CITY OF BALTIMORE

OPEN ENROLLMENT

RETIREE 2023

NOVEMBER 1-16, 2022

For more details contact:

410-396-5830

openenrollment@baltimorecity.gov

DHR

CITY OF BALTIMORE

DEPARTMENT OF HUMAN RESOURCES

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NEED HELP SELECTING YOUR BENEFITS?

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/2023

CONTACT INFORMATION

Below you will find the contact information for your benefit carriers and other useful contacts. Each carrier has a dedicated team to answer your questions. Please contact your carrier first via toll free number or email. If you are unable to get help, please contact the Office of Employee Benefits by calling 410-396-5830 8:30 a.m. – 4:30 p.m. ET Monday through Friday or emailing Openenrollment@Baltimorecity.gov.

Provider	How to Contact
BlueChoice Advantage (PPO) (Non-Medicare Retirees/ Retirees *pending CMS approval)	Call: (800) 535-2292 Visit: www.carefirst.com
*Aetna Medicare Advantage Plan (MAPD) with #Prescription Drug Benefits (CMS approved Retirees)	Call: (855) 335-1407 (TTY 711) Visit: www.aetnaretireeplans.com (visit link for drug formulary)
**Aetna Open Choice (PPO) (Non-Medicare Retiree/Dependents of CMS approved Medicare Retirees)	Call: (877) 440-4711 Visit: www.aetna.com
Kaiser Permanente (HMO) (Non-Medicare Retirees and dependents)	Call: (866) 248-0715 Visit: www.kaiserpermanente.org
Kaiser Medicare Advantage Plan (MAPD) with #Prescription Drug Benefits (CMS approved Retirees)	Call: (866) 248-0715 Visit: www.kaiserpermanente.org Visit: www.kp.org/seniorrx (for drug formulary)
CVS Caremark Prescription Plan (Non-Medicare Retirees/retirees *pending CMS approval)	Call: 1-866-234-6781 Visit: www.Caremark.com
NVA- National Vision Administrators	Call: (800) 672-7723 Visit: www.e-nva.com
MetLife - Optional Life and ADD	Call: (866) 492-6983 Visit: www.metlife.com/mybenefits
United Concordia Dental (DHMO/DPPO)	Call: (866) 851-7568 Visit: www.unitedconcordia.com/cityofbaltimore

Retirement Agencies	How to Contact
Baltimore City Employee Retirement System (ERS)	Call: (877) 273-7136 Visit: www.bcers.org
Fire & Police Retirement System (FPR)	Call: (888) 410-1600 Visit: www.bcfpers.org
Maryland State Retirement System (MSRP)	Call: (800) 492-5909 Visit: sra.maryland.gov/

Helpful Contacts	How to Contact
Centers for Medicare & Medicaid Services	Call: 1 (800) MEDICARE ((800) 633-4227) TTY: (877) 486-2048 Visit: https://www.medicare.gov/ Visit: https://www.cms.gov/
Social Security Administration	Call: (800) 772-1213 TTY: (800) 325-0778 Visit: https://www.ssa.gov/
Office of Employee Benefits	Call: 410-396-5830 Email: Openenrollment@Baltimorecity.gov Fax: 410-396-5216 7 E Redwood St, 20th Fl. Baltimore, MD 21202

CITY OF BALTIMORE

OPEN ENROLLMENT BENEFIT FAIR

To attend the City of Baltimore's 2023 Virtual Open Enrollment Benefit Fair you simply enter www.COBBenefitFair.com into your internet browser, then follow the steps listed on the screen.

Once you have arrived at the Open Enrollment Benefit's Fair please, take a few minutes to watch the Mayor's Welcome Video and review the Benefit Fair Schedule and Agenda before you begin your tour of virtual experiences.

The Virtual Open Enrollment Benefits Fairs will be held.

Virtual Benefit Fair Dates and Times

November 1, 3, 7, 9, and 15

10:00 am – 3:00 pm

CITY OF BALTIMORE

For more details contact:
410-396-5830
openenrollment@baltimorecity.gov

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DEPARTMENT OF HUMAN RESOURCES

ADMINISTRATIVE INFORMATION

WHAT'S NEW FOR 2023	• The Open Enrollment period for plan year 2023 will be held **November 1 - November 16, 2022.** • Workday account questions, including password resets, should be directed to the BCIT Service Desk at useraccess@baltimorecity.samanage.com. • **New this Open Enrollment, the CareFirst CVS Caremark prescription plan will no longer be offered through CareFirst.** The "NEW" prescription plan, effective January 1, 2023, will be with CVS Caremark. CVS Caremark® will be managing the City's new prescription plan beginning 1/1/2023 for all City Employees and non-Medicare Retirees and their dependents. As the plan provider, CVS will make sure you have access to affordable medication and convenient options for filling your prescriptions. You will be receiving additional information from CVS Caremark in the coming weeks. On or after 1/1/23, you'll be able to register at Caremark.com, where you can see plan information, check drug cost and coverage, find personalized drug savings opportunities and more.
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. This Benefits Book provides the Open Enrollment information and a summary of all other available benefits for the full plan year. This Book describes and compares the plans to help you decide which plans are best for you.
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
Change of Address	You must notify your retirement agency in writing about your change of address. **The Office of Employee Benefits cannot and will not change your address.**

ADMINISTRATIVE INFORMATION

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/or prescription plan during the same coverage period. You will be notified to adjust duplicate coverage, if applicable.
New Membership ID Cards	Membership ID cards will only be issued for enrollment in new plans, new enrollment and coverage level changes.
Dependent Eligibility	Dependent children are eligible for benefits until the end of the calendar year that they reach age 26, regardless of student status.
Prescription Coverage	You and your dependents must be enrolled in a medical plan to enroll in a prescription drug plan.
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.
Retirement Savings Plan ("RSP")	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. • 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. 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.

ENROLLMENT PROCESSES

2023 Open Enrollment

What will happen during Open Enrollment?

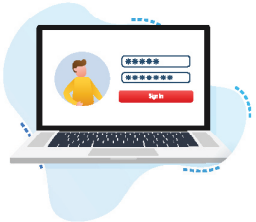
- Retirees enrolled in the Aetna Medicare Advantage Plan (MAPD) or the Kaiser Medicare Advantage Plan (MAPD) as of Open Enrollment will remain enrolled unless the retiree requests to change their City of Baltimore Medicare plan, opt out of their City Medicare plan or select another Non-Medicare plan. If the retiree requests to opt out of coverage during Open Enrollment they are removed from City Medical and Rx coverage for the complete 2023 plan year. Please keep in mind in the event of an opt out request, any enrolled covered dependents will be removed from the City's health plans.
- If you are enrolled in the Aetna MAPD plan or the Kaiser MAPD plan, your dependents that are not Medicare-eligible will be enrolled in the Aetna Open Choice (PPO) plan or 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.
- Retirees may elect health benefits online through Workday at https://workday.baltimorecity.gov/login
- For retirees that choose to elect health benefits using an Enrollment Form;
  - Must return the signed and completed form along with all required documents (if adding or removing a dependent) with a postmark no later than **November 16, 2022** to:

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

NOTE: A Benefit Partner will process all Open Enrollment elections effective January 1, 2023.

If the retiree is not making any benefit and/or dependent changes, there is no need to complete or return the 2023 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, 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 make any address changes.



Want to enroll online?
Visit workday.baltimorecity.gov/login

ENROLLMENT PROCESSES

New Retiree Enrollment

New retirees have sixty (60) days from their retirement date to enroll in health benefits. Once the Office of Employee Benefits is notified of the retirement, a "New Retiree" packet is mailed to the address on file with the retirement agency. New retirees have three options to enroll:

1. Complete the "New Retiree" enrollment event in Workday and, if applicable, upload the required documentation for each eligible dependent you are electing to enroll (https://workday.baltimorecity.gov/login); or
2. Complete an enrollment form and required dependent documentation and email to Openenrollment@Baltimorecity.gov; or
3. Complete an enrollment form and required dependent documentation and mail to:

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

If the new retiree does not enroll in health benefits within 60 days of retirement, all benefit elections will default to "No Coverage" at the end of the enrollment period.

Enrolling Eligible Dependents

If you are adding a "NEW" dependent during Open Enrollment or throughout the 2023 plan year, you have two options to submit required documentation:

1. If you are enrolling through Workday, you can upload dependent documentation directly into Workday. **IMPORTANT NOTE**: "Adding" your dependent to your Workday record, does not automatically "enroll" that dependent into your health benefits coverage. If you need guidance on how to enroll dependents in Workday, please utilize Workday job aids at:

https://humanresources.baltimorecity.gov/open-enrollment-active-retiree

1. If you are not enrolling through Workday, you must complete the Required Documentation form, attaching all required dependent documentation and submit all paperwork to the Office of Employee Benefits at:

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

IMPORTANT: 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.

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

DOCUMENTATION FOR NEWLY ADDED DEPENDENTS & FAMILY STATUS CHANGES

Legal Spouse	
Dependent Eligibility Criteria	***Documentation for Verification of Relationship (Provide Copy Of)***
Legally married as recognized by the laws of the State of Maryland or in a jurisdiction where such marriage is legal	Official Court-Certified State Marriage Certificate (must be signed, certified and dated by the appropriate state or County official, such as the Clerk of Court): • From the court in the County or City in which the marriage took place; or • From the Maryland Division of Vital Records https://health.maryland.gov/vsa/Pages/certs.aspx; or www.vitalchek.com NOTE: Certificates signed by a clergy member (e.g., a minister or rabbi) are not acceptable.

Children	
Dependent Eligibility Criteria	***Documentation for Verification of Relationship (Provide Copy Of)***
• 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.	• **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

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

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

Qualifying Life Event (QLE)

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 1 through December 31. 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.

If a retiree experiences a qualifying life event (marriage, birth, death, etc.), they may process the benefit changes via Workday or utilize an Enrollment Form which may be found at https://humanresources.baltimorecity.gov or by contacting the Office of Employee Benefits between 8:30 a.m. and 4:30 p.m. on (410) 396-5830, or via email at Openenrollment@Baltimorecity.gov.

The retiree 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 via Workday or mail or email the completed Enrollment Form and required dependent documentation before the enrollment deadline to:

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

If an 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.

What are eligible Qualifying Life Events?

- 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

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.

CITY OF BALTIMORE
DEPARTMENT OF HUMAN RESOURCES
Employee Benefits
7 E. Redwood Street | 20th Floor
Baltimore, MD 21202
T (410) 396-5830 | TTY 711 | F (410) 396-5216

DEPENDENT & QUALIFIED FAMILY LIFE EVENT

REQUIRED DOCUMENTATION FOR ONGOING ENROLLMENT

Instructions: Documentation is required for newly added dependents and family status changes. Complete this form and attach all required documentation and return all materials within forty-five (45) days of your initial enrollment period, sixty (60) days of your qualified family life event or before the last day of Open Enrollment. Dependents will be removed from coverage if all the required documentation is not received.

EMPLOYEE INFORMATION

First Name: _____ Last Name: _____

Social Security Number (last four digits only): _____ ☐ Employee ☐ Retiree

Date of Birth: _____

Daytime Number: _____ Cell Number: _____

OPTIONS FOR SUBMITTING DOCUMENTATION

Upload documents to Workday:	Fax documents to:	Mail documents to:
https://workday.baltimorecity.gov/login	(410) 396-5216	DHR, Office of Employee Benefits 7 E. Redwood Street | 20th Floor Baltimore, Maryland 21202

NEW DEPENDENT ENROLLMENT

Eligible Dependent Relationships to Employee / Retiree	Dependent Eligibility Criteria	Documentation for Verification of Relationship (Attach a copy of:)
Legal Spouse	Legally married as recognized by the laws of the State or jurisdiction where such marriage is legal	Official Court-Certified State Marriage Certificate (The certificate must be certified and dated by the appropriate State or County official, such as the Clerk of Court.) ***Where can I get a copy of a certificate?*** • From the court in the County or City where the marriage occurred • Maryland: Department of Health Vital Statistics Administration https://health.maryland.gov/vsa/Pages/Home.aspx • Out of State: VitalChek https://www.vitalchek.com/
Children • Birth • Adoption • Stepchild • Permanent Guardianship • Medical Child Support Order • Disabled Child (at age 26 as of December 31st)	• Under age 26 as of December 31st • Required to reside in your home • May be married or unmarried • Provide 100% economic support • Over age 26 and incapable of self-support due to mental or physical incapacity incurred prior to age 26	• Birth: Official State Birth Certificate with name of employee/retiree as child's parent • Adoption: Official court documents and official State Birth Certificate • Stepchild: Official court-certified State Marriage Certificate and official State Birth Certificate with the name of the spouse of the employee/retiree as child's parent • Permanent Guardianship: Official court documents signed by a judge and 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 • Disable Child: Original Disability Questionnaire Form

ENROLLMENT DUE TO A QUALIFIED LIFE EVENT

Qualified Life Event	Required Documentation (Provide a copy)
Loss of Other Coverage (Employee, Retiree, Spouse, Child)	Letter from Employer or Medical Plan

TERMINATION OF COVERED DEPENDENTS DUE TO A QUALIFIED LIFE EVENT

Qualified Life Event	Required Documentation (Provide a copy)
Death of Spouse or Child	Death Certificate
Divorce	Divorce Decree
Gain of Other Coverage (Employee, Retiree, Spouse, Child)	Letter from Employer or Medical Plan
Marriage of Dependent Child	Official State Marriage Certificate

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 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 2023, 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. 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, contact the Office of Employee Benefits office on 410-396-5830/TTY 711 (Maryland).
- If you have any questions regarding Medicare enrollment in Part A and Part B, contact the Social Security Administration on 1-800-772-1213 or online www.SSA.Gov. If you have any questions regarding Medicare benefits, contact Medicare on 1- 800-633-4227 or online www.Medicare.Gov.

MEDICARE BENEFICIARY IDENTIFIER (MBI#)

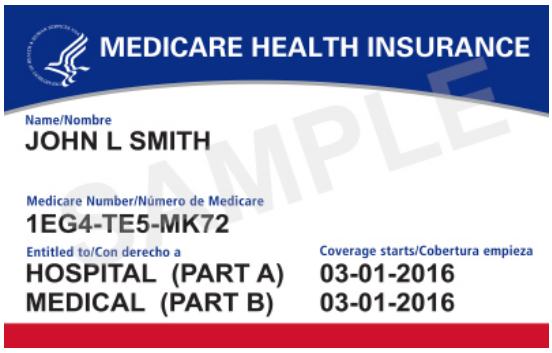
Once you (or your spouse) have enrolled in Medicare Part A & Part B due to attaining age 65 or to a disability, the City requests a copy of the Red, white and blue Medicare Card received from the Social Security Administration. The City will use your Medicare card to update your MBI# and your Part A 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 Openenrollment@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 may review and change your address with the SSA online by using "my Social Security account" at the following link https://www.ssa.gov/myaccount/ or you may 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.

2023 PREMIUM RATES

2023 Retiree Medical Plan Monthly Deduction Rate Chart

(Fifteen or More City Service Years)

Effective January 1, 2023

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	$497.55	$407.33	N/A	$515.56
P	2	Retiree Plus Dependent Child	$969.71	$793.86	N/A	$958.07
H	2	Retiree Plus Spouse	$1,115.74	$913.05	N/A	$1,015.36
F	3 or More	Retiree Plus Two or More Dependents	$1,216.50	$996.51	N/A	$1,800.67

All Members With Medicare A & B 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
1	1	Retiree With Medicare A & B	N/A	N/A	$147.00	$159.54
2	2 or More	Two or More With Medicare A & B	N/A	N/A	$294.00	$319.08

Two Members: One Non Medicare Member & One Member with Medicare A & B			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
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	$644.55	$484.49

Three or More Members With At Least One Member With Medicare A & B 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
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	$865.94	$1,169.31

Combination of Medicare Part B or A Only & Medicare A & B Members			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
S	1	Retiree With Medicare B or A Only	N/A	N/A	$430.08	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	$860.17	N/A

Combination of Medicare B or A Only & Non Medicare Members			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
IS	2 or more	Two or More Members With At Least One Member With Medicare B Only & Non Medicare Members	N/A	N/A	$872.27	N/A

2023 Retiree Medical Plan Monthly Deduction Rate Chart

(Ten to Fourteen City Service Years)

Effective January 1, 2023

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	$773.11	$682.88	N/A	$791.11
P	2	Retiree Plus Dependent Child	$1,506.46	$1,330.61	N/A	$1,494.82
H	2	Retiree Plus Spouse	$1,736.71	$1,534.02	N/A	$1,636.33
F	3 or More	Retiree Plus Two or More Dependents	$1,885.04	$1,665.05	N/A	$2,469.22

All Members With Medicare A & B 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
1	1	Retiree With Medicare A & B	N/A	N/A	$208.80	$225.82
2	2 or More	Two or More With Medicare A & B	N/A	N/A	$417.60	$451.65

Two Members: One Non Medicare Member & One Member with Medicare A & B			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
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	$981.91	$702.04

Three or More Members With At Least One Member With Medicare A & B 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
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	$1,320.73	$1,887.31

Combination of Medicare Part B or A Only & Medicare A & B Members			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
S	1	Retiree With Medicare B or A Only	N/A	N/A	$688.13	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	$1,376.27	N/A

Combination of Medicare B or A Only & Non Medicare Members			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
IS	2 or more	Two or More Members With At Least One Member With Medicare B Only & Non Medicare Members	N/A	N/A	$1,395.64	N/A

2023 Retiree Medical Plan Monthly Deduction Rate Chart

(Five to Nine City Service Years)

Effective January 1, 2023

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	$956.68	$866.46	N/A	$974.68
P	2	Retiree Plus Dependent Child	$1,864.43	$1,688.58	N/A	$1,852.79
H	2	Retiree Plus Spouse	$2,145.93	$1,943.24	N/A	$2,045.55
F	3 or More	Retiree Plus Two or More Dependents	$2,337.99	$2,118.00	N/A	$2,922.17

All Members With Medicare A & B 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
1	1	Retiree With Medicare A & B	N/A	N/A	$261.00	$282.28
2	2 or More	Two or More With Medicare A & B	N/A	N/A	$522.00	$564.56

Two Members: One Non Medicare Member & One Member with Medicare A & B			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
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	$1,217.68	$956.12

Three or More Members With At Least One Member With Medicare A & B 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
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	$1,642.32	$2,301.93

Combination of Medicare Part B or A Only & Medicare A & B Members			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
S	1	Retiree With Medicare B or A Only	N/A	N/A	$860.17	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	$1,720.33	N/A

Combination of Medicare B or A Only & Non Medicare Members			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
IS	2 or more	Two or More Members With At Least One Member With Medicare B Only & Non Medicare Members	N/A	N/A	$1,744.55	N/A

2023 Monthly Prescription Drug Costs For Retirees (High Option & Standard Option Plans)

Retirees & Dependents Enrolled in Rx (Non Medicare) & MRx (Medicare D) Plans
(NOTE: Will Be Combined With Your Medical Cost As A Single Payroll Deduction)

	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
A	Participant Only	1	$57.52	$48.08
	Participant + Child	2	$112.17	$93.77
	Participant + Spouse	3	$129.22	$108.03
	Participant + Family	4	$140.26	$117.27

	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
B	Spouse	9	$57.52	$48.08
	Spouse + One Child	10	$112.17	$93.77
	Spouse + Two or More Children	11	$140.26	$117.27
	One Child Only	12	$54.66	$45.70
	Two Or More Children Only	13	$82.75	$69.18

Key:
Rx Plan = Non Medicare retirees and dependents enrolled in the CVS Caremark Rx Plan
MRx Plan = Medicare retirees and dependents enrolled in the Aetna or Kaiser MAPD 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 BlueChoice Advantage PPO 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 $117.27 if you enroll in the Standard Option Rx Plan. Your total prescription drug cost of $117.27 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: $_____

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.

2023 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	100% 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

2023 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

2023 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*	
Hospital Inpatient Services cont.					
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 (Pre-authorization 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 (Pre-authorization 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

2023 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*	
Miscellaneous Supplies & Services cont.					
Outpatient 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
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

2023 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 Services cont.					
Cardiac Rehab	90% allowed benefit, after deductible	90% 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%

2023 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*	
Fertility Testing & Family Planning cont.					
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 (Pre-authorization 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 $5 copay	80% allowed benefit	$5 copay per visit

2023 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 (Pre-authorization required)	100% allowed benefit	$100 copay per admission, then 100% allowed benefit
Medical-Surgical Physician Services	100% allowed benefit	80% allowed benefit

2023 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 (Pre-authorization required)	100% allowed benefit	$100 copay per admission, then 100% allowed benefit
Medical-Surgical Physician Services	100% allowed benefit	80% allowed benefit

2023 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*
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 (Pre-authorization required)	100% of allowed benefit (outpatient only)	80% of allowed benefit (outpatient only)
Inpatient Hospice Care (Pre-authorization 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
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

2023 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*
Maternity cont.		
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 (Pre-authorization 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 (Pre-authorization 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

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.

2023 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

2023 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
Emergency Room and Urgent Care Services cont.		
Urgent Care	$5 copay per visit	$5 copay per visit
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 (Pre-authorization 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 when authorized, according to Medicare guidelines	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

2023 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
Maternity cont.		
Delivery (Inpatient)	No benefit	Covered in full
Newborn Care (Inpatient)	No benefit	Covered in full
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

RX, DENTAL, VISION & LIFE INSURANCE

2023 RX COPAYS (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 CVS Caremark'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.	

2023 RX COPAYS CVS CAREMARK 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 CVS Caremark'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.	

2023 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.

2023 NATIONAL VISION ADMINISTRATORS (NVA) VISION SCHEDULE OF BENEFITS (RETIREES 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. To find a dentist in your area please visit the United Concordia website at: http://www.unitedconcordia.com/cityofbaltimore

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.

2023 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

Code	Description of Service	Enrollee Pays
D2000-D2999 III. Restorative cont.		
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

2023 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, send it back to MetLife for processing.

METLIFE: BASIC LIFE

How to register on MetLife, My Benefits

METLIFE: HOW TO REGISTER ON MYBENEFITS

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.

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. Benefits and prescription drug formularies can be changed at any time without the consent of participants, the City cannot control these changes.

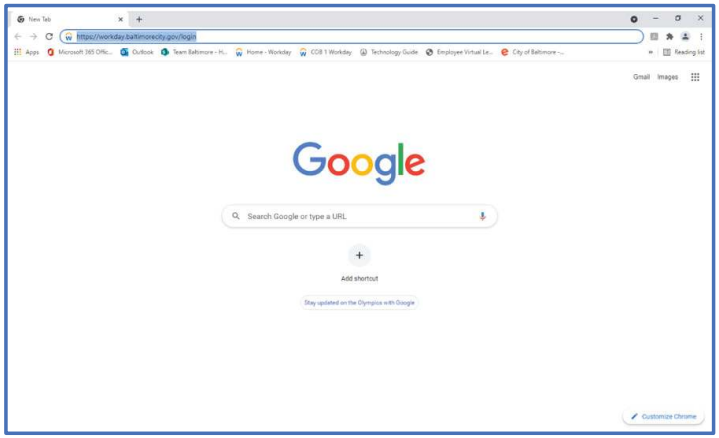
The City of Baltimore Workday website can be easily accessed through an internet web browser or through the Workday mobile application. This job aid covers the process of navigating to the Workday website via a web browser or mobile application.

NAVIGATING TO WORKDAY VIA WEB BROWSER

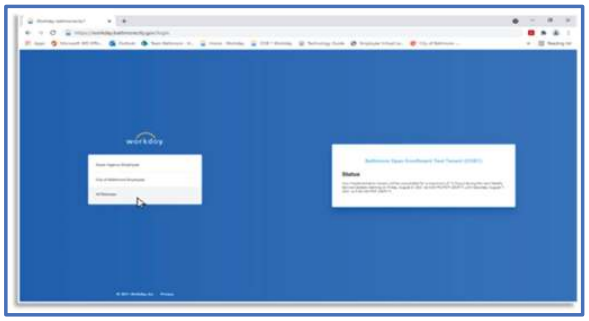
1. On your computer desktop, double-click the icon of your web browser of choice. Once you double-click the icon, the web browser's home page will open.

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.



workday. | Baltimore
Transforming • Engaging • Automating • Modernizing

Your screen shots may vary in color from this document; however, processes are correct as of revision date.
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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.**

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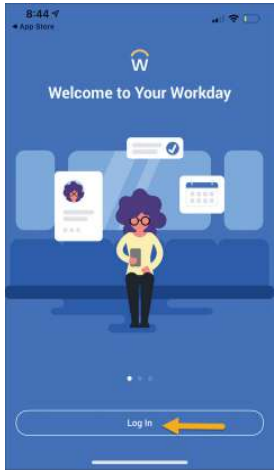
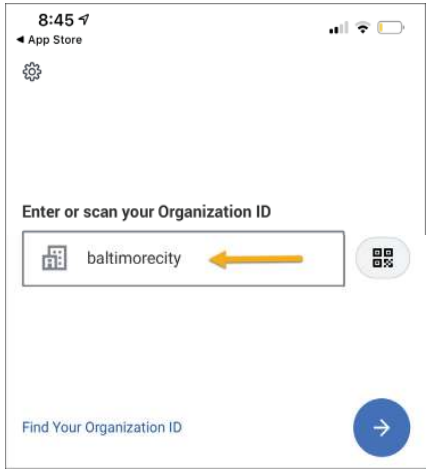
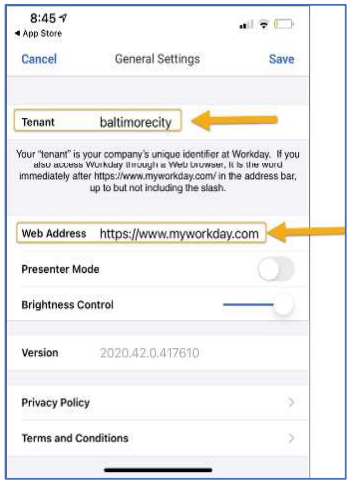
2. Tap **Log In**, then when asked to enter or scan your Organization Id, enter "baltimorecity".





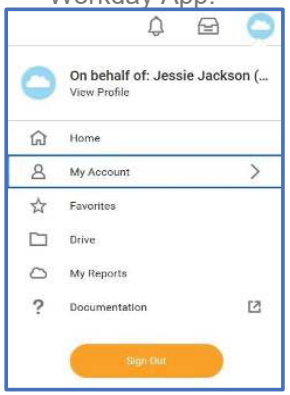
3. Click the Gear button and ensure that Tenant is "baltimorecity" and Web Address is http://www.myworkday.com.

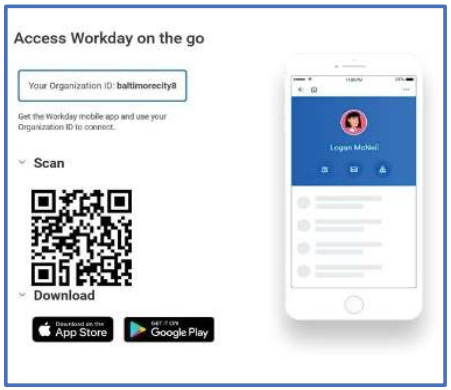


4 Tap **City of Baltimore** for single sign on or to log in.

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 devise to download the Workday App.





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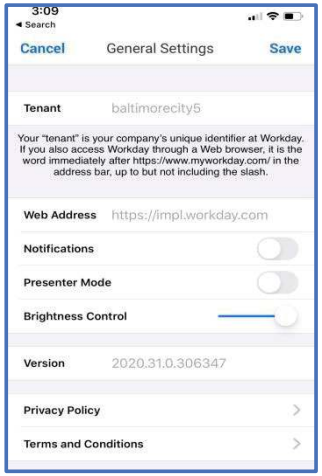
7. Enter or scan your **Organization ID** or tap **Settings** to add specifics about your organization's tenant.



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 or log in and/or password reset issues:

- If your email address ends with **@baltimorecity.gov** or **@baltimorepolice.org**, reference the guide posted at **https://bcitguide.baltimorecity.gov/Default.aspx?p=9**
- For all other email addresses, please call the BCIT service desk at 410-396-6648 for assistance.

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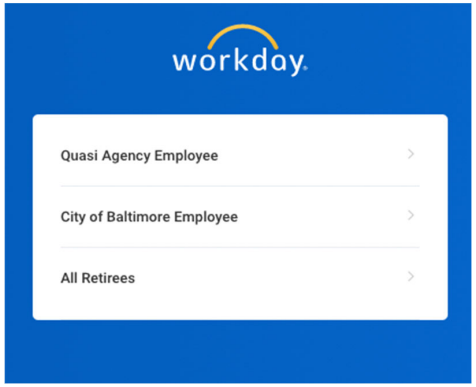
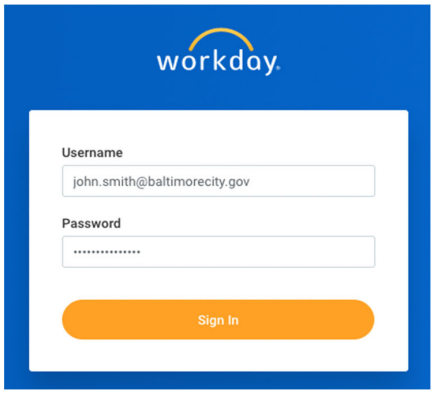
WORKDAY LOG IN INSTRUCTIONS:

In the upcoming weeks you will receive an automated message on behalf of the City of Baltimore with information regarding your Workday login credentials. You will be provided the opportunity to use your personal email address to create your Workday account. Once your login credentials are created, follow the instructions below to log into your Workday Retiree Home Page:

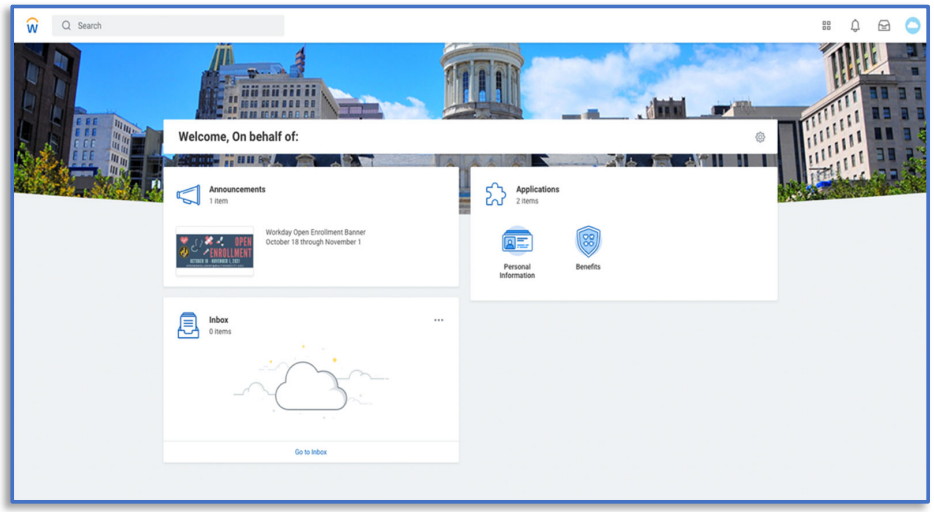
1. Access the Workday website through your favorite internet web browser or the Workday app in your mobile device. Select the "**Retirees**" option.



2. In the sign in page, type your login credentials in the username field and then type your password. Click the "Sign In" button.



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



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City of Baltimore

Department of Human Resources Office of Employee Benefits

7 E. Redwood Street, 20th Floor

Baltimore, Maryland 21202

Phone: (410) 396-5830/5831

TTY 711 (Maryland)

http://workday.baltimorecity.gov/login

email: openenrollment@baltimorecity.gov

Workday BCIT Service Desk: useraccess@baltimorecity.samanage.com