physical)	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Well Baby/Child Care	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Routine GYN Examination	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Screenings: Mammography, Colorectal & Prostate	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Physician Office Visits (Not-Routine)				
Physician's Office Visit (Sickness) (Maps & Unrepresented)	$25 Copay	80% Allowed Benefit, after deductible	$5 copay per visit	80% Allowed Benefit
Physician's Office Visit (Sickness) (Represented)	$25 Copay	80% Allowed Benefit after deductible	$5 copay per visit	80% Allowed Benefit
Specialist Office Visit (Maps & Unrepresented)	$40 Copay	80% Allowed Benefit after deductible	$5 copay per visit	80% Allowed Benefit
Specialist Office Visit (Represented)	$40 Copay	80% Allowed Benefit after deductible	$5 copay per visit	80% Allowed Benefit
Hearing Exams- one exam every 36 months (routine exams excluded)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit with medical diagnosis	80% Allowed Benefit with medical diagnosis

2021 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	**Out-of-Network***	**In-Network**	**Out-of-Network***
Emergency Room and Urgent Care Services				
Ambulance Service (based on medical necessity) (ground only)	90% Allowed Benefit after deductible	90% Allowed Benefit after deductible	100% Allowed Benefit	100% Allowed Benefit
Emergency Room Observation – up to 24 hours or more, presented via Emergency Department (copay waived ONLY if admitted)	90% Allowed Benefit after deductible	90% Allowed Benefit after deductible	$50 copay	$50 copay
Urgent Care	$25 Copay, 90% Allowed Benefit	$25 Copay, 90% Allowed Benefit	$5 copay per visit	100% Allowed Benefit
Hospital Inpatient Services				
Anesthesia	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Maps & Unrepresented Hospital Services, including Room, Board & General Nursing Services	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit pre-authorization required	$100 deductible per admission, then plan pays 80% up to $1,500 out of pocket maximum per admission then 100% Allowed Benefit
Represented Hospital Services, including Room, Board & General Nursing Services (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	$100 deductible per admission, then plan pays 80% up to $1,500 out of pocket maximum per admission, then 100% Allowed Benefit
Medical-Surgical Physician Services	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Physical, Speech & Occupational Therapy	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Organ Transplant (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	100% Allowed Benefit

2021 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	**Out-of-Network***	**In-Network**	**Out-of-Network***
Hospital Inpatient Services (continued)				
Acute Inpatient Rehab	90% of Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Outpatient Services				
Cardiac Rehab	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Chemotherapy & Radiation	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Renal Dialysis	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Diagnostic Lab Work & X-rays	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Outpatient Surgery	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Physical, Speech & Occupational Therapy (Maps & Unrepresented)	90% Allowed Benefit after deductible - limit 60 visits combined limit/year	70% Allowed Benefit after deductible - limit 60 visits combined	100% Allowed Benefit limited to 100 combined visits per calendar year	80% Allowed Benefit - limited to 100 combined visits per calendar year
Physical, Speech & Occupational Therapy (Represented)	90% Allowed Benefit after deductible - limit 60 visits combined/year	70% Allowed Benefit after deductible, - limit 60 visits combined/year	facility $5 copay; 100 combined visits per calendar year	80% Allowed Benefit, limited to 100 visits per calendar year for physical, speech, and occupational therapies combined
Pre-Admission Testing	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Allergy Testing	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Allergy Serum	90% Allowed Benefit after Deductible, no maximum	70% Allowed Benefit after deductible, no maximum	100% Allowed Benefit, no maximum	80% Allowed Benefit, no maximum

2021 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	**Out-of-Network***	**In-Network**	**Out-of-Network***
Maternity				
Pre & Post-Natal (Physician Services)	Covered in full	80% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Fertility Testing & Family Planning				
Fertility Testing & Family Planning	90% Allowed Benefit	70% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
In-Vitro Fertilization (pre-authorization required)	90% Allowed Benefit; $100,000 lifetime maximum	70% Allowed Benefit; $100,000 lifetime maximum	100% Allowed Benefit; $100,000 lifetime maximum	80% Allowed Benefit; $100,000 lifetime maximum
Inpatient Mental Health & Substance Abuse				
Inpatient Alcohol & Substance Abuse/ Mental Health (Maps & Unrepresented) (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	$100 deductible per admission, then plan pays 80% up to $1,500 out-of-pocket maximum per admission, then 100% Allowed Benefit
Inpatient Alcohol & Substance Abuse/ Mental Health (Represented) (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	$100 deductible per admission, then plan pays 80% up to $1,500 out-of-pocket maximum per admission, then 100% Allowed Benefit
Outpatient Mental Health & Substance Abuse				
Outpatient Mental Health/Alcohol & Substance Abuse (Maps & Unrepresented)	$25 Copay	80% Allowed Benefit after deductible	$5 copay/visit; 100% Allowed Benefit	80% Allowed Benefit
Outpatient Mental Health/Alcohol & Substance Abuse (Represented)	$25 Copay	80% Allowed Benefit after deductible	$5 copay/visit; 100% Allowed Benefit	80% Allowed Benefit

2021 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	**Out-of-Network***	**In-Network**	**Out-of-Network***
Miscellaneous Supplies & Services				
Nutrition Counseling	90% Allowed Benefit after deductible	70% of Allowed Benefit after deductible	$5 copay/visit	80% Allowed Benefit
Diabetic Supplies	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Insulin & Syringes Covered by Rx Plan				
Durable Medical Equipment	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Private duty nursing Outpatient Only (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100 % of Allowed Benefit	80 % Allowed Benefit
Hospice Care	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Prosthetic Devices (such as artificial limbs)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% allowed benefit	80% Allowed Benefit

2021 Health Maintenance Organizations (HMOs)		
*Out-of-network services are not covered under an HMO unless in the event of an emergency.		
	Aetna Select Open Access (HMO)	**Kaiser Permanente (HMO)**
Dependent Eligibility (See Enrolling Eligible Dependents)		
Are Referrals Required?	No	Yes
Out-of-Pocket Maximum	$1,100 per individual $2,200 per family	$1,100 per individual $3,600 per family
Plan Lifetime Maximum Benefit	Unlimited	Unlimited
Routine & Preventive Services		
Physician's Office Visit (Annual Physical)	Covered in full	Covered in full
Well Baby/Child Care	Covered in full	Covered in full
Routine GYN Examination	Covered in full	Covered in full
Immunizations	Covered in full	Covered in full
Screenings: Mammography, Colorectal & Prostate	Covered in full - call plan for details	Covered in full - call plan for details
Physician Office Visit (Non-Routine)		
Specialist Office Visit	$5 copay per visit	$5 copay per visit
Hearing Exams	$5 copay per visit	$5 copay per visit
Emergency Room and Urgent Care Services		
Ambulance Service (Based on medical necessity)	Covered in full for emergency only	Covered in full for emergency only
Emergency Room Observation – up to 24 hours or more presented via Emergency Department (Copay waived ONLY if admitted)	$50 copay	$50 copay
Urgent Care	$5 copay per visit	$5 copay per visit
Hospital Inpatient Services		
Anesthesia	Covered in full	Covered in full
Hospital Services Including Room, Board & General Nursing Services	Covered in full	Covered in full
Diagnostic Lab Work & X-rays	Covered in full	Covered in full
Medical-Surgical Physician Services	Covered in full	Covered in full
Physical, Speech & Occupational Therapy	Covered in full	Covered in full
Organ Transplant (Pre-authorization required)	Covered in full for non-experimental transplants	Covered in full for non-experimental transplants
Acute In-Patient Rehab	Covered in full	Covered in full
Outpatient Services		
Cardiac Rehab	$5 copay per visit	$5 copay per visit
Chemotherapy & Radiation	$5 copay per visit	$5 copay per visit
Renal Dialysis	Covered in full	$5 copay per visit
Diagnostic Lab Work & X-rays	Covered in full	Covered in full
Outpatient Surgery	Covered in full	$5 copay per visit

2021 Health Maintenance Organizations (HMOs)		
*Out-of-network services are not covered under an HMO unless in the event of an emergency.		
	Aetna Select Open Access (HMO)	**Kaiser Permanente (HMO)**
Physical, Speech & Occupational Therapy	$5 copay per visit, limited to 90 visits per calendar year	$5 copay per visit call plan for visit limits
Pre-Admission Testing	Covered in full	$5 copay per visit
Allergy Testing	$5 copay per visit	$5 copay per visit
Allergy Serum	Covered in full	Covered in full
Maternity		
Pre and Post-Natal (Physician Services)	Covered in full	Covered in full
Delivery (Inpatient)	Covered in full	Covered in full
Newborn Care (Inpatient)	Covered in full	Covered in full
Fertility Testing & Family Planning		
Fertility Testing & Family Planning	Member cost-sharing based on type of service performed and place of service where rendered	$5 copay per visit for family planning. Fertility testing office visit and any other fertility services covered at 50%
In-Vitro Fertilization	Call plan for specific state-mandated benefits	50% of allowable charges; $100,000 maximum lifetime benefit for up to 3 attempts per live birth
Mental Health & Substance Abuse Benefits		
Inpatient Mental Health/Alcohol & Substance Abuse	Covered in full (pre-authorization required)	Covered in full
Outpatient Mental Health/Alcohol & Substance Abuse	$5 copay per visit	$5 copay per visit
Miscellaneous Supplies & Services		
Nutrition & Health Education	$5 copay per visit	$5 copay per visit
Diabetic Supplies-Lancets, test strips, Glucometers	$5 copay	Covered in full
Insulin & Syringes Covered by Rx plan		
Durable Medical Equipment (Pre-authorization required)	Covered in full	Covered in full
Private Duty Nursing (Pre-authorization required)	Not covered	Covered in full
Hospice Care	Covered in full	Covered in full
Prosthetic Devices (Such as artificial limbs) (Pre-authorization required)	Covered in full	Covered in full

City of Baltimore

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