

2022 OPEN ENROLLMENT



RETIRED EMPLOYEES

CITY OF BALTIMORE



OCTOBER 18 TO
NOVEMBER 1, 2021



OPENENROLLMENT@BALTIMORECITY.GOV

OFFICE OF EMPLOYEE BENEFITS

7 E. Redwood Street, 20 th Floor Baltimore, MD 21202	Phone: 410-396-5830 Fax: 410-396-5816	Website: humanresources.baltimorecity.gov Email: Openenrollment@Baltimorecity.gov Enrollment: workday.baltimorecity.gov/login
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INSURANCE PLAN PROVIDERS

PLAN	PHONE	WEBSITE
BlueChoice Advantage (PPO) <i>(Non-Medicare Retirees/ Retirees *pending CMS approval)</i>	(800) 535-2292	www.carefirst.com
*Aetna Medicare Advantage Plan (MAPD) with #Prescription Drug Benefits <i>(CMS approved Retirees)</i>	(855) 335-1407 TTY 711	www.aetnaretireplans.com <i>visit this link for the drug formulary information.</i>
**Aetna Open Choice (PPO) <i>(Non-Medicare Retiree/ Dependents of CMS approved Medicare Retirees)</i>	(877) 440-4711	www.aetna.com
Kaiser Permanente (HMO) <i>(Non-Medicare Retirees and dependents)</i>	(866) 248-0715	www.kaiserpermanente.org
Kaiser Medicare Advantage Plan (MAPD) with #Prescription Drug Benefits <i>(CMS approved Retirees)</i>	(866) 248-0715	www.kaiserpermanente.org Visit www.kp.org/seniorrx for drug formulary information
CareFirst Caremark/ CVS Prescription Plan <i>(Non-Medicare Retirees/ retirees *pending CMS approval)</i>	(800) 241-3371	www.carefirst.com
NVA- National Vision Administrators	(800) 672-7723	www.e-nva.com
MetLife- Optional Life and ADD	(866) 492-6983	www.metlife.com/mybenefits
United Concordia Dental (DHMO/DPPO)	(866) 851-7568	www.unitedconcordia.com/cityofbaltimore

RETIREMENT AGENCIES

Baltimore City Employee Retirement System (ERS)	(877) 273-7136	www.bcercs.org
Fire & Police Retirement System (FPR)	(888) 410-1600	www.bcfpers.org
Maryland State Retirement System (MSRP)	(800) 492-5909	www.sra.state.md.us/

HELPFUL CONTACTS

Medicare Service Center - Centers for Medicare & Medicaid Services (CMS)	1(800) MEDICARE (800) 633-4227 TTY: (877) 486-2048	https://www.medicare.gov/ https://www.cms.gov/
Social Security Administration	(800) 772-1213 TTY: (800) 325-0778	https://www.ssa.gov/

** The Aetna PPO plan and *The Aetna MAPD plan are separate plans, if you have questions about your split enrollment please direct those questions to the correct plan. Please be sure to call the correct customer service numbers listed above.

Summary of Health Information

As a retiree, the health benefits available to you represent a significant component of your retirement benefit with the City of Baltimore. They also provide important protection for you and your family in case of illness or injury.

The City of Baltimore offers a series of coverage options. Choosing the correct medical plan is an important decision. To help you make an informed choice, we make available a number of documents including this Benefits Book and a Summary of Benefits Guide for your Health Benefits.

This Benefits Book generally provides the Open Enrollment information and a brief summary of all other available benefits for the full plan year. This Book describes and compares the plans in enough detail to help you decide which plans are best for you. The Benefits Guide provides a more detailed description of all of the health benefits options available to you, in a standard format.

This Benefits Book and the Benefits Guide are available on the DHR webpage at <https://humanresources.baltimorecity.gov/open-enrollment> or by calling the Office of Employee Benefits at 410-396-5830 to request a printed copy.

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THIS BENEFITS BOOK IS NOT A CONTRACT

This Benefits Book is a summary of general benefits available to City of Baltimore eligible retirees through the City of Baltimore's Health and Welfare Benefits Program. Wherever conflicts occur between the contents of this book and the contracts, rules, regulations, or laws governing the administration of the various plan programs, the terms set forth in those various programs' contracts, rules, regulations, or laws shall prevail.

This book does not permit the listing of all limitations and exclusions that apply to each plan. Before enrolling and using your benefits, please contact the plan for information and please contact your provider to verify their participation. Once enrolled in a plan, you are enrolled for the full plan year unless you experience a Qualifying Life Event (*QLE page 17*). Benefits and prescription drug formularies can be changed at any time without the consent of participants, the City cannot control these changes.

This Benefits Book and the Benefits Guide are available on the DHR webpage at <https://humanresources.baltimorecity.gov/open-enrollment> or by calling the Office of Employee Benefit at 410-396-5830 to request a printed copy.

Drug Formulary

To view the Kaiser MAPD Prescription Drug Formulary, visit the following link:

<https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/health-wellness/drug-formulary> and select Medicare Part D Formulary

To view the Aetna MAPD Prescription Drug Formulary, visit the following link: <https://www.aetnamedicare.com>

CVS CareMark Prescription Drug Plan Drug Formulary can be found on the CareFirst's website: www.carefirst.com, then select plans and coverage; then select prescription drug plan. Here you can search for an individual drug by name to find out if it is on the list.

Review Your Options with Alex!

JellyVision is here to help during the Open Enrollment period as well as Ongoing Enrollment when applicable. Active employees and retirees can always interact online with Alex, the virtual benefits counselor. Alex will help you make smarter healthcare decisions that may save you time and money by answering a series of health-related questions.

Alex walks you through the process of picking your best benefits and provides easy to understand explanations for any questions you might have along the way. Prepare to make the best benefits decision with **Alex** at <https://www.myalex.com/cityofbaltimore/2022>

Once you are ready to enroll or make your changes, you can access the City's Health Benefits Enrollment System on Workday by visiting this link <https://workday.baltimorecity.gov/login>

What's New for 2022


- The Open Enrollment period for plan year 2022 will be held **October 18 - November 1, 2021**
- The City of Baltimore will offer Virtual Open Enrollment Benefit fairs, see flyer for log on and date information (**page # 13**)
- This year, Medicare-eligible Retirees have the option to enroll in the Aetna MAPD plan or the Kaiser MAPD plan for the Medicare plan options with the City of Baltimore.
- Effective at the start of Open Enrollment, retirees will have access to the Workday enrollment system.
 - The Workday system is user friendly and logging in is easy, just enter the following web address: **<https://workday.baltimorecity.gov/login>** to access the Workday website.
 - **Those retirees who do not wish to enroll via the Workday system, will still receive the Enrollment Form, Benefits Book, Dependent documentation form, and rate information in the mail.**
 - If you submit an Enrollment Form with Open Enrollment changes for plan Year 2022, the benefits staff will process your changes.
 - The completed Enrollment Form **“MUST”** be postmarked and received in the Benefits office **no later than November 1, 2021.**
 - If you have computer access and an email address, we strongly recommend using the Workday system to enroll for your benefits.
- Workday jobs aids are provided in this book for your reference covering the following topics:
 - Navigating to Workday via web browser
 - Navigating to Workday via mobile app
 - Logging into Workday

The City of Baltimore Workday website can be easily accessed through an internet web browser or through the Workday mobile application. This job aid covers the process of navigating to the Workday website via a web browser or mobile application.

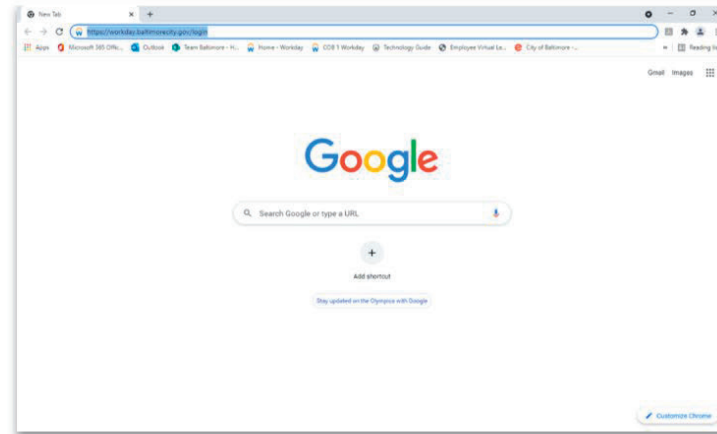
NAVIGATING TO WORKDAY VIA WEB BROWSER

1. On your computer desktop, double-click the icon of your web browser of choice. Once you double-click the icon, the web browser's home page will open.

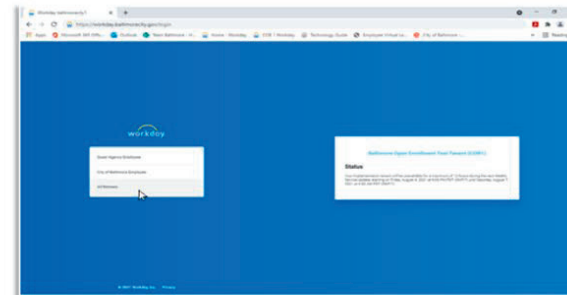


 **Note:** Workday can be accessed through any of the following web browsers: Google Chrome, Internet Explorer, Microsoft Edge, or Firefox.

2. Click on the web browser's Search bar and type the following internet URL: <https://workday.baltimorecity.gov/login> Press the "Enter" key on your keyboard to continue.



3. You are now at the City of Baltimore Workday website and can proceed to log into your Retiree profile.



Your screen shots may vary in color from this document; however, processes are correct as of revision date. Confidential ©2020 Workday, Inc. 1/15/2021 revision 2021r1



NAVIGATING TO WORKDAY VIA MOBILE APP

STEP 1: INSTALLING THE WORKDAY FOR MOBILE ACCESS

ANDROID

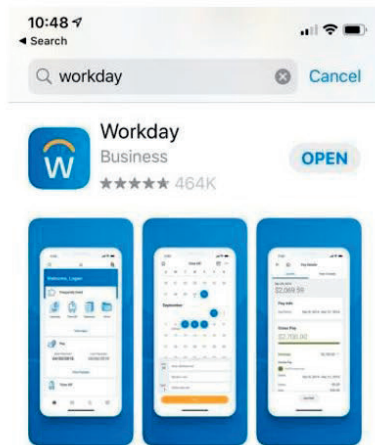
To download the Workday Mobile app on your Android device:

1. From your device, navigate to the Google Play Store.
2. Enter **Workday** in the search field and select **Workday** from the results.
3. Tap **Install**, then **Open** to launch the Workday Mobile app.

IPAD AND IPHONE

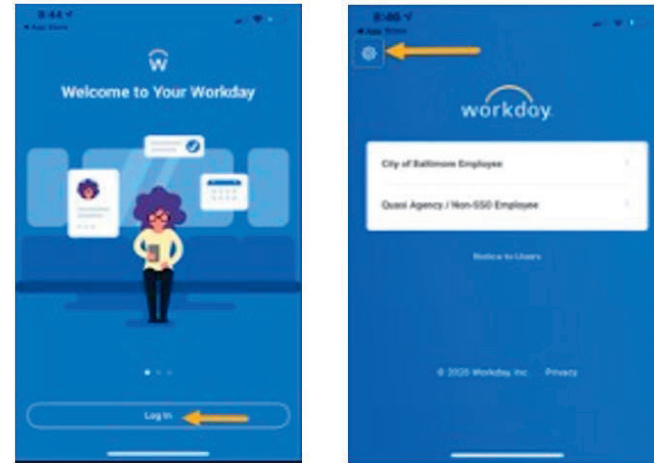
To download the Workday Mobile app on your iPad or iPhone:

1. From your device, navigate to the App Store.
2. Enter **Workday** in the search field and select Workday from the results.
3. Tap **Get**, then Install.
4. Tap **Open** once the app has downloaded.



STEP 2:

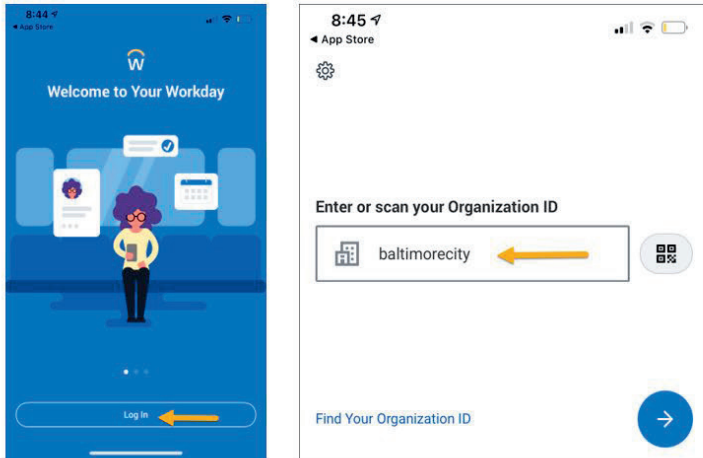
1. Tap the “Log In” button to complete initial setup steps, accept the license agreements and enter the company settings.



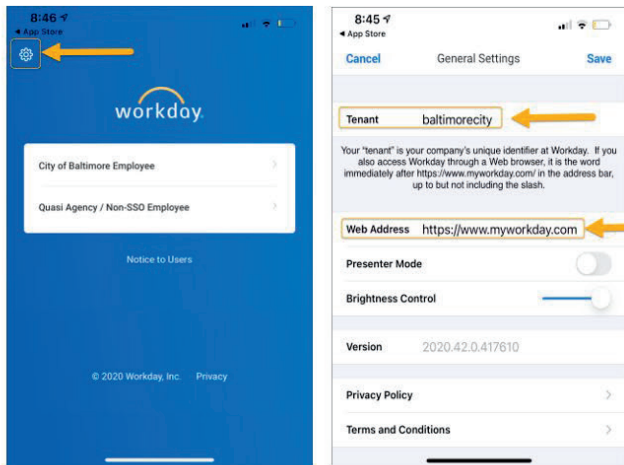
Note: There are several ways to enter company credentials to access Workday Mobile. The following set of instructions covers the settings method and QR code access from the Workday desktop. Alternatively, you can use the mobile setup instructions in the app. **If you have successfully accessed your Workday account, you can skip the following setup instructions in the future.**

Getting Started

2. Tap **Log In**, then when asked to enter or scan your Organization ID, enter "**baltimorecity**".

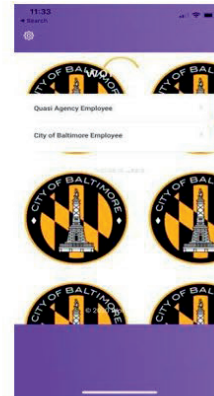


3. Click the Gear button and ensure that Tenant is "**baltimorecity**" and Web Address is <http://www.myworkday.com>.

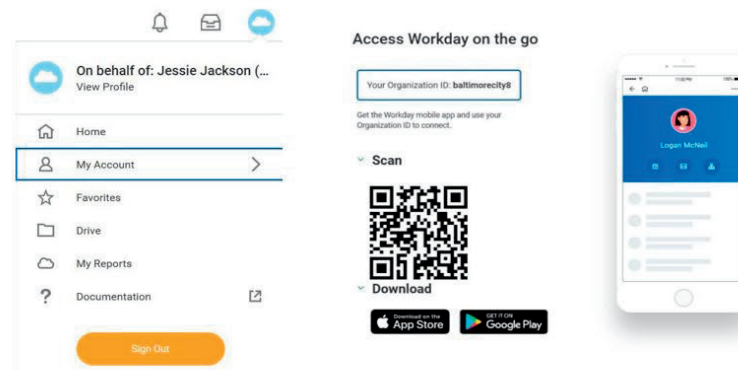


Navigating to Workday

4. Tap **City of Baltimore** for single sign on or to log in.
5. Once you select City of Baltimore, your sign in is the same as your computer, or email with your email address.



6. Another way to access the mobile app is to scan the QR code from your desk top app. To access the QR code, select **My Account** from your cloud icon on the upper right side of your Workday home page. A window will pop up with the name of the organization and the QR code. To scan the QR code, hold your camera over the area to scan. This sends a link to your mobile device to download the Workday App.

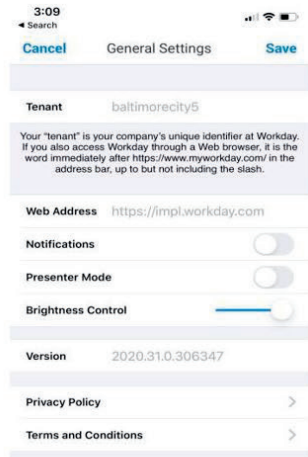


Retiree Job Aide



Baltimore
Transforming • Engaging • Automating • Modernizing

- 7. Enter or scan your **Organization ID** or tap **Settings** to add specifics about your organization’s tenant.



- 8. From settings, enter company’s Workday web address. Afterwards, tap **Save**.
- 9. Enter your username and password and tap **Sign In**.
- 10. Tap **OK** to enable push notifications and save.
- 11. You are now ready to log into your Workday profile.

STILL HAVE QUESTIONS ABOUT WORKDAY

For additional support and questions about Workday, please contact the Employee Benefits team at (410) 396-5830 or (410) 396-5831.



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Getting Started

Logging into Workday

Retiree Job Aide

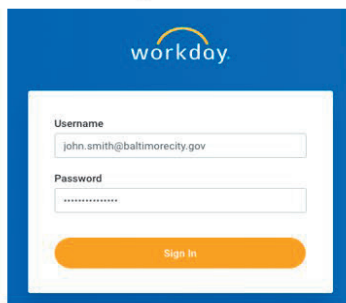
WORKDAY LOG IN INSTRUCTIONS:

Follow the instructions below to log into your Workday Retiree Home Page:

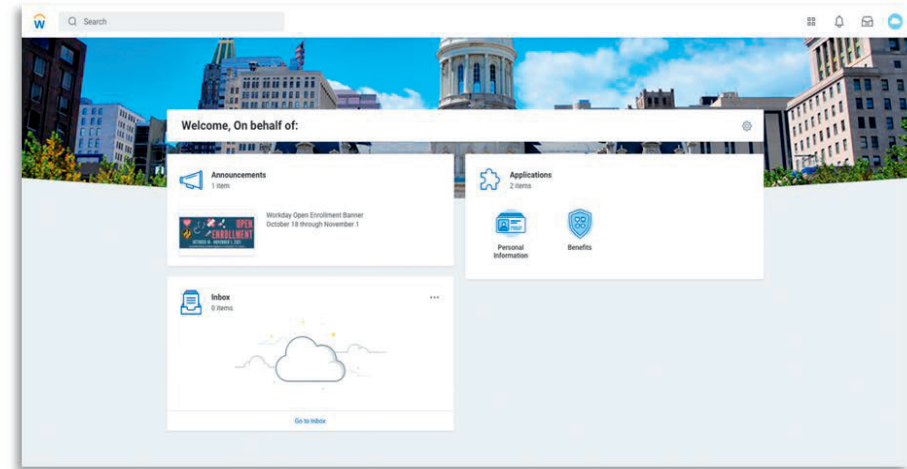
1. Access the Workday website through your favorite internet web browser or open the Workday app in your mobile device. Select the “**Retirees**” option.



2. In the sign in page, type your City of Baltimore login credentials in the username and password fields. Click the “Sign In” button.



4. You are now in your City of Baltimore Workday Retiree home page!



STILL HAVE QUESTIONS ABOUT WORKDAY

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ADMINISTRATIVE INFORMATION

Dependent Eligibility	Dependent children are eligible for benefits until the end of the calendar year that they reach age 26, regardless of student status
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 to 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/hr-divisions/benefits .
Prescription Coverage	You and your dependents must be enrolled in a medical plan in order to enroll in a prescription drug plan
Duplicate Coverage Information	If you, your spouse or your dependent child are City employees/retirees, you cannot enroll each other or the same eligible dependents on your medical, dental, vision and prescription plan 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 employer group health benefits. Noncompliance may result in the loss of coverage for participants with invalid or missing social security numbers.
Change of Address	You must notify your retirement agency in writing about your change of address. The Office of Employee Benefits cannot change your address.
Enrollment Information	Retirees who wish to make changes to their benefits during Open Enrollment can access Workday if they have a personal email address. Those retirees who do not wish to access Workday to make changes, may complete the Health Benefits Enrollment Form included in their packet and submit it to the Office of Employee Benefits for processing.

	<p>Retirees currently enrolled in the Aetna Medicare Advantage Plan, will remain enrolled unless the retiree requests to <u>opt out or cancel that coverage during Open Enrollment.</u> If the retiree requests to opt out of the plan, please note any dependent enrolled under that retiree will also lose their coverage.</p> <p>Retirees enrolled in the Kaiser Permanente Medicare Advantage Plan will remain enrolled in that plan unless the retiree requests to <u>opt out or cancel that coverage during Open Enrollment.</u> If the retiree requests to opt out of the plan, please note any dependent enrolled under that retiree will also lose their coverage.</p> <p>PLEASE NOTE: All opt out requests are in place for the full plan year. Once the request is processed by the Office of Employee Benefits</p>
<p>New Membership ID Cards</p>	<p>Membership ID cards will only be issued for enrollment in new plans, new enrollment and coverage level changes.</p>
<p>RETIREMENT SAVINGS PLAN (“RSP”)</p>	<p>The City of Baltimore has determined that employees who choose the Retirement Savings Plan (“RSP”) Non-Hybrid retirement option will be eligible to receive retiree health care benefits when they terminate City employment commensurate with their employment years of service. The RSP Board desires to establish the following age and length-of-service criteria to govern Non-Hybrid eligibility.</p> <p>The RSP Board has determined that for a Non-Hybrid member to be considered retirement eligible, he/she needs to reach the earliest ERS retirement age and service, which is at least age fifty-five (55) with at least five (5) years of service. Once deemed retirement eligible, a Non-Hybrid member would be eligible to receive retiree health care benefits based on the Graduated Retiree Contribution Schedule.</p> <p>A record for each member’s years of City service, including hire dates and termination dates, will be maintained by the ERS/RSP to determine tiered eligibility for retiree health benefits.</p>



OPEN ENROLLMENT BENEFITS FAIR



OCTOBER 18, 22, 27, 29 & NOVEMBER 1, 2021
10:00AM-3:00PM (EST)



TO ATTEND THE CITY OF BALTIMORE'S
2022 VIRTUAL OPEN ENROLLMENT
GO TO

www.COBBenefitFair.com

THE CITY OF BALTIMORE WILL HOLD VIRTUAL OPEN ENROLLMENT BENEFIT
FAIRS THIS YEAR DURING THE OPEN ENROLLMENT PERIOD.

ALL HEALTH VENDORS, THE BENEFITS TEAM AND THE WELLNESS TEAM
WILL BE VIRTUAL VIA CHAT, PHONE, AND ZOOM TO ANSWER QUESTIONS
AND TO HELP YOU ENROLL. THE BENEFITS TEAM AND HEALTH VENDORS
WILL ALSO HOLD LIVE WEBINARS AND PROVIDE MULTIPLE ONLINE TOOLS
TO ASSIST YOU.



For more information call
410-396-8089



OPENENROLLMENT@BALTIMORECITY.GOV

TRAINING FOR RETIREES

Prepare to Enroll with These Training Offerings!

In person Workday Training for Retirees

- Facilitated by the Office of Benefits and Learning and Development
- Mark your calendars 9/28, 9/29, 10/6 and 10/7
- 9 am – 4 pm daily
- Held at 7 E Redwood Street, Floor 15
- Time slots available by last name
- Visit DHR's benefits website for additional information!
<https://humanresources.baltimorecity.gov/hr-divisions/benefits>

Enrollment Aids

- Basic Computer function
- Navigating Workday via mobile app and through a URL
- Viewing and updating your profile
- Review and select your benefits using Workday

Videos

- Navigation of Workday and profile
- Navigation and selection of benefits using Workday



ENROLLMENT PROCESSES

OPEN ENROLLMENT

During the City of Baltimore's Annual Open Enrollment period held from **October 18, 2021** through **November 1, 2021**, retirees will receive a **Retiree 2022 Open Enrollment Packet** that includes:

- Retiree Letter
- Retiree Benefits Enrollment Form
- Dependent Documentation Form
- 2022 Retiree Benefits Book

WHAT WILL HAPPEN DURING OPEN ENROLLMENT?

- Retirees enrolled in the Aetna Medicare Advantage Plan (MAPD) and the Kaiser Medicare Advantage Plan (MAPD) as of Open enrollment will remain enrolled unless the retiree request to **change their City of Baltimore Medicare plan, opt out of their City Medicare plan or select another Non-Medicare plan**. If the retiree requests to opt out of coverage during Open Enrollment they are **removed from City Medical and Rx coverage for the complete 2022 plan year**. Please keep in mind in the event of the opt out request, any covered dependents enrolled will be removed from the City's health plans.
- If you are enrolled in the Aetna MAPD plan and the Kaiser MAPD plan, your dependents that are **not Medicare-eligible** will be enrolled in the Aetna Open Choice (PPO) plan and the Kaiser HMO plan until the time they become eligible for Medicare Part A and Part B or until the retiree cancels their coverage.
- Prescription coverage is offered under the Aetna MAPD and the Kaiser MAPD plans. The premium listed is the total medical and prescription drug premium.
- For retirees that choose to complete their health benefit enrollment elections and/or dependent enrollment changes using the Enrollment Form,
 - The signed and completed form must be accompanied by all required documents (*if you are adding or removing a dependent*)
 - **ALL documents must be postmarked by November 1, 2021:**

DHR, Office of Employee Benefits
7 E. Redwood Street, 20th Floor
Baltimore, Maryland 21202
Email: Openenrollment@Baltimorecity.gov

NOTE: An Employee Benefits Specialist will process the Open Enrollment elections, which will become effective January 1, 2022.

If the retiree is not making any benefit and/or dependent changes, there is no need to complete or return the 2022 Benefits Enrollment Form (this can be retained for your reference). If you gain access to the Workday system, please take the time to review all of your personal information and benefit options.

If you need assistance making any corrections to your benefits plan, please contact the Office of Employee Benefits at 410-396-5830. Remember **all address changes must be updated by YOUR retirement agency**, the Office of Employee Benefits cannot change your home address of record.

NEW RETIREE ENROLLMENT

New retirees will have sixty (60) days from their retirement date to enroll in health benefits. Retirees are entitled to enroll in retiree health benefits through the City of Baltimore. Once the Office of Employee Benefits is notified of the retirement, a "New Retiree" packet will be mailed to the address on file with the retirement agency. If you decide to access the Workday system, you will also see the "New Retiree" enrollment event in your Workday Inbox.

The new retiree's enrollment deadline is **sixty (60) days from the date of retirement**, which is the qualifying event. You can complete the "New Retiree" enrollment event in Workday and, if applicable, upload the required documentation for each eligible dependent you are electing to enroll into coverage OR you can complete the Enrollment Form. The retiree must mail or email the completed form and required dependent documentation, if applicable, **before** the enrollment deadline to:

DHR, Office of Employee Benefits
7 E. Redwood Street, 20th Floor
Baltimore, Maryland 21202
Email: Openenrollment@Baltimorecity.gov

If the new retiree does not enroll in health benefits by completing the Benefits Enrollment Form and submitting it timely or completing the "New Retiree" enrollment event via Workday, all benefit elections will default to **"No Coverage"** at the end of the enrollment period.

QUALIFYING LIFE EVENT (QLE)

If a retiree experiences a qualifying life event (marriage, birth, death, etc.), they have the option to process the benefit changes via Workday or they must request an Enrollment Form from the Office of Employee Benefits. The retiree's enrollment deadline is **sixty (60) days from the date of the qualifying life event**. If adding dependents to coverage, the retiree must upload the required dependent verification documents or once the Enrollment Form is completed, if applicable, the retiree must mail or email the completed form and required dependent documentation before the enrollment deadline to:

DHR, Office of Employee Benefits
7 E. Redwood Street, 20th Floor
Baltimore, Maryland 21202
Email: Openenrollment@Baltimorecity.gov

If the Enrollment Form along with the required documentation to the Office of Employee Benefits is not completed and returned within sixty (60) days of the QLE date, the retiree must wait until the next annual Open Enrollment period to make the benefit changes.

If you have any questions or to request an Enrollment Form, please contact the Office of Employee Benefits between 8:30 a.m. and 4:30 p.m. at (410) 396-5830, or via email at Openenrollment@Baltimorecity.gov

QUALIFYING LIFE EVENT

Generally, you can only change your health coverage during the Open Enrollment period each year. The coverage you elect during Open Enrollment will be in place for the full plan year, 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 life event 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 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 by completing the Retiree Health Benefits Enrollment Form.

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, you must contact the Office of Employee Benefits immediately at (410) 396-5830 or by email Openenrollment@Baltimorecity.gov

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 contribution. However, you must request enrollment within sixty (60) days after you, your spouse, or your dependents other coverage ends OR contributions cease.

In addition, if you have a new dependent as a result 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.

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



ENROLLING ELIGIBLE DEPENDENTS

Dependent Documentation

If you are adding a “NEW” dependent during Open Enrollment or throughout the 2022 plan year, please complete the Required Documentation form included with the retiree packet. You must attach any required dependent documentation and submit all the paperwork to the Office of Employee Benefits. You do have the option to upload required dependent verification documentation via Workday.

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 to make any changes to your enrollment.

Required document(s) should be sent directly to:

DHR, Office of Employee Benefits
7 E. Redwood Street, 20th Floor
Baltimore, Maryland 21202
Email: Openrollment@Baltimorecity.gov

IMPORTANT NOTE: “Adding” your dependent to your Workday dependent file, **does not automatically “enroll”** that dependent into your health benefits coverage. If you do not add and enroll your dependent(s) within the required timeframe (45 days/60 days), your dependent will not have health coverage through the City of Baltimore. If you miss this 45/60-day window, you must wait until the next Open Enrollment period to add and enroll them to your health benefit plans.

Duplicate Coverage Information:

If you and your spouse are both a City employee/retiree, you both cannot enroll each other or the same eligible dependents on your City medical, dental, vision and prescription plan during any coverage period. You will be notified to adjust duplicate coverage, if applicable.

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.

Important Note About Documentation

- Marriage certificates must be signed, dated, and certified by the clerk of the court or other appropriate state or county official. Certificates signed by a clergy member (e.g., a minister or rabbi) are not acceptable.
- Birth certificates must show the line of lineage; your dependent child or your spouse’s dependent child is your or your spouse’s direct descendant by displaying your name as parent.

Eligible dependents do not include the following adults: **Parents, Grandparents, Aunts, Uncles regardless of legal status.**

**DOCUMENTATION FOR NEWLY ADDED DEPENDENTS
& FAMILY STATUS CHANGES**

Eligible Dependent Relationships to Employee/Retiree	Dependent Eligibility Criteria	Documentation For Verification of Relationship (Please Provide Copy)
<p align="center">Legal Spouse</p>	<p>Legally married as recognized by the laws of the State of Maryland or in a jurisdiction where such marriage is legal</p>	<p>Official Court-Certified State Marriage Certificate (must be certified and dated by the appropriate state or County official, such as the Clerk of Court):</p> <ul style="list-style-type: none"> • 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
<p align="center">Children (Birth, Adoption, Stepchild, Permanent Guardianship, Grandchild, Medical Child Support Order, Disabled Child (At Age 26 as of December 31st))</p>	<ul style="list-style-type: none"> • 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 prior to age 26 and are required to reside in your home 	<ul style="list-style-type: none"> • Birth: Official State Birth Certificate with name of employee/retiree as child's parent • Adoption: Official Court Documents & Official State Birth Certificate • Stepchild: Official Court-Certified State Marriage Certificate & Official State Birth Certificate with name of spouse of employee/retiree as 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 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 (health plans will recertify eligibility)

TERMINATION OF COVERED DEPENDENTS DUE TO A FAMILY STATUS CHANGE

Termination of Dependents Due to Family Status Change	Copy of Required Documentation
Death of Spouse or Child	Death Certificate
Divorce	Divorce Decree
Gain or loss of other Coverage (Employee, Retiree, Spouse or Child)	Letter from Employer or Medical Plan, must show coverage and dates enrolled

Eligible dependents includes the following: **Legal Spouse, Natural Child, Stepchild, Permanent Guardianship of a Child, Grandchild, Medical Child Support Order, Disabled Child** (see chart).

SECTION 2:
**RETIREE ENROLLMENT/
MEDICARE INFORMATION**

IMPORTANT MEDICARE INFORMATION

Important Medicare Notice: The City of Baltimore **REQUIRES** all members covered under a Baltimore City retiree medical plan to enroll in **Medicare Part B** through Social Security Administration (SSA) at the time they become eligible for **Medicare Part A**. Once enrolled in Part B, they must remain enrolled in order to receive the maximum possible benefit through the City of Baltimore Retiree benefits.

What if I (or my spouse) am not eligible for Medicare Part A?

- **If you (or your spouse) are not eligible for premium-free Medicare Part A because you did not pay enough Medicare taxes while you worked and you are age 65 or older, you will not be eligible to enroll in the City's MAPD plans, but you will have the option to enroll in the Aetna PPO Non-Medicare retiree plan offered by the City at the higher monthly premium.** However, you **must enroll in Medicare Part B** through your local Social Security office at the time you become eligible for Medicare.
- Once you have received your Red, White and Blue Medicare card, please mail a copy of your card (or your spouse's) to **DHR, Office of Employee Benefits, 7 E. Redwood Street, 20th floor, Baltimore, MD 21202** so we may update your information and begin the enrollment process with the Medicare Advantage Plan of your choice (Kaiser or Aetna). You will receive a Medical ID card from the plan, once enrolled, and your medical premium deduction will be changed to reflect the change in your health plan coverage. **Medicare requires both Parts A and Parts B of Medicare to be enrolled in a Medicare Advantage Plan with Part D Prescription (MAPD).**

I am a new retiree but not 65 yet, what are my plan options?

- New retirees who are **pre-Medicare age (prior to age 65)**, at the time of retirement, their Medical enrollment options would be **Kaiser HMO, BlueCross Advantage PPO and CVS Caremark prescription drug plan, United Concordia and National Vision administrator (MAPS, Fire and Police only).**
- New retirees who are **post Medicare (age 65 or older)**, at the time of retirement, their Medical enrollment options would be **Aetna PPO, Kaiser HMO and CVS Caremark prescription drug plan, United Concordia (Non-Medicare participants only) and National Vision administrator (MAPS, Fire and Police only)** until they become eligible and enrolled in a MAPD plan. Retirees cannot enroll directly into a Medicare sponsored plan like the City's Kaiser MAPD or the Aetna MAPD plans, **the retiree must be approved and accepted by CMS first.** Retirees must be Medicare eligible with both Parts A and B Medicare to be enrolled in the MAPD plans. **The retiree is required to provide a copy of their Red, White and Blue Medicare card and the MBI# at the same time the enrollment form is completed or at the time the retiree becomes Medicare eligible, whichever comes first.**

- **In plan year 2022, if the retiree does not have both parts of Medicare Part A and Part B, that retiree will not be considered for enrollment in the Aetna MAPD plan or the Kaiser MAPD plan.** That retiree and or dependent without both parts of Medicare can only be placed in the **Aetna PPO plan** or the **Kaiser HMO plan** which requires separate prescription coverage in addition to the Medical coverage and a higher monthly premium. The retiree and or dependent will remain in the Aetna PPO plan or Kaiser HMO plan until which time both Medicare Part A and B coverage is obtained or until the retiree cancels their coverage with the City of Baltimore.

I am retired and already enrolled in a medical plan, what happens when I turn 65?

- Retirees that elected or are enrolled in the BlueChoice Advantage PPO High/Standard Option Plan or the Kaiser HMO plan and become eligible for Medicare Parts A & Part B due to attaining age 65 or as a disabled retiree will be included in the **“Age-in to Medicare process”**. The Age-ins and New retirees are different, the age-ins are those who have already retired (or the dependent of a retiree), but are now becoming Medicare eligible. During the Age-in to Medicare process the retiree and dependents remain in the BlueChoice Advantage PPO High/Standard Option Plan or the Kaiser HMO plan until they are **accepted by CMS and allowed enrollment into the Aetna or the Kaiser MAPD plan**. If the retiree is aware that they are **NOT eligible for either Part A or that they did not elect Part B Medicare** when they were eligible, the retiree must notify the Office of Employee Benefits immediately. Failure to timely notify the Office of Employee Benefits could result in incorrect premium deductions from your pension check.
- The Age-in enrollment is not instant, Medicare requires that the retirees be given the option to “Opt out” if they do not want the plan. First the retiree must be sent the Opt out kit which allows the retiree 21 days to decide if they want to be enrolled in the MAPD plan before the retiree is submitted to CMS for enrollment. At the time of submission, CMS will notify the plan if the retiree is eligible for both parts of Medicare. **The submission of the Medicare card does not prove the retiree is eligible for both Part A and Part B, only CMS can verify the eligibility and enrollment.** Once confirmed, the ID cards will be generated and mailed to the retiree’s home address on file. The enrollment date could be 2 months out from the Medicare eligibility date. Once the Benefits Office is notified of the enrollment into the MAPD plan via the Aetna and Kaiser files, the retiree’s plan option is changed on Workday that will reflect the change in the premium deduction. **If there is a Non-Medicare dependent of that age-in Medicare retiree, that dependent will remain or be moved to the Aetna PPO plan or Kaiser HMO plan at the same time the Retiree is moved to the MAPD plan.**
- **If there is a Non-Medicare retiree that has an age-in Medicare dependent, that Retiree will remain or be moved to the Aetna PPO plan or Kaiser HMO at the same time the dependent is moved to the MAPD plan.**

What should I do if I am eligible for Medicare due to a disability?

- Once you (or your spouse or child) have enrolled in Medicare Part A & Part B due to a disability determined by Social Security Administration and have received your Medicare card, you must notify the Office of Employee Benefits. Please provide your Medicare MBI# and Medicare Part A & Part B effective dates as soon as you receive your card. If you are enrolled in health benefits, your medical and prescription plan options will change.

What should I do if I am still actively working when I turn age 65?

- If you are still employed and enrolled in the group health benefits with the City of Baltimore (COB) as an active full-time employee when you (or your spouse) turn age 65, **you should contact Social Security Administration (SSA) three months before you (or your spouse) turn age 65 to discuss your enrollment in Medicare Part A and Part B.**
- If you decide to remain employed as an active full-time employee with the COB beyond age 65 and you (and your spouse) remain enrolled in COB group health benefits, you (or your spouse) may consider delaying your enrollment in Medicare Part B through SSA without a late-enrollment penalty. Please **contact your local Social Security Administration office to discuss your options and for more information.**

Who do I contact if I have any questions?

- If you have any questions regarding your Baltimore City medical plan coverage, please contact the Office of Employee Benefits office at **410-396-5830**/TTY 711 (Maryland).
- If you have any questions regarding Medicare enrollment in Part A and Part B, please contact the **Social Security Administration at 1-800-772-1213** or online **www.SSA.Gov**. If you have any questions regarding **Medicare benefits, please contact Medicare at 1-800-633-4227** or online **www.Medicare.Gov**.

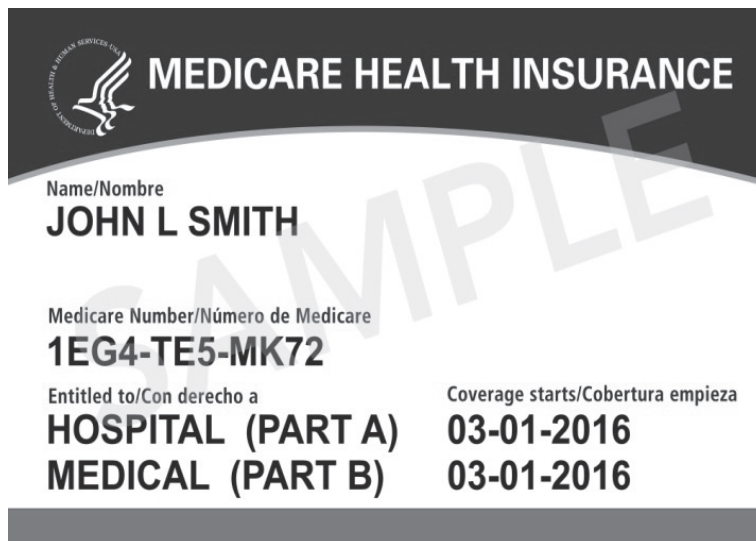
MEDICARE BENEFICIARY IDENTIFIER (MBI#)

Once you (or your spouse) have enrolled in Medicare Part A & Part B due to attaining age 65 or to a disability, the City requests a copy of the Red, white and blue Medicare Card received from the Social Security Administration. The City will use your Medicare card to update your MBI# and your Part A and Part B effective dates on the Workday system.

Please note: a copy of the retiree's Medicare card does not automatically enroll you in the Aetna or Kaiser MAPD plan. CMS must verify your entitlement before this can take place.

Once the Office of Employee Benefits (OEB) receives your Medicare card/MBI# you will be submitted to CMS for approval to be enrolled in the AETNA or Kaiser MAPD Plan with prescription drug coverage. If you should decide that you do not want to be enrolled in the MAPD plans, then you must notify the OEB immediately by calling 410-396-1780 or 410-396-5830. You may also submit your request to opt out in writing to the Office of Employee Benefits, 7 E. Redwood Street, 20th floor, Baltimore MD 21202 or via email to Openrollment@Baltimorecity.gov.

Your new card should look like this:



If you are currently a Medicare member and have not received your new Medicare card, please check your current address listed with the Social Security Administration (SSA). You can review and change your address with the Social Security Administration online by using "my Social Security account" at the following link <https://www.ssa.gov/myaccount/> or you should call (800) 772-1213 or 1 (800) Medicare. The new card will automatically come to each Medicare member as long as the address is up to date with the Social Security Administration.

SECTION 3
RETIREE CONTRIBUTION SCHEDULE

GRADUATED RETIREE CONTRIBUTION SCHEDULE

The City of Baltimore utilizes a Graduated Retiree Contribution Schedule designed to reward Baltimore City and Baltimore City Public School (BCPS) employees for employment longevity in the Baltimore City government. Retirees will receive contributions toward the cost of their medical plan benefit based on Baltimore City or BCPS service years, excluding transfer time and pre-employment military time as determined by your retirement system.

The table below reflects the 2022 contribution percentages based on retiree's years of eligible service.

RETIREE CONTRIBUTION SCHEDULE (15 OR MORE YEARS OF ELIGIBLE SERVICE)

	BlueChoice				Aetna		Kaiser	
	Standard Option		High Option		Retiree	City	Retiree	City
	Retiree	City	Retiree	City				
Non-Medicare Retiree	48%	52%	52%	48%	52%*	48%	55%	45%
Medicare-Retiree	N/A	N/A	N/A	N/A	56%	44%	50%	50%

*Aetna PPO plan is for non-Medicare eligible dependents of Aetna MAPD retirees.

For those retirees with **10 to 14 years** of eligible service, the City will continue to contribute at a level of 20% of the standard premium.

Retirees with **5 to 9 years** of eligible service will be able to participate in the retiree medical plans but will be charged full premium.

Retirees with **less than 5 years** of service are not eligible to participate in the retiree medical plans.

Who approved the Graduated Retiree Contribution Schedule?

- The Board of Estimates approved the Graduated Retiree Contribution Schedule.

When did the Graduated Retiree Contribution Schedule go into effect?

- The current graduated schedule went into effect plan year 2021.

If I retire after July 1, 2008, with a line-of-duty or non-line-of-duty disability, will I receive the 44% contribution toward the cost of my MAPD Plan?

- Yes. Employees who retire with a line of duty or non-line of duty disability will receive the maximum City contribution toward the cost of their medical and prescription drug plan (MAPD).

If my spouse receives a beneficiary pension upon my death due to a line of duty death, will my spouse be affected by the Graduated Retiree Contribution Schedule?

- No. Beneficiaries who receive a pension due to a line of duty death will receive the maximum City contribution toward the cost of the MAPD plan. However, beneficiaries who receive a pension due to a Fire or Police line of duty death will receive a City contribution of 80% (PPO-Standard Option) or 90% (HMO) toward the cost of the active employee medical plan rate until age 65. Beneficiaries of a Fire or Police line of duty death will receive the maximum City contribution toward the cost of their retiree medical plan when they reach age 65.

If I have any questions regarding Graduated Retiree Contribution Schedule, whom should I contact?

- You should contact the Office of Employee Benefits at (410) 396-5830.

2022 Retiree Medical Plan Rate Chart
Monthly Deduction
(Fifteen or More City Service Years)
Effective January 1, 2022

All Members Non Medicare Only

All Members Non Medicare Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I	1	Retiree Only	\$ 439.84	\$ 364.34	N/A	\$ 485.78
P	2	Retiree Plus Dependent Child	\$ 857.23	\$ 710.07	N/A	\$ 903.77
H	2	Retiree Plus Spouse	\$ 986.31	\$ 816.68	N/A	\$ 959.93
F	3 or More	Retiree Plus Two or More Dependents	\$ 1,075.43	\$ 891.33	N/A	\$ 1,684.63

All Members With Medicare A & B Only

All Members With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD (Includes Rx)	Kaiser MAPD (Includes Rx)
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
1	1	Retiree With Medicare A & B	N/A	N/A	\$ 158.26	\$ 159.54
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$ 316.53	\$ 319.08

Combination of One Non Medicare Member & One Member with Medicare A & B (Two Members Only)

Two Members: One Non Medicare Member & One Member with Medicare A & B			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	\$ 598.10	\$ 397.12

Combination of Three or More Members (Non Medicare Members With At Least One Medicare A & B Member)

Three or More Members With At Least One Member With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	\$ 793.85	\$ 981.65

Combination of Medicare Part B or A Only & Medicare A & B Members

Combination of Medicare Part B or A Only & Medicare A & B Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
S	1	Retiree With Medicare B or A Only	N/A	N/A	\$ 384.69	N/A
SS S1	2	Two Members With Medicare B or A Only or One Member with Medicare B or A Only & One Member with Medicare A & B	N/A	N/A	\$ 780.24	N/A

Combination of Medicare B or A Only & Non Medicare Members

Combination of Medicare B or A Only & Non Medicare Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
IS	2 or more	Two or More Members With At Least One Member With Medicare B Only & Non Medicare Members	N/A	N/A	\$ 841.37	N/A

2022 Retiree Medical Plan Rate Chart
Monthly Deduction
(Ten to Fourteen City Service Years)
Effective January 1, 2022

All Members Non Medicare Only

All Members Non Medicare Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I	1	Retiree Only	\$ 675.39	\$ 610.83	N/A	\$ 716.12
P	2	Retiree Plus Dependent Child	\$ 1,316.04	\$ 1,190.21	N/A	\$ 1,352.43
H	2	Retiree Plus Spouse	\$ 1,517.20	\$ 1,372.16	N/A	\$ 1,479.12
F	3 or More	Retiree Plus Two or More Dependents	\$ 1,646.79	\$ 1,489.37	N/A	\$ 2,243.28

All Members With Medicare A & B Only

All Members With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD Includes Rx	Kaiser MAPD Includes Rx
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
1	1	Retiree With Medicare A & B	N/A	N/A	\$ 224.80	\$ 226.08
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$ 449.60	\$ 452.16

Combination of One Non Medicare Member & One Member with Medicare A & B (Two Members Only)

Two Members: One Non Medicare Member & One Member with Medicare A & B			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	\$ 900.19	\$ 607.41

Combination of Three or More Members (Non Medicare Members With At Least One Medicare A & B Member)

Three or More Members With At Least One Member With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	\$ 1,196.20	\$ 1,550.07

Combination of Medicare Part B or A Only & Medicare A & B Members

Combination of Medicare Part B or A Only & Medicare A & B Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
S	1	Retiree With Medicare B or A Only	N/A	N/A	\$ 615.50	N/A
SS S1	2	Two Members With Medicare B or A Only or One Member with Medicare B or A Only & One Member with Medicare A & B	N/A	N/A	\$ 1,248.38	N/A

Combination of Medicare B or A Only & Non Medicare Members

Combination of Medicare B or A Only & Non Medicare Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
IS	2 or more	Two or More Members With At Least One Member With Medicare B Only & Non Medicare Members	N/A	N/A	\$ 1,312.20	N/A

2022 Retiree Medical Plan Rate Chart
Monthly Deduction
(Five to Nine City Service Years)
Effective January 1, 2022

All Members Non Medicare Only

All Members Non Medicare Only			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I	1	Retiree Only	\$ 857.21	\$ 776.50	N/A	\$ 897.94
P	2	Retiree Plus Dependent Child	\$ 1,670.61	\$ 1,513.29	N/A	\$ 1,706.99
H	2	Retiree Plus Spouse	\$ 1,922.48	\$ 1,741.16	N/A	\$ 1,884.40
F	3 or More	Retiree Plus Two or More Dependents	\$ 2,095.47	\$ 1,898.66	N/A	\$ 2,691.96

All Members With Medicare A & B Only

All Members With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna MAPD Includes Rx	Kaiser MAPD Includes Rx
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
1	1	Retiree With Medicare A & B	N/A	N/A	\$ 281.00	\$ 282.28
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$ 562.00	\$ 564.56

Combination of One Non Medicare Member & One Member with Medicare A & B (Two Members Only)

Two Members: One Non Medicare Member & One Member with Medicare A & B			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	\$ 1,138.21	\$ 781.40

Combination of Three or More Members (Non Medicare Members With At Least One Medicare A & B Member)

Three or More Members With At Least One Member With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	\$ 1,519.26	\$ 1,937.59

Combination of Medicare Part B or A Only & Medicare A & B Members

Combination of Medicare Part B or A Only & Medicare A & B Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
S	1	Retiree With Medicare B or A Only	N/A	N/A	\$ 769.38	N/A
SS S1	2	Two Members With Medicare B or A Only or One Member with Medicare B or A Only & One Member with Medicare A & B	N/A	N/A	\$ 1,560.48	N/A

Combination of Medicare B or A Only & Non Medicare Members

Combination of Medicare B or A Only & Non Medicare Members			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
IS	2 or more	Two or More Members With At Least One Member With Medicare B Only & Non Medicare Members	N/A	N/A	\$ 1,640.25	N/A

**2022 Monthly Prescription Drug Costs For Retirees
(High Option & Standard Option Plans)
Retirees & Dependents Enrolled in Rx (Non Medicare) & MRx (Medicare D) Plans
(Will Be Combined With Your Medical Cost As A Single Payroll Deduction)**

A	Retirees & Dependents (All Members Non Medicare) Prescription Drug Plan (Rx)	Rx Level Tiers	High Option Your Cost Per Pension Check	Standard Option Your Cost Per Pension Check
	Participant Only	1	\$ 50.90	\$ 43.01
	Participant + Child	3	\$ 99.27	\$ 83.88
	Participant + Spouse	2	\$ 114.36	\$ 96.63
	Participant + Family	4	\$ 124.14	\$ 104.89

B	Non Medicare Dependent(s) Of Retirees Enrolled In MAPD	Rx Level Tiers	High Option Your Cost Per Pension Check	Standard Option Your Cost Per Pension Check
	Spouse	9	\$ 50.90	\$ 43.01
	Spouse + One Child	10	\$ 99.27	\$ 83.88
	Spouse + Two or More Children	11	\$ 124.14	\$ 104.89
	One Child Only	12	\$ 48.37	\$ 40.87
	Two Or More Children Only	13	\$ 73.23	\$ 61.88

Key:

Rx Plan = Non Medicare retirees and dependents enrolled in the CareFirst CVS Caremark Rx Plan

MRx Plan = Medicare retirees and dependents enrolled in the SilverScript Part D Rx Plan

How To Determine Your Monthly Prescription Cost

To determine your prescription drug cost in the City's (High Option or Standard Option) prescription drug plan, read the following categories along with the costs displayed on the front of this notice and complete the worksheet below. Choose the High Option or Standard Option column based on your Medical plan enrollment option. If you enroll in the CareFirst PPN Standard Option Medical Plan, then you can only elect the Standard Option Rx Plan. All other Medical Plan enrollment options are linked to the High Option Rx Plan.

Refer to **Table A** if you and all of your family members are Non Medicare. **Example:** Your family unit includes you and two dependents (spouse and children) all members are (**Non Medicare – Table A – Rx Level Tier 4 – Family**). Your Rx cost for you and your family members will be \$101.25 if you enroll in the Standard Option Rx Plan. Your total prescription drug cost of \$101.25 will be combined with your medical cost as a single payroll deduction from your monthly pension check.

Refer to **Table B** if you (the retiree) are Medicare eligible enrolled in the Aetna or Kaiser MAPD plan and your family members (dependents) are Non Medicare enrolled in the Aetna PPO or Kaiser HMO. You will have to add the cost of Rx from Tables B to arrive at your total prescription drug cost that will be combined with your medical cost as a single payroll deduction from your monthly pension check.

Worksheet:

Table A All Members Non Medicare

Level Tier Code: _____

Rx Cost: \$ _____

Table B Dependents of Retirees in MAPD

Level Tier Code: _____

Rx Cost: \$ _____

Total Prescription Drug Cost Per Pension Check: \$ _____

Note: Your total prescription drug cost will be combined with your medical cost as a single payroll deduction from your monthly pension check.

SECTION 4
MEDICAL PLAN COMPARISON CHART
(NON-MEDICARE)

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, determinations of medical necessity, and preauthorization requirements.

2022 RETIREE BENEFIT PLAN (WITHOUT MEDICARE)					
*Any out-of-network provider can balance bill the difference between the allowed amount and charges					
	BlueChoice Advantage PPO Standard Option		BlueChoice Advantage PPO High Option		Kaiser HMO
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	
Out-of-Pocket Maximum	\$1,500 per individual \$3,000 per family	\$3,000 per individual \$6,000 per family	\$1,000 per individual \$2,000 per family	N/A	\$1,100 / \$3,600
Deductible	\$250 per individual \$500 per family	\$500 per individual \$1,000 per family	N/A	N/A	N/A
Are Referrals Required?	No	No	No	No	Yes
Plan Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Routine & Preventive Services					
Routine Office Visit (Annual Physical)	100% of allowed benefit	100% of allowed benefit	100% of allowed benefit	80% allowed benefit	Covered in full
Routine GYN (Annual)	100% allowed benefit	100% allowed benefit	100% allowed benefit	80% allowed benefit	Covered in full
Immunizations	100% allowed benefit	100% allowed benefit	100% allowed benefit	80% allowed benefit	Covered in full
Well Baby/Child Care	100% of allowed benefit	100% of allowed benefit	100% of allowed benefit	80% of allowed benefit	Covered in full
Mammography, Colorectal Screening, Prostate Screening	100% allowed benefit	100% allowed benefit	100% allowed benefit, yearly after age 40	80% allowed benefit, yearly after age 40	Covered in full

**2022 RETIREE BENEFIT PLAN
(WITHOUT MEDICARE)**

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	BlueChoice Advantage PPO Standard Option		BlueChoice Advantage PPO High Option		Kaiser HMO
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	
Physician Office Visits (Non-Routine)					
Physician's Office Visit	\$25 Copay	80 % of allowed benefit, after deductible	\$5 copay per visit	80% allowed benefit	\$5 copay per visit
Specialist Office Visit	\$40 Copay	80% allowed benefit, after deductible	\$5 copay per visit	80% allowed benefit	\$5 copay per visit
Hearing Exams (One exam every 36 months; Routine exams excluded)	90% of allowed benefit, after deductible	70% of allowed benefit, after deductible	100% of allowed benefit	80% of allowed benefit	\$5 copay per visit
Emergency Room and Urgent Care Services					
Ambulance Service (Based on medical necessity)	90% allowed benefit, after deductible (Ground Only)	90% allowed benefit, after deductible (Ground Only)	100% of allowed benefit (Ground Only)	100% of allowed benefit (Ground Only)	covered in full
Emergency Room (Copay waived if admitted)	90% allowed benefit after deductible	90% allowed benefit after deductible	\$50 copay	100% of allowed benefit \$50 copay	\$50 copay
Urgent Care	\$25 Copay, 90% allowed benefit	\$25 Copay, 90% allowed benefit	\$5 copay per visit	100% of allowed benefit	\$5 copay per visit
Hospital Inpatient Services					
Anesthesia	90% allowed benefit after deductible	70% allowed benefit after deductible	100% allowed benefit	80% allowed benefit	Covered in full
Hospital Services, Including Room, Board & General Nursing Services (Preauthorization required)	90% allowed benefit after deductible	70% allowed benefit after deductible	100% allowed benefit, preauthorization required	\$100 deductible per admission, then plan pays 80% up to \$1,500 out-of-pocket maximum per admission, then 100% allowed benefit	Covered in full

**2022 RETIREE BENEFIT PLAN
(WITHOUT MEDICARE)**

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	BlueChoice Advantage PPO Standard Option		BlueChoice Advantage PPO High Option		Kaiser HMO
	In-Network	Out-of- Network*	In-Network	Out-of- Network*	
Medical Surgical Physician Services	90% allowed benefit after deductible	70% allowed benefit after deductible	100% allowed benefit	80% allowed benefit	Covered in full
Organ Transplant (Preauthorization required)	90% allowed benefit after deductible	70% allowed benefit after deductible (\$30,000 limit per Transplant)*	100% allowed benefit (Pre- Authorization Required)	100% allowed benefit (Pre- Authorization Required)	Covered in full for non- experimental transplants
Acute Inpatient Rehab	90% of allowed benefit, after deductible	70% of allowed benefit, after deductible	100% of allowed benefit	80% of allowed benefit	Covered in full
Miscellaneous Supplies & Services					
Nutrition Counseling & Health Education	90% allowed benefit, after deductible	70% allowed benefit after deductible	100% allowed benefit after \$5 copay	80% allowed benefit	\$5 copay per visit
Diabetic Supplies (Insulin & Syringes are covered by the RX plan)	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit, including lancets, test strips and glucometers	100% allowed benefit, including lancets, test strips and glucometers	Covered in Full
Durable Medical Equipment	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit	80% allowed benefit	Covered in full
Private Duty Nursing (Preauthorization required)	90% allowed benefit, after deductible (outpatient only)	70% allowed benefit, after deductible (outpatient only)	100% allowed benefit (outpatient only)	80 % allowed benefit (outpatient only)	Covered in full
Inpatient Hospice Care (Pre-authorization required)	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit	100% allowed benefit	Covered in full for members with life expectancy of less than six months

**2022 RETIREE BENEFIT PLAN
(WITHOUT MEDICARE)**

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	BlueChoice Advantage PPO Standard Option		BlueChoice Advantage PPO High Option		Kaiser HMO
	In-Network	Out-of- Network*	In-Network	Out-of- Network*	
Outpatient Hospice Care (Preauthorization required)	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit	100% allowed benefit	Covered in full for members with life expectancy of less than six months
Prosthetic Devices (Such as artificial limbs)	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit	80% allowed benefit	Covered in full
Major Medical					
Major Medical Annual Deductible	N/A	N/A	N/A	N/A	N/A
Major Medical Yearly Out-of-Pocket Maximum Costs	N/A	N/A	N/A	N/A	N/A
Outpatient Services					
Physical, Speech & Occupational Therapy	90% allowed benefit (after deductible) - limit 60 visits combined yearly	70% Allowed benefit (after deductible) - limit 60 visits combined yearly	100% allowed benefit -100 combined visits per calendar year	80% allowed benefit-100 combined visits per calendar year	Covered in full (call plan for visit limits)
Chemotherapy & Radiation	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit	80% allowed benefit	\$5 copay per visit
Renal Dialysis	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit	80% allowed benefit	\$5 copay per visit
Diagnostic Lab Work & X-rays	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit	80% allowed benefit	covered in full
Outpatient Surgery	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit	80% allowed benefit	\$5 copay per visit

**2022 RETIREE BENEFIT PLAN
(WITHOUT MEDICARE)**

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	BlueChoice Advantage PPO Standard Option		BlueChoice Advantage PPO High Option		Kaiser HMO
	In-Network	Out-of- Network*	In-Network	Out-of- Network*	
Cardiac Rehab	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit	80% allowed benefit	Covered at 100%, if medically necessary
Allergy Services					
Allergy Testing	90% allowed benefit, after deductible	70% allowed benefit, after deductible	100% allowed benefit	80% allowed benefit	\$5 copay per visit
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	Covered in full
Maternity					
Pre & Post-Natal Physician Services	100% allowed benefit	80% allowed benefit, after deductible	100% allowed benefit	80% allowed benefit	Copays, deductibles, or co-insurance may apply depending on services rendered
Delivery (Inpatient)	100% allowed benefit	80% allowed benefit	100% allowed benefit initial & discharge	80% allowed benefit initial & discharge	Covered in full
Newborn Care (Inpatient)	100% Allowed benefit	80% allowed benefit	100% allowed benefit initial & discharge	80% allowed benefit initial & discharge	Covered in full
Fertility Testing & Family Planning					
Fertility Testing & Family Planning	90% allowed benefit	70% allowed benefit	100% allowed benefit	80% allowed benefit	\$5 copay per visit for family planning. Fertility testing office visit and any other fertility services covered at 50%

**2022 RETIREE BENEFIT PLAN
(WITHOUT MEDICARE)**

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	BlueChoice Advantage PPO Standard Option		BlueChoice Advantage PPO High Option		Kaiser HMO
	In-Network	Out-of- Network*	In-Network	Out-of- Network*	
In-Vitro Fertilization (Pre-authorization required)	90% allowed benefit after deductible up to \$100,000 Lifetime Maximum	70% allowed benefit after deductible up to \$100,000 Lifetime Maximum	100% allowed benefit, up to \$100,000 Lifetime Maximum	80% allowed benefit, up to \$100,000 Lifetime Maximum	50% of allowable charges; \$100,000 maximum lifetime benefit for up to 3 attempts per live birth
Mental Health & Substance Abuse					
Inpatient Mental Health/Alcohol & Substance Abuse Benefits (Preauthorization required)	90% allowed benefit after deductible	70% allowed benefit after deductible	100% allowed benefit	\$100 deductible per admission, then plan pays 80% of allowed benefit up to \$1,500 out-of-pocket maximum per admission, then 100% allowed benefit	covered in full
Outpatient Mental Health/Alcohol & Substance Abuse Benefits	\$25 Copay	80% allowed benefit, after deductible	100% allowed benefit after \$5copay	80% allowed benefit	\$5 copay per visit

**2022 DEPENDENT BENEFIT PLAN
(WITHOUT MEDICARE OF A RETIREE WITH MEDICARE)**

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	Aetna PPO (Only offered to Non-Medicare Dependents of Medicare Participants enrolled in the Aetna MAPD plan.)	
	In-Network	Out-of-Network*
Out-of-Pocket Maximum	\$1,000 per individual \$2,000 per family	N/A
Deductible	N/A	N/A
Are Referrals Required?	No	No
Plan Lifetime Maximum	Unlimited	Unlimited
Routine & Preventive Services		
Routine Office Visit (Annual physical)	100% of allowed benefit	80% allowed benefit
Routine GYN (Annual)	100% allowed benefit	80% allowed benefit
Immunizations	100% allowed benefit	80% allowed benefit
Well Baby/Child Care	100% of allowed benefit	80% of allowed benefit
Mammography, Colorectal Screening, Prostate Screening	100% allowed benefit, yearly after age 40	80% allowed benefit, yearly after age 40
Physician's Office Visit	\$5 copay per visit	80% allowed benefit
Specialist Office Visit	\$5 copay per visit	80% allowed benefit
Hearing Exams (One exam every 36 months; routine exams excluded)	100% of allowed benefit	80% of allowed benefit
Emergency Room and Urgent Care Services		
Ambulance Service (Based on medical necessity)	100% of allowed benefit (Ground, Air, and Water)	100% of allowed benefit (Ground, Air, and Water)
Emergency Room (Copay waived if admitted)	\$50 copay	100% of allowed benefit \$50 copay
Urgent Care	\$5 copay per visit	\$5 copay, then 100% of allowed benefit
Hospital Inpatient Services		
Anesthesia	100% allowed benefit	80% allowed benefit
Hospital Services, Including Room, Board & General Nursing Services (Preauthorization required)	100% allowed benefit	\$100 copay per admission, then 100% allowed benefit

**2022 DEPENDENT BENEFIT PLAN
(WITHOUT MEDICARE OF A RETIREE WITH MEDICARE)**

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	Aetna PPO (Only offered to Non-Medicare Dependents of Medicare Participants enrolled in the Aetna MAPD plan.)	
	In-Network	Out-of-Network*
Medical-Surgical Physician Services	100% allowed benefit	80% allowed benefit
Organ Transplant (Pre-authorization required)	100% allowed benefit	100% allowed benefit
Acute Inpatient Rehab	100% allowed benefit	80% allowed benefit
Miscellaneous Supplies and Services		
Nutritional Counseling & Health Education	100% of allowed benefit after \$5 copay	80% allowed benefit
Diabetic Supplies (Insulin & Syringes are covered by the RX plan)	100% allowed benefit, including lancets, test strips and glucometers.	100% allowed benefit, including lancets, test strips and glucometers.
Durable Medical Equipment	100% allowed benefit	80% allowed benefit
Private Duty Nursing (Preauthorization required)	100% of allowed benefit (outpatient only)	80% of allowed benefit (outpatient only)
Inpatient Hospice Care (Preauthorization required)	100% allowed benefit	100% allowed benefit
Outpatient Hospice Care (Pre-authorization Required)	100% allowed benefit	100% allowed benefit
Prosthetic Devices (Such as artificial limbs)	100% allowed benefit	80% allowed benefit
Outpatient Services		
Physical, Speech & Occupational Therapy	100% allowed benefit – 100 combined visits per calendar year.	80% allowed benefit – 100 combined visits per calendar year.
Chemotherapy & Radiation	\$5 copay, 100% allowed benefit, based on place of service	80% allowed benefit
Renal Dialysis	\$5 copay, 100% allowed benefit, based on place of service	80% allowed benefit
Diagnostic Lab Work & X-rays	100% allowed benefit	80% allowed benefit
Outpatient Surgery	100% allowed benefit	80% allowed benefit
Cardiac Rehab	\$5 copay, 100% allowed benefit, based on place of service	80% allowed benefit

**2022 DEPENDENT BENEFIT PLAN
(WITHOUT MEDICARE OF A RETIREE WITH MEDICARE)**

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	Aetna PPO (Only offered to Non-Medicare Dependents of Medicare Participants enrolled in the Aetna MAPD plan.)	
	In-Network	Out-of-Network*
Allergy Services		
Allergy Testing	100% allowed benefit	80% allowed benefit
Allergy Serum	100% allowed benefit	80% allowed benefit
Maternity		
Pre & Post-Natal Physician Services	100% allowed benefit	80% allowed benefit
Delivery (Inpatient)	100% allowed benefit initial & discharge	80% allowed benefit initial & discharge
Newborn Care (Inpatient)	100% allowed benefit initial & discharge	80% allowed benefit initial & discharge
Fertility Testing & Family Planning		
Fertility Testing & Family Planning	100% allowed benefit	80% allowed benefit
In-Vitro Fertilization (Preauthorization required)	100% allowed benefit, \$100,000 Maximum lifetime benefit; up to 6 attempts per live birth combined with ART, AI & AO.	80% allowed benefit, \$100,000 Maximum lifetime benefit; up to 6 attempts per live birth combined with ART, AI & AO.
Mental Health & Substance Abuse		
Inpatient Mental Health/Alcohol & Substance Abuse Benefits (Preauthorization required)	100% allowed benefit	\$100 copay per admission, then 100% allowed benefit
Outpatient Mental Health/Alcohol & Substance Abuse Benefits	100% allowed benefit	80% allowed benefit

SECTION 5
MEDICAL PLAN COMPARISON CHART
(MEDICARE)

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, determinations of medical necessity, and preauthorization requirements.

2022 RETIREE BENEFIT PLANS (WITH MEDICARE)

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	Aetna MAPD	Kaiser MAPD
Are Referrals Required?	No	Yes
Plan Lifetime Maximum Benefit	Unlimited	Unlimited
Deductible/Out-of-Pocket Maximums		
Deductible	None	N/A
Out-of-Pocket Maximum	\$1,500	N/A
Routine & Preventive Services		
Physician's Office Visit	\$5 copay per visit	\$5 copay per visit
Specialist Office Visit	\$5 copay per visit	\$5 copay per visit
Routine GYN Examination	Covered in Full, one routine visit and pap smear every 24 months.	Covered in full
Hearing Exams	\$5 copay per visit, one exam every 12 months.	\$5 copay, hearing aids not covered
Immunizations	Medicare Covered immunizations covered in full	Office visit copay may apply, then covered in full for influenza, pneumococcal and Hepatitis B vaccine
Mammography, Colorectal Screening, Prostate Screening	Covered in Full (One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.) (Prostrate screening for males age 50 and over, every 12 months.)	Covered in full
Routine Physical	Covered in Full, once every 12 months.	Covered in full
Well Baby/Child Care	no benefit	Covered in full
Emergency Room and Urgent Care Services		
Ambulance Service	Covered in Full, prior authorization or physician's order may be required.	Covered in full according to Medicare guidelines
Emergency Room (Copay waived if admitted)	\$50 copay, worldwide	\$50 copay
Urgent Care	\$5 copay per visit	\$5 copay per visit

2022 RETIREE BENEFIT PLANS (WITH MEDICARE)

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	Aetna MAPD	Kaiser MAPD
Hospital Inpatient Services		
Anesthesia	Covered in full, prior authorization may be required	
Hospital Services, including Room, Board & General Nursing Services	Covered in Full, prior authorization or physician's order may be required.	Covered in full for pre-authorized hospitalization or emergency admission
Diagnostic Lab Work & X-rays	Covered in Full, prior authorization or physician's order may be required.	Covered in full
Medical Surgical Physician Services	Covered in Full, prior authorization or physician's order may be required.	Covered in full
Physical, Speech & Occupational Therapy	Covered in Full, prior authorization or physician's order may be required.	Covered in full (call plan for limits)
Organ Transplant (Preauthorization required)	Covered in Full, prior authorization or physician's order may be required.	Covered in full when authorized, according to Medicare guidelines
Acute Inpatient Rehab	Covered in Full, prior authorization or physician's order may be required.	Covered in full
Outpatient Services		
Cardiac Rehabilitation	Covered in Full	Covered at 100% if medically necessary
Chemotherapy & Radiation	\$5 copay per visit	\$5 copay per visit
Renal Dialysis	Covered in Full, prior authorization or physician's order may be required.	Covered in full for out-patient dialysis within the service area
Diagnostic Lab Work & X-rays	Covered in Full, prior authorization or physician's order may be required.	Covered in full
Outpatient Surgery	Covered in Full	Covered in full
Physical, Speech & Occupational Therapy	\$5 copay per visit, prior authorization or physician's order may be required.	\$5 copay per visit, Medicare guidelines apply for medical necessity and length of treatment
Allergy Testing	\$5 copay per visit	\$5 copay per visit
Allergy Serum	\$5 copay per visit	\$5 copay per visit
Maternity		
Pre/Post-Natal Physician Services	No benefit	Copays, deductibles, or co-insurance may apply depending on services rendered
Delivery (Inpatient)	No benefit	Covered in full
Newborn Care (Inpatient)	No benefit	Covered in full

2022 RETIREE BENEFIT PLANS (WITH MEDICARE)

*Any out-of-network provider can balance bill the difference between the allowed amount and charges

	Aetna MAPD	Kaiser MAPD
Fertility Testing & Family Planning		
Fertility Testing & Family Planning	No benefit	\$5 copay per visit- infertility 50% of allowable charges for testing, lab and x-ray charges
In-Vitro Fertilization	No benefit	50% of allowable charges; \$100,000 maximum lifetime benefit for up to 3 attempts per live birth
Mental Health & Substance Abuse		
Inpatient Mental Health Benefits/Alcohol & Substance Abuse	Covered in Full, prior authorization or physician's order may be required.	Covered in full
Outpatient Mental Health Benefits/Alcohol & Substance Abuse	\$5 copay per visit, prior authorization or physician's order may be required.	\$5 copay per visit
Miscellaneous Supplies & Services		
Nutrition and Health Education	Covered in Full	Unlimited visits
Diabetic Supplies	Covered in Full, prior authorization or physician's order may be required. Includes supplies to monitor your blood glucose from LifeScan.	\$5 copay per visit for Medicare covered self-monitoring training; covered in full for lancets, test strips & glucometers
Home Health Care	Covered in Full, prior authorization or physician's order may be required.	Covered in full according to Medicare guidelines
Extended Care Facility/Skilled Nursing Facilities	Covered in Full, up to 100 days per Medicare benefit period.	Covered in full for up to 100 days per benefit period
Hospice Care	Covered by Original Medicare at Medicare certified hospice	Covered in full
Prosthetic Devices (Such as artificial limbs)	Covered in Full, prior authorization or physician's order may be required.	Covered in full according to Medicare guidelines

SECTION 6
RX, DENTAL, VISION & LIFE INSURANCE

**2022 RX COPAYS CAREFIRST (CVS/CAREMARK)
(HIGH OPTION PHARMACY PROGRAM)**

Retirees without Medicare – \$0 Deductible

Plan Feature	Amount You Pay	Notes
Deductible	None	Your plan does not have a deductible.
Preventive Drugs (Up to a 31-day supply at retail)	\$0	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List. *
Generic Drugs (Tier 1) (Up to a 31-day supply at retail)	\$5	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (Up to a 31-day supply at retail)	\$30	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (Up to a 31-day supply at retail)	\$50	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. * Discuss using alternatives with your physician or pharmacist.
Retail Pharmacy Maintenance Drugs (Up to a 90-day supply)	Generic: \$12.50 Preferred Brand: \$75 Non-preferred Brand: \$125	Maintenance drugs of up to a 90-day supply are also available at the retail pharmacy.
Mail Order Maintenance Drugs (Up to a 90-day supply)	Generic: \$12.50 Preferred Brand: \$75 Non-preferred Brand: \$125	Maintenance drugs of up to a 90-day supply are only available through Mail Service Pharmacy.
Mandatory Generic Substitution	If a provider prescribes a non-generic drug when a generic is available, you will pay the non-generic applicable copay PLUS the cost difference between the generic non-generic up to the cost of the prescription. If a generic version is not available, you will only pay the applicable copay.	

STANDARD OPTION PHARMACY PROGRAM

Retirees without Medicare - \$50 Deductible

Plan Feature	Amount You Pay	Notes
Deductible	\$50	If you meet your deductible, you will pay a different copay or coinsurance depending on the drug tier. Drugs not subject to any medical or drug deductibles are noted below.
Preventive Drugs (Up to a 31-day supply at retail)	\$0	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List. *
Generic Drugs (Tier 1) (Up to a 31-day supply at retail)	\$5	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (Up to a 31-day supply at retail)	\$30	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (Up to a 31-day supply at retail)	\$50	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Retail Pharmacy Maintenance Drugs (Up to a 90-day supply)	Generic: \$10 Preferred Brand: \$60 Non-preferred Brand: \$100	Maintenance drugs of up to a 90-day supply are also available at the retail pharmacy.
Mail Order Maintenance Drugs (Up to a 90-day supply)	Generic: \$10 Preferred Brand: \$60 Non-preferred Brand: \$100	Maintenance drugs of up to a 90-day supply are only available through Mail Service Pharmacy.
Mandatory Generic Substitution		If a provider prescribes a non-generic drug when a generic is available, you will pay the non-generic applicable copay PLUS the cost difference between the generic non-generic up to the cost of the prescription. If a generic version is not available, you will only pay the applicable copay.

**2022 RX COPAYS (AETNA AND KAISER MAPD)
 MEDICARE PART D OPTION PHARMACY PROGRAM PREMIUM IS
 INCLUDED IN THE MAPD PREMIUM**

Retirees with Medicare – \$100 Deductible

Plan Feature	Amount You Pay	Notes
Deductible	\$100	If you meet your deductible, you will pay a different copay or coinsurance depending on the drug tier. Drugs not subject to any medical or drug deductibles are noted below.
Preventive Drugs (Up to a 31-day supply at retail)	\$0	A preventive drug is a prescribed medication or item on your Medicare Advantage Plan's Preventive Drug List. *
Generic Drugs (Standard) (Up to a 31-day supply at retail)	\$5	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Up to a 31-day supply at retail)	\$30	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Up to a 31-day supply at retail)	\$50	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. * Discuss using alternatives with your physician or pharmacist.
Retail Pharmacy Maintenance Drugs - Standard (Up to a 90-day supply)	Generic: \$15.00 Preferred Brand: \$90 Non-preferred Brand: \$150	Maintenance drugs of up to a 90-day supply are also available at the retail pharmacy for Medicare retirees.
Mail Order Maintenance Drugs - Preferred (Up to a 90-day supply)	Generic: \$12.50 Preferred Brand: \$75 Non-preferred Brand: \$125	Maintenance drugs of up to a 90-day supply are available through Mail Service Pharmacy.
Mandatory Generic Substitution	If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay.	

Visit <https://www.aetna.com> and <https://www.kaiserpermanente.org> for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization before they can be filled and drugs that can be filled in limited quantities.

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

**NATIONAL VISION ADMINISTRATORS (NVA)
2022 VISION SCHEDULE OF BENEFITS
(RETIREEES OF MAPS, POLICE & FIRE ONLY)**

	If services are provided by a Participating Provider	If services are provided by a Non-Participating Provider	
	Plan Pays	Plan Pays	You Pay
Vision Covered Service (Note: Plan allows one vision exam, per member, once per calendar year.)			
Exam	100% after \$5 copay	up to \$38.00	0
Glasses Covered Service (Note: Plan allows one pair of glasses, per member, once per calendar year.)			
Lenses			
Single Vision	100% after \$15 copay	up to \$41.50	Balance
Bifocal	100% after \$15 copay	up to \$67.00	Balance
Trifocal	100% after \$15 copay	up to \$89.50	Balance
Lenticular (Cataract)	100% after \$15 copay	up to \$100.50	Balance
Lenses Options			
Solid Tints	Covered 100%	up to \$10	Balance
Fashion Gradient Tint	Covered 100%	up to \$12	Balance
Standard Progressive	Covered 100%	up to \$50	Balance
Frames			
Frames Per Pair	Covered up to \$75 retail allowance (20% discount off remaining balance over \$75 allowance)	up to \$29.50	Balance
Contact Lenses (Note: Plan allows one pair of contacts, per member, once per calendar year.)			
Medically Necessary	Covered 100%	up to \$221	Balance
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	Balance

NOTE: The only Retirees eligible for the City Vision Benefits are MAPS, Fire & Police.

DENTAL COVERAGE

IMPORTANT: Residential information

- The **United Concordia Dental DHMO** plan is for the non-Medicare retirees who **resides within Maryland and Pennsylvania.**
- The **United Concordia Dental DPPO** plan is for the non-Medicare retirees who **resides Outside of Maryland and Pennsylvania.**

Once the retirees enrolled in BlueChoice PPO and Aetna PPO are enrolled in Medicare, their dental coverage will be terminated.

Under the DHMO plan, you must select a dentist, or one will be automatically assigned to you. Please visit the United Concordia website at <http://www.unitedconcordia.com/cityofbaltimore> to find a dentist in your area.

Retirees enrolled in Kaiser's Medicare Advantage Plan are eligible to continue dental coverage once on Medicare. Please contact Kaiser for more information on their dental plan.

**UNITED CONCORDIA DENTAL HMO
(NON-MEDICARE RETIREES THAT LIVE IN MARYLAND AND
PENNSYLVANIA)**

Under this DHMO plan, you'll 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

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/Anxiolysis Analgesia	\$28.00

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN. The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage

**UNITED CONCORDIA DENTAL PPO
(NON-MEDICARE RETIREES THAT LIVE OUTSIDE MARYLAND
AND PENNSYLVANIA)**

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 40%, you pay the remaining 60%. 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.

Benefit Category ¹	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams (2 per calendar year MARYLAND GROUP)	60%	60%
X-rays (Full Mouth 1 per 60 months)		
Cleanings (2 per calendar year MARYLAND GROUP)		
Fluoride Treatments (1 per calendar year under age 14 MARYLAND GROUP)		
Sealants (1 per tooth per 36 months to age 16 on permanent first and second molars)		
Class II – Basic Services		
Basic Restorative	40%	40%
Simple Extractions		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures (1 in any 12-month period per specific area of appliance)	30%	30%
Endodontics		
Non-surgical Periodontics (Scaling & Root Planing 1 per 36 months, per quadrant)		
Surgical Periodontics		
Inlays, Onlays, Crowns (1 per 60 months)		
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	\$75 / \$225 Excludes Class I	
Calendar Year Program Maximum (per member) January 1 – December 31	\$1,000	
Lifetime Orthodontic Maximum (per child dependent)	N/A	

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. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

METLIFE: BASIC LIFE

How to designate a Beneficiary?

MetLife requires a valid beneficiary designation on file.

Designate your beneficiary online!

1. Log on to metlife.com/mybenefits and enter 'City of Baltimore' in the Company Name field.
2. On the 'Welcome to MyBenefits' page you can register as a new user or if you have already registered, enter your username and password.
3. Once you log into MyBenefits, select the 'Group Life Insurance' link.
4. Click on 'Beneficiaries' at the top of the page and follow the instructions

Changes to your beneficiary are effective immediately. Beneficiaries can be added or changed at any time throughout the year. You can also print a paper copy for your records.

The Life Insurance beneficiaries can only be designated through Metlife. The beneficiary is not designated on Workday.

Retirees without computer access may call MetLife at 1 (866) 492-6983 to request a new beneficiary designation form if needed or if they cannot remember previous designations. MetLife will not identify current beneficiaries over the phone due to HIPAA. If you are not sure, complete a new form!

Once you have requested and completed the beneficiary designation form, please mail it or fax it back to Metlife for processing, please use the address provided on the form.

What happens if I do not designate a beneficiary?

If you do not name a beneficiary, or if you are not survived by your named beneficiary, benefits will be paid according to the plan provisions listed in MetLife's certificate of group coverage.

RETIREE LIFE INSURANCE AMOUNTS BY UNION	
UNION	Benefit Amount
MAPS	\$10,000
Fire	\$7,000
Police	\$7,000
AFSCME Local 558 (Nurses)	\$1,500
AFSCME Local 2202	\$5,000
AFSCME Local 44	\$5,000
CUB	\$5,000

The Life Insurance Beneficiaries can only be designated through Metlife. The beneficiary is not designated on Workday. Please go to <http://www.metlife.com/mybenefits> or call 1 (866) 492-6983 to request a new beneficiary form. Once you have completed the form, please send it back to Metlife for processing.

How to register on the Metlife, My Benefits

METLIFE: HOW TO REGISTER ON MYBENEFITS RETIREE LIFE INSURANCE AMOUNTS BY UNION

Website Address: <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 user name and password for future access to MyBenefits. 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.



City of Baltimore

**Department of Human Resources
Office of Employee Benefits**

7 E. Redwood Street- 20th Floor
Baltimore, MD 21202

Phone: 410-396-5830/5831

TTY 711 (Maryland)

<https://workday.baltimorecity.gov/login>

Email: Openenrollment@baltimorecity.gov
