CITY OF BALTIMORE
2024 OPEN ENROLLMENT

ACTIVE EMPLOYEES
BENEFITS PROGRAM BOOK
OCTOBER 2 -18, 2023

"A HEALTHIER YOU, TAKING CONTROL OF YOUR HEALTH"

FOR MORE INFORMATION CONTACT

410-396-5830

OPENENROLLMENT@BALTIMORECITY.GOV

DHR CITY OF BALTIMORE DEPARTMENT OF HUMAN RESOURCES

CITY OF BALTIMORE
2024 OPEN ENROLLMENT

October 2023

It's Open Enrollment Time!!

The City of Baltimore is pleased to provide you with this employee benefit booklet, which describes the health and prescription drug benefits available to you and your covered family members. For current employees, this year's open enrollment is passive. This means that current benefit elections will roll over into 2024 ***with the exception of the Flexible Spending Accounts and Waiver Credits*** (you must actively make this election every year during open enrollment) .

The City of Baltimore is committed to providing you with a comprehensive benefits package that meets your needs. We encourage you to take this opportunity to review your benefits and make any necessary changes to ensure that you have the coverage you need. The City of Baltimore Benefits Team is always available to assist you if there are questions or concerns.

This year's theme is ***"A Healthier You, Taking Control of Your Health".*** By taking control of your health, you are embracing a holistic approach that encompasses nourishing your body, nurturing your mind, and cherishing your soul.

Remember, you are not alone on this path. A community of like-minded individuals, passionate professionals, and dedicated supporters stands ready to cheer you on, offer guidance, and celebrate your achievements. By working together, we create a dynamic network of support where we share knowledge, celebrate victories, and overcome challenges.

As you navigate through this exciting journey, embrace the small victories along the way. Celebrate the healthy choices you make, the positive changes you witness in yourself. We commend you for prioritizing and being proactive in your well-being. May this begin a remarkable chapter, filled with radiant health, boundless energy, and a strong sense of fulfillment.

Once again, welcome to a world where you are the protagonist of your health journey. Together, let us celebrate ***"A Healthier You, Taking Control of Your Health"*** and embrace the extraordinary possibilities that lie ahead.

We remain committed to providing you with a competitive, comprehensive, flexible, and cost-effective benefits plan.

As always, we value your feedback and ideas. Kindly reach out to us at openenrollment@Baltimorecity.gov to share your comments and suggestions.

Sincerely,

Quinton M. Herbert, JD
Director, Department of Human Resources
& Chief Human Capital Officer

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NEED HELP SELECTING YOUR BENEFITS?

Jelly Vision is here to help during the Open Enrollment period as well as ongoing enrollment when applicable. Active employees and retirees can always interact online with Alex, the virtual benefits counselor. You can access Alex by visiting: http://start.myalex.com/cityofbaltimore

Alex will help you make smarter healthcare decisions that may save you time and money by answering a series of health-related questions.

RESOURCES

Medical	Aetna Select Open Access (HMO)	Call: 1-800-900-7562 Visit: www.aetna.com
Medical	BlueChoice Advantage (PPO)	Call: 1-800-535-2292 Visit: www.carefirst.com
Medical	Kaiser Permanente (HMO)	Call: 1-866-248-0715 Visit: www.kaiserpermanente.org
Prescription	CVS Caremark Prescription	Call: 1-866-234-6781 Visit: www.Caremark.com
Basic Life and A&D Insurance	MetLife	Call: 1-866-492-6983 Visit: www.metlife.com/mybenefits
Vision	National Vision Administrators (NVA)	Call: 1-800-672-7723 Visit: www.e-nva.com
Health & Dependent Care FSA	TASC FSA	Call: 1-800-422-4661 Visit: www.tasconline.com
Dental	United Concordia	Call: 1-866-851-7568 Visit: https://www.unitedconcordia.com/dental-insurance/member/city-of-baltimore/
COBRA Benefits	HealthEquity COBRA	Call: 1-855-556-5737 Visit: MyBenefits.WageWorks.com
Baltimore City Retirement System (ERS)	Baltimore City Employee (ERS)	Call: 1-877-273-7136 Visit: www.bcers.org
Fire & Police Retirement System	Fire & Police (FPR)	Call: 1-888-410-1600 Visit: www.bcfpers.org
Maryland State Retirement (MSRP)	Maryland State Retirement (MSRP)	Call: 1-800-492-5909 Visit: https://sra.maryland.gov/
Wellness	City of Baltimore Wellness Program	Call: 410-396-3872 Visit: https://humanresources.baltimorecity.gov/wellness
Employee Benefits	Office of Employee Benefits	Call: 410-396-5830 Visit: openenrollment@baltimorecity.gov Fax: 410-396-5216

CITY OF BALTIMORE

ACTIVE EMPLOYEES & RETIREES

2024 OPEN ENROLLMENT

"A HEALTHIER YOU, TAKING CONTROL OF YOUR HEALTH"

VIRTUAL BENEFITS FAIR

OCTOBER 2, 6, 10, 13, and 17 2023
10:00 AM - 3:00 PM

Attend this Virtual Fair to speak with:

- City of Baltimore Benefits Team
- Health Care Benefits Vendors

To attend:

Visit www.COBBenefitFair.com

Take a moment to watch the Mayor's Welcome Video. Then follow the prompts to see the Benefits Fair Schedule and Agenda.

For more information contact:
(410) 396-5830 or
openenrollment@baltimorecity.gov

DHR
CITY OF BALTIMORE
DEPARTMENT OF HUMAN RESOURCES

YOUR FY2024 BENEFITS AT-A-GLANCE

Non-Medicare Medical Plans MAPD Plan	Aetna Select Open Access (HMO) BlueChoice Advantage High Option (PPO) BlueChoice Advantage Standard Option (PPO) Kaiser Permanente (HMO)
Dental Plan	United Concordia (DHMO) United Concordia (DPPO)
Vision	National Vision Administrators (NVA)
Prescription	CVS Caremark
Flexible Spending Accounts/ Waiver Credits	• Health Care Flexible Spending Account – contribute pre-tax up to $3,050 annually. • Dependent Care Flexible Spending Account – contribute pre-tax up to $5,000 annually (or $2,500 annually if married and filing separate tax returns) **You must re-enroll each year during Open Enrollment for FSA Plans and Insurance Waiver Credits.**
MetLife Insurance	Basic Life Insurance Employee Optional Life

BENEFITS OPEN ENROLLMENT 2024

CURRENT EMPLOYEES

Open Enrollment will run from October 2, 2023, through October 18, 2023.

Changes will become effective January 1, 2024.

This year, Baltimore City enrollment process will be passive. This means that if an employee does not make any changes during Open Enrollment, your benefits will remain as they are with the following exceptions:

- **If you are waiving medical insurance, you must log into Workday to waive coverage, and select a reason code (for purposes of the Affordable Care Act (ACA)).**
- **If you choose to use a Flexible Spending Account (FSA) or the Waiver Credit, you must go into Workday to enroll.**
- **Failure to enroll for waiver credit or FSA during open enrollment will forfeit that benefit for plan year 2024.**
- **Before adding any dependent(s) to your medical, dental, and vision plan, it is important to verify their eligibility status. Failure to submit the necessary documentation may result in the removal of dependents from coverage.**
- **To verify the eligibility of your dependent(s), please refer to the list of acceptable documentation available on Baltimore City's DHR website under Forms. We recommend all employees to review their benefits options, beneficiaries, elections, and address online to ensure that the enrollment system has accurate and updated information. It is crucial to keep the information up to date for a hassle-free process.**

To review and/or enroll:

- Log into Workday **https://workday.baltimorecity.gov/login**
- Each employee will be sent an Open Enrollment event to their ***Workday Inbox.***
- The instructions can be found on the DHR website at the following link:

  https://humanresources.baltimorecity.gov/benefits-enrollment-cy-2024

Note: If both you and your spouse are City employees or retirees, you cannot enroll each other or the same eligible dependents in your medical, dental, vision, and prescription plans during the same coverage period. If there is duplicate coverage, you will receive a notification to adjust accordingly.

HOW TO ENROLL – NEW HIRES

INITIAL ELIGIBILITY

You must enroll in benefits within 45 days of your hire date (first day of work) using Workday at https://workday.baltimorecity.gov/login. If you do not enroll within 45 days, you will not be eligible to enroll in benefits again until the next Open Enrollment period—unless you experience a Family Status Change.

Before you get started, familiarize yourself with your options contained in this Benefits Program. Have the following information available about you and your dependents: Social Security numbers and dates of birth.

To enroll:

- Log into Workday https://workday.baltimorecity.gov/login
- Each employee will be sent a Benefit Change New Hire Event to their ***Workday Inbox.***
- The instructions can be found on the DHR website at the following link: **https://humanresources.baltimorecity.gov/benefits-enrollment-cy-2024**

Once you have completed the online enrollment process, your benefits will be effective through the end of the plan year (December 31st).

To ensure eligibility of dependents under employee health benefits plans, the City of Baltimore requires verification. To complete this process, kindly submit the required documentation via Workday. Failure to do so may result in removal of dependents from coverage.

A list of acceptable documentation to support the eligibility of your dependent(s) can be found on Human Resources DHR website, **https://humanresources.baltimorecity.gov/benefits-enrollment-cy-2024,** under Forms - Dependent & Qualified Life Family Event**.**

ENROLLMENT ELIGIBILITY

Permanent regular benefit eligible employees of the City of Baltimore who work at least 30 hours per week are eligible for coverage in the City of Baltimore Benefits Program.

ENROLLING ELIGIBLE DEPENDENTS

Dependent children are eligible for benefits until the end of the calendar year that they reach age 26, regardless of student status. To enroll your dependents in health benefits, you need to provide documentation that proves they meet the eligibility requirements. If supporting documentation has not been submitted within the required timeframe (45 days for new hire, 60 days for Qualifying Life Event and 16 days for Open Enrollment), your dependent will not have coverage and you will have to wait until the next Open Enrollment period.

Once you have added your dependent and enrolled them into your health benefits plans, you may use the options below for submitting their documentation to the Office of Employee Benefits:

- Option #1: Upload scanned documents to Workday at the time you add the dependent to your dependent file.
- Option #2: Email: Openenrollment@Baltimorecity.gov or fax documents to (410) 396-5216
- Option #3: Mail documents to:

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

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

The chart on the following page will provide guidance of documentation required for adding dependents and family status changes.

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 certified and dated by the appropriate state or County official, such as the Clerk of the Court): • From the court in the County or City where the marriage took place; or • From the Maryland Department of Health - Maryland Vital Statistics Administration at https://health.maryland.gov/vsa/Pages/Home.aspx or www.vitalchek.com

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 before age 26 and are required to reside in your home.	• **Birth:** Official State Birth Certificate with the name of employee/retiree as the child's parent • **Adoption:** Official Court Documents & Official State Birth Certificate • **Stepchild:** Official Court-Certified State Marriage Certificate & Official State Birth Certificate with the name of the spouse of employee/retiree as the child's parent • **Permanent Guardianship:** Official Court Documents signed by a judge & Official State Birth Certificate • **Grandchild:** Official State Birth Certificate of your child and grandchild showing the line of relationship, recent Income Tax Return claiming grandchild, and the "Certification of Economic Support for Grandchildren Form" • **Medical Child Support Order:** Official Medical Child Support Order requiring employee/retiree to provide health coverage signed by the child support officer or judge. • **Disabled Child:** Original Disability Questionnaire Form

TERMINATION OF COVERED DEPENDENTS DUE TO A FAMILY STATUS CHANGE

Reason for Termination of Dependents	Copy of Required Documentation
Death of Spouse or Child	Death Certificate
Divorce	Divorce Decree
Gain Other Coverage (Employee, Retiree, Spouse, or Child)	Letter from employer or medical plan
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 only include Legal spouse, natural child, stepchild, permanent guardianship of a child, grandchild, medical child support order, disabled child (see chart).

HEALTH INSURANCE PLANS AND HOW THE PLANS WORK

Each of the medical options offer comprehensive medical coverage. Each plan requires you to pay a different premium as a deduction from your pay. Under the BlueChoice Advantage PPO Standard Option, you will pay an annual deductible before the plan pays for most services. The Aetna Open Access Select HMO, the BlueChoice Advantage PPO High Option, and the Kaiser Permanente HMO do not have deductibles before they pay for services. Once you've fulfilled the deductible, if applicable, you may have to make a payment for a fixed dollar amount known as a copay or a percentage of the healthcare provider's fee known as coinsurance, every time you use medical services.

HEALTH INSURANCE PLANS COMPARISON

The following charts provide a brief comparison of benefits. Check each carrier's website to determine if your providers and the facilities in which your providers work are included in the various plan networks. To ensure coverage under your plan, contact the plan before receiving services or treatment to obtain more information on coverage limitations, exclusions, medical necessity determinations, and pre-authorization requirements.

2024 BlueChoice Advantage (PPO)				
*Any out-of-network provider can bill the balance after the allowed benefit amount has been paid by the carrier.				
	Standard Option		High Option	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Dependent Eligibility (See Enrolling Eligible Dependents)				
Deductible	$250 per individual $500 per family	$500 per individual $1,000 per family	None	None
Out-of-Pocket Maximum (Based on annual salary)	Employee Salary: <$45,000 $1,000 individual/ $2,000 family >$44,999 $1,500 individual/ $3,000 family	Employee Salary: <$45,000 $2,000 individual/ $4,000 family >$44,999 $3,000 individual/ $6,000 family	$1,000 per individual $2,000 per family	N/A
Plan Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Routine & Preventive Services				
Routine Office Visit (Annual physical)	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Well Baby/Child Care	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Routine GYN Examination	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Screenings: Mammography, Colorectal & Prostate	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit

2024 BlueChoice Advantage (PPO)

***Any out-of-network provider can bill the balance after the allowed benefit amount has been paid by the carrier.**

	Standard Option		High Option	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Physician Office Visits (Not-Routine)				
Physician's Office Visit (Sickness) (Maps & Unrepresented)	$25 Copay	80% Allowed Benefit, after deductible	$5 copay per visit	80% Allowed Benefit
Physician's Office Visit (Sickness) (Represented)	$25 Copay	80% Allowed Benefit after deductible	$5 copay per visit	80% Allowed Benefit
Specialist Office Visit (Maps & Unrepresented)	$40 Copay	80% Allowed Benefit after deductible	$5 copay per visit	80% Allowed Benefit
Specialist Office Visit (Represented)	$40 Copay	80% Allowed Benefit after deductible	$5 copay per visit	80% Allowed Benefit
Hearing Exams: one exam every 36 months (routine exams excluded)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit with medical diagnosis	80% Allowed Benefit with medical diagnosis
Emergency Room and Urgent Care Services				
Ambulance Service (based on medical necessity) (ground only)	90% Allowed Benefit after deductible	90% Allowed Benefit after deductible	100% Allowed Benefit	100% Allowed Benefit
Emergency Room Observation – up to 24 hours or more, presented via Emergency Department (copay waived Only if admitted)	90% Allowed Benefit after deductible	90% Allowed Benefit after deductible	$50 copay	$50 copay
Urgent Care	$25 Copay, 90% Allowed Benefit	$25 Copay, 90% Allowed Benefit	$5 copay per visit	100% Allowed Benefit

2024 BlueChoice Advantage (PPO)				
*Any out-of-network provider can bill the balance after the allowed benefit amount has been paid by the carrier.				
	Standard Option		High Option	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Hospital Inpatient Services				
Anesthesia	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Maps & Unrepresented Hospital Services, including Room, Board & General Nursing Services	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit pre-authorization required	$100 deductible per admission, then plan plays 80% up to $1,500 out of pocket maximum per admission then 100% Allowed Benefit
Represented Hospital Services, including Room, Board & General Nursing Services (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	$100 deductible per admission, then plan plays 80% up to $1,500 out of pocket maximum per admission, then 100% Allowed Benefit
Medical-Surgical Physician Services	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Physical, Speech & Occupational Therapy	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Organ Transplant (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	100% Allowed Benefit
Acute Inpatient Rehab	90% of Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit

2024 BlueChoice Advantage (PPO)				
*Any out-of-network provider can bill the balance after the allowed benefit amount has been paid by the carrier.				
	Standard Option		High Option	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Outpatient Services				
Cardiac Rehab	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Chemotherapy & Radiation	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Renal Dialysis	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Diagnostic Lab Work & X-rays	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Outpatient Surgery	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Physical, Speech & Occupational Therapy (Maps & Unrepresented)	90% Allowed Benefit after deductible, limit 60 visits combined limit/year	70% Allowed Benefit after deductible, limit 60 visits combined	100% Allowed Benefit limited to 100 combined visits per calendar year	80% Allowed Benefit, limited to 100 combined visits per calendar year
Physical, Speech & Occupational Therapy (Represented)	90% Allowed Benefit after deductible, limit 60 visits combined/year	70% Allowed Benefit after deductible, limit 60 visits combined/year	Facility $5 copay;100 combined visits per calendar year	80% Allowed Benefit, limited to 100 visits per calendar year for physical, speech, and occupational therapies combined
Pre-Admission Testing	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Allergy Testing	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit

2024 BlueChoice Advantage (PPO)				
*Any out-of-network provider can bill the balance after the allowed benefit amount has been paid by the carrier.				
	Standard Option		High Option	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
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
Maternity				
Pre & Post-Natal (Physician Services)	Covered in full	80% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Fertility Testing & Family Planning				
Fertility Testing & Family Planning	90% Allowed Benefit	70% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
In-Vitro Fertilization (pre-authorization required)	90% Allowed Benefit; $100,000 lifetime maximum	70% Allowed Benefit; $100,000 lifetime maximum	100% Allowed Benefit; $100,000 Lifetime maximum	80% Allowed Benefit; $100,000 lifetime maximum
Inpatient Mental Health & Substance Abuse				
Inpatient Alcohol & Substance Abuse/ Mental Health (Maps & Unrepresented) (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	$100 deductible per admission, then plan pays 80% up to $1,500 out-of-pocket maximum per admission, then 100% Allowed Benefit
Inpatient Alcohol & Substance Abuse/Mental Health (Represented) (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	$100 deductible per admission, then plan pays 80% up to $1,500 out-of-pocket maximum per admission, then 100% Allowed Benefit

2024 BlueChoice Advantage (PPO)				
*Any out-of-network provider can bill the balance after the allowed benefit amount has been paid by the carrier.				
	Standard Option		High Option	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Outpatient Mental Health & Substance Abuse				
Outpatient Mental Health/ Alcohol & Substance Abuse (Maps & Unrepresented)	$25 Copay	80% Allowed Benefit after deductible	$5 copay/visit; 100% Allowed Benefit	80% Allowed Benefit
Outpatient Mental Health/ Alcohol & Substance Abuse (Represented)	$25 Copay	80% Allowed Benefit after deductible	$5 copay/visit; 100% Allowed Benefit	80% Allowed Benefit
Miscellaneous Supplies & Services				
Nutrition Counseling	90% Allowed Benefit after deductible	70% of Allowed Benefit after deductible	$5 copay/visit	80% Allowed Benefit
Diabetic Supplies	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Durable Medical Equipment	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Private duty nursing Outpatient Only (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100 % of Allowed Benefit	80 % Allowed Benefit
Hospice Care	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Prosthetic Devices (Such as artificial limbs)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% allowed benefit	80% Allowed Benefit
Diabetic Supplies	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit

2024 HEALTH MAINTENANCE ORGANIZATIONS (HMO'S)

	Aetna Select Open Access (HMO)	Kaiser Permanente (HMO)
NOTE: Out-of-network services are not covered under an HMO unless in the event of an emergency.		
Dependent Eligibility (See Enrolling Eligible Dependents)		
Are Referrals Required?	No	Yes
Out-of-Pocket Maximum	$1,100 per individual $2,200 per family	$1,300 per individual $2,600 per family
Plan Lifetime Maximum Benefit	Unlimited	Unlimited
Routine & Preventive Services		
Physician's Office Visit (Annual Physical)	Covered in full	Covered in full
Well Baby/Child Care	Covered in full	Covered in full
Routine GYN Examination	Covered in full	Covered in full
Immunizations	Covered in full	Covered in full
Screenings: Mammography, Colorectal & Prostate	Covered in full (Call plan for details)	Covered in full (Call plan for details)
Physician Office Visit (Non-Routine)		
Specialist Office Visit	$5 copay per visit	$5 copay per visit
Hearing Exams	$5 copay per visit	$5 copay per visit
Emergency Room and Urgent Care Services		
Ambulance Service (Based on medical necessity)	Covered in full for emergency only	Covered in full for emergency only
Emergency Room Observation up to 24 hours or more presented via Emergency Department (Copay waived ONLY if admitted)	$50 copay	$50 copay
Urgent Care	$5 copay per visit	$5 copay per visit
Hospital Inpatient Services		
Anesthesia	Covered in full	Covered in full
Hospital Services Including Room, Board & General Nursing Services	Covered in full	Covered in full

	Aetna Select Open Access (HMO)	Kaiser Permanente (HMO)
NOTE: Out-of-network services are not covered under an HMO unless in the event of an emergency.		
Diagnostic Lab Work & X-rays	Covered in full	Covered in full
Medical-Surgical Physician Services	Covered in full	Covered in full
Physical, Speech & Occupational Therapy	Covered in full	Covered in full
Organ Transplant (Pre-authorization required)	Covered in full for non-experimental transplants	Covered in full for non-experimental transplants
Acute In-Patient Rehab	Covered in full	Covered in full
Outpatient Services		
Cardiac Rehab	$5 copay per visit	$5 copay per visit
Chemotherapy & Radiation	$5 copay per visit	$5 copay per visit
Renal Dialysis	Covered in full	$5 copay per visit
Diagnostic Lab Work & X-rays	Covered in full	Covered in full
Outpatient Surgery	Covered in full	$5 copay per visit
Physical, Speech & Occupational Therapy	$5 copay per visit, limited to 90 visits per calendar year	$5 copay per visit (Call plan for visit limits)
Pre-Admission Testing	Covered in full	$5 copay per visit
Allergy Testing	$5 copay per visit	$5 copay per visit
Allergy Serum	Covered in full	Covered in full
Maternity		
Pre- and Post-Natal (Physician Services)	Covered in full	Covered in full
Delivery (Inpatient)	Covered in full	Covered in full
Newborn Care (Inpatient)	Covered in full	Covered in full
Fertility Testing & Family Planning		
Fertility Testing & Family Planning	Member cost-sharing based on type of service performed and place of service where rendered	$5 copay per visit for family planning. Fertility testing office visit and any other fertility services covered at 50%
In-Vitro Fertilization	Call plan for specific state-mandated benefits	50% of allowable charges $100,000 maximum lifetime benefit for up to 3 attempts per live birth

	Aetna Select Open Access (HMO)	Kaiser Permanente (HMO)
NOTE: Out-of-network services are not covered under an HMO unless in the event of an emergency.		
Mental Health & Substance Abuse Benefits		
Inpatient Mental Health/ Alcohol & Substance Abuse	Covered in full (pre-authorization required)	Covered in full
Outpatient Mental Health/Alcohol & Substance Abuse	$5 copay per visit	$5 copay per visit
Miscellaneous Supplies & Services		
Nutrition & Health Education	$5 copay per visit	$5 copay per visit
Diabetic Supplies-Lancets, test strips, Glucometers	$5 copay	Covered in full
Durable Medical Equipment (Pre-authorization required)	Covered in full	Covered in full
Private Duty Nursing (Pre-authorization required)	Not covered	Covered in full
Hospice Care	Covered in full	Covered in full
Prosthetic Devices (i.e., artificial limbs) (Pre-authorization required)	Covered in full	Covered in full

2024 PRESCRIPTION DRUG BENEFITS

The City of Baltimore offer prescription drug coverage through CVS/Caremark. This means that you will present your CVS/Caremark prescription ID card to a pharmacist to have a prescription filled. Copays for prescription drugs will vary based on the days' supply your doctor has prescribed for you.

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

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

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

REMINDER: Diabetic services, supplies, and medication are covered under the City's medical plans and prescription drug plans. Contact the medical and drug plan vendors directly for further information. Medical plans cover diabetic test supplies and services. Prescription drug plans cover diabetic medication and diabetic insulin/medical supplies used to inject insulin.

2024 NATIONAL VISION ADMINISTRATORS (NVA)

National Vision Administrators, L.L.C

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

FULL-SERVICE BENEFIT PLAN

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

EYE ESSENTIAL DISCOUNT PROGRAM

After the enrolled member has exhausted their full-service benefit, they can access the free EyeEssentialSM plan discounts on additional purchases during the plan period. NVA's

EyeEssentialSM discount plan is a low-cost, member-friendly vision plan, which includes significant discounts through participating NVA network providers. These discounts are only available with participating NVA providers.

NVA SMART BuyerSM INFORMATIONAL TOOL

The NVA Smart BuyerSM program provides City of Baltimore members with the tools they need to become educated consumers of vision care services, products, and eyewear. For members

to maximize their vision benefit, they need useful, timely information on the rapidly increasing number of eyeglass lenses, frames, and contact lenses available. The NVA Smart BuyerSM program provides definitions, descriptions, and other useful information to help make educated eyewear choices.

VISION BENEFIT MaximizerSM SEARCH TOOL

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

24/7 CUSTOMER SERVICE

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

COMPREHENSIVE VISION PROVIDER NETWORK

The NVA vision network consists of over 80,000 provider access points across the United States. Provider types include optometrists, ophthalmologists, and opticians, as well as national, regional, and local retailers. Visit www.e-nva.com, click "Find a Provider," enter Group # 8949000101 or the group number on your NVA ID card, and enter the ZIP code of the appropriate city to search for NVA-participating vision providers.

2024 NATIONAL VISION ADMINISTRATORS (NVA) *(CONTINUED)*

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

2024 PREMIUM RATES

WEEKLY MEDICAL & RX PLAN RATES FOR ACTIVE EMPLOYEES

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$210.81	$160.33	$50.48	Participant Only	$194.47	$158.92	$35.55
Participant + Child	$390.01	$296.62	$93.39	Participant + Child	$359.78	$294.02	$65.76
Participant + Spouse	$442.71	$336.70	$106.01	Participant + Spouse	$408.40	$333.75	$74.65
Participant + Family	$632.44	$481.00	$151.44	Participant + Family	$583.42	$476.78	$106.64

Open Access Aetna Select HMO Plan				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$161.95	$147.15	$14.80	Participant Only	$158.08	$142.27	$15.81
Participant + Child	$299.61	$272.23	$27.38	Participant + Child	$300.35	$270.32	$30.03
Participant + Spouse	$340.10	$309.02	$31.08	Participant + Spouse	$331.96	$298.77	$33.19
Participant + Family	$485.85	$441.45	$44.40	Participant + Family	$474.23	$426.81	$47.42

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

CVS Caremark (RX - High & Standard Options)

CVS Caremark High Option Rx Plan				CVS Caremark Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$25.16	$19.82	$5.34	Participant Only	$24.15	$19.73	$4.42
Participant + Child	$46.54	$36.67	$9.87	Participant + Child	$44.68	$36.51	$8.17
Participant + Spouse	$52.83	$41.63	$11.20	Participant + Spouse	$50.71	$41.43	$9.28
Participant + Family	$75.47	$59.47	$16.00	Participant + Family	$72.45	$59.20	$13.25

2024 PREMIUM RATES
BI-WEEKLY MEDICAL & RX PLAN RATES FOR ACTIVE EMPLOYEES

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$421.63	$320.67	$100.96	Participant Only	$388.95	$317.86	$71.09
Participant + Child	$780.01	$593.24	$186.77	Participant + Child	$719.56	$588.04	$131.52
Participant + Spouse	$885.42	$673.41	$212.01	Participant + Spouse	$816.79	$667.49	$149.30
Participant + Family	$1,264.88	$962.00	$302.88	Participant + Family	$1,166.85	$953.57	$213.28

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$323.90	$294.30	$29.60	Participant Only	$316.15	$284.53	$31.62
Participant + Child	$599.22	$544.46	$54.76	Participant + Child	$600.70	$540.64	$60.06
Participant + Spouse	$680.19	$618.03	$62.16	Participant + Spouse	$663.93	$597.54	$66.39
Participant + Family	$971.70	$882.90	$88.80	Participant + Family	$948.47	$853.63	$94.84

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

CVS Caremark (RX - High & Standard Options)

CVS Caremark High Option Rx Plan				CVS Caremark Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$50.31	$39.64	$10.67	Participant Only	$48.30	$39.46	$8.84
Participant + Child	$93.07	$73.33	$19.74	Participant + Child	$89.35	$73.01	$16.34
Participant + Spouse	$105.65	$83.25	$22.40	Participant + Spouse	$101.43	$82.88	$18.55
Participant + Family	$150.93	$118.93	$32.00	Participant + Family	$144.89	$118.39	$26.50

2024 PREMIUM RATES
21-PAY MEDICAL & RX PLAN RATES FOR ACTIVE EMPLOYEES

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$522.02	$397.02	$125.00	Participant Only	$481.56	$393.54	$88.02
Participant + Child	$965.73	$734.49	$231.24	Participant + Child	$890.88	$728.04	$162.84
Participant + Spouse	$1,096.23	$833.74	$262.49	Participant + Spouse	$1,011.27	$826.42	$184.85
Participant + Family	$1,566.05	$1,191.06	$374.99	Participant + Family	$1,444.67	$1,180.61	$264.06

Open Access Aetna Select HMO				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$401.02	$364.37	$36.65	Participant Only	$391.43	$352.29	$39.14
Participant + Child	$741.89	$674.09	$67.80	Participant + Child	$743.72	$669.35	$74.37
Participant + Spouse	$842.14	$765.18	$76.96	Participant + Spouse	$822.01	$739.82	$82.19
Participant + Family	$1,203.06	$1,093.11	$109.95	Participant + Family	$1,174.29	$1,056.87	$117.42

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

CVS Caremark (RX - High & Standard Options)

CVS Caremark High Option Rx Plan				CVS Caremark Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$62.29	$49.08	$13.21	Participant Only	$59.80	$48.86	$10.94
Participant + Child	$115.24	$90.81	$24.43	Participant + Child	$110.63	$90.40	$20.23
Participant + Spouse	$130.81	$103.08	$27.73	Participant + Spouse	$125.58	$102.61	$22.97
Participant + Family	$186.87	$147.25	$39.62	Participant + Family	$179.39	$146.58	$32.81

2024 PREMIUM RATES
MONTHLY MEDICAL & RX PLAN RATES FOR ACTIVE EMPLOYEES

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$913.53	$694.78	$218.74	Participant Only	$842.72	$688.69	$154.04
Participant + Child	$1,690.03	$1,285.35	$404.67	Participant + Child	$1,559.04	$1,274.08	$284.96
Participant + Spouse	$1,918.41	$1,459.04	$459.37	Participant + Spouse	$1,769.72	$1,446.24	$323.48
Participant + Family	$2,740.58	$2,084.35	$656.23	Participant + Family	$2,528.17	$2,066.06	$462.11

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$701.78	$637.65	$64.13	Participant Only	$685.00	$616.50	$68.50
Participant + Child	$1,298.30	$1,179.65	$118.65	Participant + Child	$1,301.51	$1,171.37	$130.14
Participant + Spouse	$1,473.75	$1,339.06	$134.68	Participant + Spouse	$1,438.51	$1,294.67	$143.84
Participant + Family	$2,105.35	$1,912.94	$192.41	Participant + Family	$2,055.01	$1,849.52	$205.49

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

CVS Caremark (RX - High & Standard Options)

CVS Caremark High Option Rx Plan				CVS Caremark Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$109.01	$85.88	$23.12	Participant Only	$104.65	$85.50	$19.14
Participant + Child	$201.66	$158.90	$42.76	Participant + Child	$193.59	$158.19	$35.41
Participant + Spouse	$228.91	$180.38	$48.53	Participant + Spouse	$219.76	$179.56	$40.19
Participant + Family	$327.02	$257.68	$69.34	Participant + Family	$313.94	$256.52	$57.42

2024 Monthly Active COBRA Rates

High Option & Standard Option Medical Plans

BlueChoice Adv High Option PPO

Coverage Level	High Option COBRA Cost
Participant Only	$913.53
Participant + Child	$1,690.03
Participant + Spouse	$1,918.41
Participant + Family	$2,740.58

BlueChoice Adv Std Option PPO

Coverage Level	Standard Option COBRA Cost
Participant Only	$842.72
Participant + Child	$1,559.04
Participant + Spouse	$1,769.72
Participant + Family	$2,528.17

HMO Medical Plans

Open Access Aetna Select (HMO)

Coverage Level	COBRA Cost
Participant Only	$701.78
Participant + Child	$1,298.30
Participant + Spouse	$1,473.75
Participant + Family	$2,105.35

Kaiser Permanente HMO

Coverage Level	COBRA Cost
Participant Only	$685.00
Participant + Child	$1,301.51
Participant + Spouse	$1,438.51
Participant + Family	$2,055.01

High Option & Standard Option Prescription Drug Plans

CVS Caremark Health - RX - High Option

Coverage Level	COBRA Cost
Participant Only	$109.01
Participant + Child	$201.66
Participant + Spouse	$228.91
Participant + Family	$327.02

CVS Caremark Health - RX - Standard Option

Coverage Level	COBRA Cost
Participant Only	$104.65
Participant + Child	$193.59
Participant + Spouse	$219.76
Participant + Family	$313.94

DHMO & DPPO Dental Plans

United Concordia Dental DHMO

Coverage Level	COBRA Cost
Participant Only	$12.85
Participant + Child	$25.32
Participant + Spouse	$25.71
Participant + Family	$34.68

United Concordia Dental DPPO

Coverage Level	COBRA Cost
Participant Only	$30.59
Participant + Child	$51.95
Participant + Spouse	$61.17
Participant + Family	$85.58

Vision Plan

Coverage Level	COBRA Cost
Participant Only	$3.88
Participant + Child	$3.88
Participant + Spouse	$3.88
Participant + Family	$3.88

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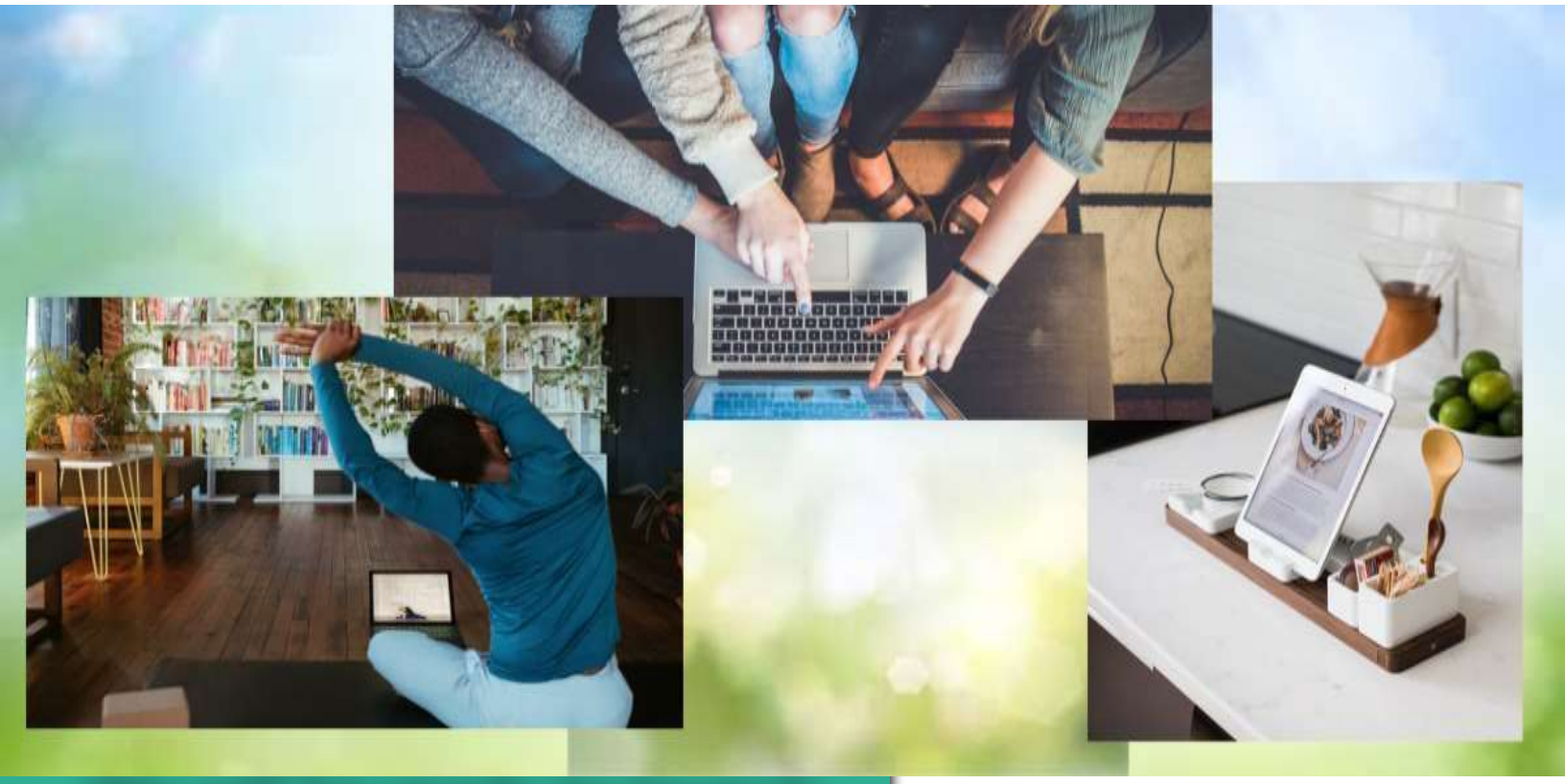

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As you make strides for your health, you'll find incentives that make sense for your wallet too!

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2024 UNITED CONCORDIA DENTAL HMO COPAYS

Active Employees that LIVE IN Maryland and Pennsylvania

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

COPAYMENTS FOR COMMON DENTAL SERVICES

Code	Description of Service	Enrollee Pays
D0100-D0999 I. Diagnostic		
D0120	Periodic oral evaluation – established patient	$5.00
D0140	Limited oral evaluation - problem-focused	$5.00
D0150	Comprehensive oral evaluation - new or established patient	$5.00
D0210	Intraoral - complete series of radiographic images	$25.00
D0220	Intraoral - periapical first radiographic image	$4.00
D0230	Intraoral - periapical each additional radiographic image	$3.00
D0272	Bitewings - two radiographic images	$5.00
D0274	Bitewings - four radiographic images	$7.00
D0330	Panoramic radiographic image	$20.00
D1000-D0999 II. Preventive		
D1110	Prophylaxis – adult	$10.00
D1120	Prophylaxis – child	$10.00
D1208	Topical application of fluoride (prophylaxis excluded) - through age 18	$5.00
D1351	Sealant - per tooth	$5.00
D2000-D2999 III. Restorative		
D2140	Amalgam - one surface, primary or permanent	$28.00
D2150	Amalgam - two surfaces, primary or permanent	$35.00
D2160	Amalgam - three surfaces, primary or permanent	$45.00
D2161	Amalgam - four or more surfaces, primary or permanent	$55.00
D2330	Resin-based composite - one surface, anterior	$35.00
D2331	Resin-based composite - two surfaces, anterior	$45.00
D2332	Resin-based composite - three surfaces, anterior	$55.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$80.00
D2391	Resin-based composite - one surface, posterior	$40.00
D2392	Resin-based composite - two surfaces, posterior	$50.00
D2750	Crown - porcelain fused to high noble metal	$390.00
D2752	Crown - porcelain fused to noble metal	$380.00
2790	Crown - full cast high noble metal	$390.00

2024 UNITED CONCORDIA DENTAL HMO COPAYS (CONTINUED)

Active Employees that LIVE IN Maryland and Pennsylvania

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

COPAYMENTS FOR COMMON DENTAL SERVICES

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

2024 UNITED CONCORDIA DENTAL PPO COPAYS

Active employees who live outside of MD and PA should enroll in the DPPO plan to receive dental coverage from the United Concordia.

2024 Plan Year: January 1, 2024 – December 31, 2024	Network: Elite Plus

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a United Concordia PPO dentist.

PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

	CONCORDIA FLEX PLAN	
Benefit Category (1)	**In-Network (2)**	**Non-Network (2)**
Class I – Diagnostic/Preventive Services		
Exams 2 per calendar year	100%	100%
X-rays Bitewing 2 per calendar year; Full Mouth 1 per 36 months		
Cleanings 2 per calendar year		
Fluoride Treatments 2 per calendar year to age 19		
Sealants 1 per tooth per 36 months to age 19 on permanent first and second molars		
Space Maintainers 1 per 60 months		
Palliative Treatment (Emergency)		
Class II – Basic Services		
Basic Restorative (Fillings, etc.) 1 per surface per 12 months	80%	80%
Simple Extractions		
Complex Oral Surgery		
General Anesthesia		

(1) Dependent children covered to age 26.

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

2024 UNITED CONCORDIA DENTAL PPO COPAYS (CONTINUED)

Active employees who live outside of MD and PA should enroll in the DPPO plan to receive dental coverage from the United Concordia.

2024 Plan Year: January 1, 2024 – December 31, 2024	Network: Elite Plus	
This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a United Concordia PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.		
	CONCORDIA FLEX PLAN	
Benefit Category (1)	**In-Network (2)**	**Non-Network (2)**
Nonsurgical Periodontics Tooth scaling & root planing 1 per 24 months, per quadrant	60%	50%
Endodontics		
Inlays, Onlays, Crowns 1 per 60 months		
Prosthetics (Bridges, Dentures) Full and/or partial dentures 1 per 60 months		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures 1 in any 12-month period per specific area of appliance		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures 1 in any 12-month period per specific area of appliance		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (Applies to the combination of services received from network and non-network dentists)		
Calendar Year Program Deductible (Per member/per family) January 1st – December 31st	$50 / $150 Excludes Class I & Orthodontics	
Calendar Year Program Maximum (Per member) January 1st – December 31st	$1,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (Per child dependent)	$1,500	

(1) Dependent children covered to age 26.

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

2024 DENTAL RATES

Biweekly (26 pays)

United Concordia Dental DHMO				United Concordia Dental DPPO			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$5.93	$5.93	$0.00	Participant Only	$14.12	$5.93	$8.19
Participant + Child	$11.69	$11.69	$0.00	Participant + Child	$23.98	$11.69	$12.29
Participant + Spouse	$11.87	$11.87	$0.00	Participant + Spouse	$28.23	$11.87	$16.36
Participant + Family	$16.01	$16.01	$0.00	Participant + Family	$39.50	$16.01	$23.49

Weekly (52 Pays)

United Concordia Dental DHMO				United Concordia Dental DPPO			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$2.97	$2.97	$0.00	Participant Only	$7.06	$2.97	$4.09
Participant + Child	$5.84	$5.84	$0.00	Participant + Child	$11.99	$5.84	$6.15
Participant + Spouse	$5.93	$5.93	$0.00	Participant + Spouse	$14.12	$5.94	$8.18
Participant + Family	$8.00	$8.00	$0.00	Participant + Family	$19.75	$8.00	$11.75

21-Pays - Biweekly (10-Months)

United Concordia Dental DHMO				United Concordia Dental DPPO			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$7.34	$7.34	$0.00	Participant Only	$17.48	$7.34	$10.14
Participant + Child	$14.47	$14.47	$0.00	Participant + Child	$29.69	$14.47	$15.22
Participant + Spouse	$14.69	$14.69	$0.00	Participant + Spouse	$34.95	$14.69	$20.26
Participant + Family	$19.82	$19.82	$0.00	Participant + Family	$48.90	$19.81	$29.09

Monthly (12-Months)

United Concordia Dental DHMO				United Concordia Dental DPPO			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$12.85	$12.85	$0.00	Participant Only	$30.59	$12.85	$17.74
Participant + Child	$25.32	$25.32	$0.00	Participant + Child	$51.95	$25.32	$26.63
Participant + Spouse	$25.71	$25.71	$0.00	Participant + Spouse	$61.17	$25.71	$35.46
Participant + Family	$34.68	$34.68	$0.00	Participant + Family	$85.58	$34.68	$50.90

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) allow you to pay for certain health care and dependent care expenses with pre-tax dollars. If you regularly have out-of-pocket expenses for health care or dependent care, then FSAs can save you money. When you participate in an FSA, you elect to have a specified amount deducted from your paycheck and put in your FSA account(s) before federal, state and Social Security taxes are calculated.

Paying expenses with pre-tax dollars reduces your taxes and increases your take home pay.

There are two types of FSAs:

Health Care Account (3,050.00/Year Max)

A Health Care Account is intended to assist with expenses that are not covered by health, dental, vision, or prescription insurance. Typically, eligible expenses include copays, deductibles, and coinsurance.

Examples of eligible health care expenses:

- Contact lenses/supplies
- Eyeglasses
- Dentures
- Laser eye surgery
- Over-the-counter medication (requires a prescription from a physician)

Dependent Care Account ($5,000/Family Year Max)

A Dependent Care Account helps you pay for certain dependent care expenses such as day care for a dependent child under the age of 13 or elderly adult. To qualify, dependent care must be necessary for you to work, and if you are married, for your spouse to work.

Examples of eligible dependent care expenses:

- Before/after school programs
- Nursery or pre-school
  • Summer Day camp
- Licensed child or adult day care facility

Note: *You do not need to be a participant in the City of Baltimore Health Plan to participate in an FSA.*

FLEXIBLE SPENDING ACCOUNTS (CONTINUED)

Reimbursement for advance payments for orthodontia expenses are permitted from health care FSAs. This is an exception to the general rule that only amounts incurred and paid during a plan year can be reimbursed for that plan year.

Upon enrollment, you will receive a TASC MasterCard debit card. This card can be used when paying your copays and coinsurance at any physician or dental office, pharmacy or vision service locations that accept MasterCard. This debit card gives you access to your pre-tax account without the traditional hassle of claim forms. **NOTE: If you choose not to use the debit card, you may also submit a claim for reimbursement.** To request a claim for reimbursements, please contact TASC at 1-800-422-4661. Debit cards are valid for five years. Each year during the annual Open Enrollment period, you may choose to enroll or re-enroll in one or both FSA accounts. Following your enrollment, participation begins on January 1, 2024.

IMPORTANT: You must re-enroll each year during Open Enrollment if you wish to participate in one or both FSAs the following plan year. Your enrollment does not automatically carry over from year to year. If you do not actively enroll in an FSA account during Open Enrollment, you will not participate in that FSA for the following year.

All expenses paid with FSA debit cards must be validated. For this reason, save all your receipts and be prepared to submit them for verification purposes, if requested. FSA documentation must include the following information:

1. Who is the expense for? The receipt should indicate who received the eligible service/item.
2. Where was the service provided? This is used to confirm that services were provided through a licensed practitioner or facility.
3. What service/item was provided? This indicates what services or items are being provided. This is reviewed against IRS eligibility information to ensure the service is eligible. With certain expenses, you may be asked to provide a letter of medical necessity to confirm its eligibility.
4. When did the service take place? The date of service is used to determine what plan year the expense may apply against. Your employer determines the specific dates that the services must be provided and the cutoff for submitting expense for reimbursement.
5. How much is the service/item? This is the amount you were responsible for. In some cases, this amount may vary from the amount that was used on your benefits card.

NOTE: An Explanation of Benefits (EOB) is the ideal form of acceptable documentation.

Estimating Expenses

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

FSA Important Dates to Remember

Reminders:

- FSA participants have up to 120 days after the end of the plan year (December 31) to submit paper claims for reimbursement. They must be submitted by the deadline of March 15th.
- Health Care FSA participants are allowed to carryover up to $610 of unused FSA funds from the previous plan year into the following plan year, and future years.
- The City of Baltimore FSA plans run on a plan-year basis (January 1st – December 31st). You will want to ensure that you end the plan year (December 31) with a balance up to $610 or have expenses incurred from the current plan year that you can claim during the January 1st and March 31st grace period. Any amount over the $610 carryover amount that remains in the Healthcare account after the March 31st grace period will be forfeited, no exceptions.

The Dependent Care FSA plan works differently – it allows two and a half (2 ½) months run out period into the next year for you to incur expenses by March 15th that must be submitted by March 31st of the next plan year. **Any DCFSA funds that remain after March 31st will be forfeited, no exceptions.**

Upon Employee Termination

When your employment ends, you may not submit any Health Care FSA claims for services incurred after your termination date. Any funds remaining in your Health Care FSA will be forfeited if you did not incur any eligible expenses before termination.

The Dependent Care FSA is impacted by termination differently. You must be actively employed to be eligible to participate in a Dependent Care FSA. However, you may still submit claims for expenses you incurred while you were an active employee for up to ninety (90) days after your termination date.

WAIVER CREDITS

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

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

IMPORTANT: Each year, during the annual benefits Open Enrollment period, you may choose to enroll in the waiver credit. Your participation will begin on January 1st, following your enrollment.

You must re-enroll each Open Enrollment year to receive waiver credits. Your enrollment will not automatically carry over from year-to-year. No exceptions. If your employment terminates, you are not entitled to payment for waiver credits during the month in which you become unemployed.

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

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

$2,500 WAIVER CREDIT - CUB

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

$650 WAIVER CREDIT (WAIVES MEDICAL ONLY) - CUB

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

WAIVER CREDIT (CONTINUED)

$650 WAIVER CREDIT (WAIVES MEDICAL ONLY) - POLICE

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

$780 WAIVER CREDIT (WAIVES MEDICAL ONLY) - MAPS

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

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

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

Visit Workday for more information about waiver credits at:
http://workday.baltimorecity.gov/login

LIFE INSURANCE(S) GROUP TERM LIFE INSURANCE OPTIONS

Basic Life

The City of Baltimore provides Basic Life and AD&D insurance coverage and is automatically provided to eligible active City employees after one year of employment. The Benefit amount is based on your union affiliation. The city pays the full cost of this coverage. You do not need to actively enroll.

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

Optional Term Life/AD&D Insurance Coverage **- Employee Optional Life**

In addition to the City provided Basic Life Insurance benefits, you may purchase additional life insurance Optional Life/AD&D is an optional benefit you are eligible to elect as a new hire. **It is important for you to note that as a new employee you have 45 days to elect optional life/AD&D insurance online.** Coverage goes into effect on the first day of the month following the hire date and unlike your Basic Life Insurance, the Optional Life Insurance benefit is 100% employee paid.

As a new employee you may elect 1x to 5x your annual salary to a maximum of $500,000 without providing medical evidence. If you elect optional life/AD&D as a new employee, you have the option to increase your coverage by 1 level during subsequent open enrollment periods, evidence of insurability (*EOI) will not be required. **See EOI information below.*

However, if you do not elect optional life/AD&D insurance as a new employee and decide to elect it during a subsequent open enrollment period, you will be required to provide evidence of insurability (EOI) for any coverage amount. If you select more than 1 level of coverage during a subsequent open enrollment period, evidence of insurability will be required.

NOTE: You may decide to elect only Optional Life insurance without AD&D coverage. However, you may not elect AD&D insurance without electing Optional Life insurance.

This Optional Life is a Group Term life insurance policy, it has no cash value and is only payable to beneficiaries upon the death of the participant.

NOTE: The City of Baltimore does not offer spousal or dependent life insurance.

Life Insurance *(Continued)*

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

Optional Life Insurance benefit is 100% employee paid and is rounded to the next higher multiple of $1,000, if not already a multiple of $1,000.

Monthly Costs for Optional Life and AD&D Insurance

Below are the monthly rates, deducted bi-weekly (based on your age as of January 1, 2024).

Age	Monthly Cost Per $1,000 of Employee Coverage	Monthly Cost Per $1,000 of Employee Coverage plus AD&D
Under 30	$0.060	$0.085
30 – 34	$0.080	$0.105
35 – 39	$0.090	$0.115
40 – 44	$0.110	$0.135
45 – 49	$0.180	$0.205
50 – 54	$0.315	$0.340
55 – 59	$0.485	$0.510
60 – 64	$0.780	$0.805
65 – 69	$1.360	$1.385
70 – 74	$2.660	$2.685
75 +	$3.610	$3.635

How to designate a Life Insurance 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 Employer or Association field.
2. On the **'Welcome to MyBenefits'** page you can register as a new user or if you have already registered, select Login and then 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 through Workday.**

Life Insurance *(Continued)*

Optional Life Insurance Coverage

Employees 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 HIPPA. If you are not sure, complete a new form.

Once you have requested and completed the form, please mail it or fax it back to MetLife for processing, please use the address 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.

*When is an Evidence of Insurability (EOI) required?

During your 45-day new employee Enrollment Period, you may elect up to the maximum coverage level of five (5) times your annual earnings (maximum of $500,000) without providing evidence of insurability (proof of good health).

If you initially elect an amount that is less than the maximum, you may later increase your coverage (up to the maximum coverage level), but you may have to provide evidence of insurability.

During any Open Enrollment, you may increase your coverage (up to the maximum). If you increase your coverage by just one (1) level, you do not have to provide evidence of insurability. If you want to increase your coverage by more than one level during open enrollment, you will need to provide evidence of insurability.

If you have a qualified life event, you may elect to increase your coverage by one (1) level without answering medical questions if you elect this option within 60 days of the event.

If you decide to increase your optional life insurance by more than one (1) level during Open Enrollment, you will be required to complete evidence of insurability (EOI).

Once the Open Enrollment period has ended and it is determined by MetLife that an EOI is needed based on the criteria, the MetLife underwriting department will send the EOI application to the employee.

This is done via email / US Mail depending on the information in Workday. If the employee has a City of Baltimore email address the EOI is sent to that email address. If the employee does not have a City of Baltimore email address, the EOI will be mailed to their home address. If no

response is received to the EOI application within 30 days of the initial request, MetLife will mail a paper EOI form to the employee's home address on file.

Once an EOI application is received, MetLife will send approval and denial notifications to the City of Baltimore weekly.

If the EOI is denied, the employee's Optional Life coverage amount will remain at the current level of coverage.

If the EOI is approved, the employee's Optional Life coverage amount will be updated in Workday with the new Optional Life benefit amount. **The new deduction amount will begin on or after the day the City receives the approval.**

How to Register on the MetLife website

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

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

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

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

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

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

If you have any questions about your basic or optional life insurance coverage, please contact MetLife at 1 (866) 492-6983 or the Office of Employee benefits at 410-396-5830 with any questions.

QUALIFYING LIFE EVENTS AND STATUS CHANGE:
MAKING CHANGES DURING THE PLAN YEAR

The coverage you elect during Open Enrollment will be effective as of January 1, 2024, through December 31, 2024. There are several life events that allow you to make changes to your level of coverage or your ability to enroll or cancel your insurance during the plan year. You have 60 days, immediately following that family status change, to make changes to your benefits. The changes that you may make must be consistent with the family status change you have experienced (i.e., adding a dependent to your coverage for the birth/adoption of a child, reducing coverage due to divorce). Family Status Changes include:

- Birth, adoption or placement for adoption of a child;
- Marriage (legally married spouse), divorce or court ordered separation;
- Death of a dependent;
- Loss of other coverage, such as, coverage under your spouse's employer ends or your child is no longer eligible for coverage;
- Changes through a spouse employer which as a different plan year
- Gaining eligibility for Medicare (for retirees).

Please log into Workday (https://workday.baltimorecity.gov/login to make your benefit changes. Contact the Benefits Department at 410-396-5830 or Openenrollment@Baltimorecity.gov with any questions. This must be done within 60 days following any Family Status Change. Documentation supporting your Family Status Change is required. Once applicable documentation is received and reviewed, your changes will be approved.

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

IMPORTANT MEDICARE INFORMATION

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

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

1. Contact your Local Social Security Office
2. If you are still actively working at the time you become qualified to enroll in Medicare; contact the Social Security Administration office at 1-800-772-1213 or www.SSA.gov with details about your situation to make sure you fully understand your Medicare Plan Options.
3. Once retired and Medicare eligible, you must have both Medicare Part A and Part B to enroll in any Medicare Advantage Plan (MAPD) plans. Once enrolled in Medicare, you will be required to provide a copy of their Red, White and Blue Medicare card and the MBI# at the same time the City of Baltimore's enrollment form is completed or at the time the retiree becomes Medicare eligible, whichever comes first.

Who do I contact if I have any questions?

1. If you have questions regarding the City of Baltimore medical plan coverage, contact the Benefits office at (410) 396-5830 to speak with a customer service representative.
2. If you have questions regarding Medicare enrollment in Part A and Part B, contact the Social Security Administration office at 1-800-772-1213. Questions regarding Medicare benefits, call 1-800-633-4227 or www.Medicare.gov.

MEDICARE SECONDARY PAYER (MSP) MANDATORY REPORTING

Under the Medicare Secondary Payer (MSP) Mandatory Reporting, Federal law requires **the mandatory collection and reporting of social security numbers** for all covered participants, including employees, retirees, and their dependents through an employer group health benefit. **Noncompliance may result in the loss of coverage for participants with invalid or missing social security numbers.**

GLOSSARY OF TERMS

Premium	The amount you pay through payroll deduction for coverage
Copay	A flat dollar amount you pay each time you receive a particular service under the Plan
Coinsurance	Your percentage of the charge when you and the Plan each pay a percentage
Deductible	In the Standard Option only. This is the amount you must pay before the plan pays any benefit under the terms of the Plan.
Formulary	A list of covered drugs that includes both generic and brand name medications that have been chosen as both medically necessary and cost effective.
Term Life	Life insurance payable to a beneficiary only when an insured person dies within a specific period; premiums are age based; there are no benefits such as cash loan value

SUMMARY BENEFITS AND COVERAGE (SBC)

The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide a Summary of Benefits and Coverage (SBC) to applicants and enrollees. The SBC is a concise document providing simple and consistent information about health plan benefits and coverage. Its purpose is to help health plan consumers better understand the coverage they have and help them make easy comparisons of different options when shopping for new coverage. You can find the document at: https://humanresources.baltimorecity.gov/benefits-enrollment-cy-2024

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA Medicaid	ALASKA Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS Medicaid	**CALIFORNIA Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA Medicaid	INDIANA Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA Medicaid and CHIP (Hawki)	**KANSAS Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY Medicaid	**LOUISIANA Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE Medicaid	**MASSACHUSETTS Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA Medicaid	**MISSOURI Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA Medicaid	**NEBRASKA Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA Medicaid	NEW HAMPSHIRE Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY Medicaid and CHIP	**NEW YORK Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA Medicaid	**NORTH DAKOTA Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	**OREGON Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA Medicaid and CHIP	**RHODE ISLAND Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA Medicaid	**SOUTH DAKOTA Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS Medicaid	**UTAH Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT Medicaid	**VIRGINIA Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON Medicaid	**WEST VIRGINIA Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN Medicaid and CHIP	**WYOMING Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services **www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

The City of Baltimore Health and Welfare Benefit Plan

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. THE PLAN'S RESPONSIBILITIES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violate

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

The Plan may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Privacy Contact for questions about the Plan's Health Information Privacy Practices:

Chief Ray Gulhar, Office of Employee Benefits 410-396-5830

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

(*CONTINUED*)

Introduction

The health plans sponsored by the City of Baltimore (referred to in this Notice as the "Plan") may use or disclose health information about participants and their covered dependents as required for purposes of administering the Plan. Some of these functions are handled directly by The City of Baltimore, while other functions are performed by other service providers under contract with the Plan or by insurance carriers.

This Notice applies to each health Plan sponsored by the City of Baltimore, including plans that provide medical, vision, prescription drug, dental, and health care flexible spending account benefits. However, for benefits that are provided through insurance contracts, you will receive a separate notice, similar to this one, from the insurer and only that notice will apply to the insurer's uses or disclosures of your health information.

The Plan is required by law to abide by the terms of this Notice while it is in effect. This Notice is effective beginning January 1, 2020, and will remain in effect until it is revised.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information the Plan has about you. Ask us how to do this.
- The Plan will provide a copy or a summary of your health and claims records, usually within 30 days of your request. The Plan may charge a reasonable, cost-based fee.
- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- The Plan may say "no" to your request, but we'll tell you why in writing within 60 days.
- Request confidential communications.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- The Plan will consider all reasonable requests and must say "yes" if you tell us, you would be in danger if we do not.

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES
(CONTINUED)

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations
- The Plan is not required to agree to your request, and we may say “no” if it would affect the administration of the Plan.
- Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- The Plan will make sure the person has this authority and can act for you before we take any action

File a complaint if you feel your rights are violate

- You can complain if you feel the Plan has violated your rights by contacting us using the information above.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- The Plan and the City of Baltimore will not retaliate against you for filing a complaint.

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES
(CONTINUED)

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. The Plan may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures:

How does the Plan typically use or share your health information?

The Plan typically uses or shares your health information in the following ways.

Help manage the health care treatment you receive

The Plan can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services

Run our Organization

- The Plan can use and disclose your information to allow the City of Baltimore to review, design and maintain the Plan and may contact you when necessary.
- The Plan is not allowed to use genetic information to decide whether you are eligible for coverage and the price of that coverage.

Example: *We use health information about you to develop better benefits for you*

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES
(CONTINUED)

Pay for your health services
The Plan can use and disclose your health information as it pays for your health services.

Example: The Plan processes your health care claims to coordinate payment to providers or to reimburse you for eligible expenses you have paid.

Administer the Plan
The Plan may disclose your health information to your health plan sponsor for plan administration.

Example: The Plan can provide The City of Baltimore with certain statistics to help determine the amounts charged for coverage.

How else can the Plan use or share your health information?

The Plan is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. The Plan must meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/ consumers/index.html**

Help with public health and safety issues

The Plan can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
The Plan can use or share your information for health research.

Comply with the law
The Plan will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that the Plan is complying with federal privacy law.

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES
(CONTINUED)

Respond to organ and tissue donation requests and work with a medical examiner or funeral director:

- The Plan can share health information about you with organ procurement organizations
- The Plan can share health information with a coroner, medical examiner, or funeral director when an individual dies

Address workers' compensation, law enforcement, and other government requests

The Plan can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective service

Respond to lawsuits and legal actions:

The Plan can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- The Plan is required by law to maintain the privacy and security of your protected health information.
- The Plan will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- The Plan must follow the duties and privacy practices described in this notice and give you a copy of it.
- The Plan will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.htm**

Changes to the Terms of this Notice

The Plan can change the terms of this notice, and the changes will apply to all information the Plan has about you. The new notice will be available upon request, on our website, and we will provide a copy to you.

City of Baltimore
Department of Human Resources Office of Employee Benefits
7 E. Redwood Street, 20th Floor
Baltimore, Maryland 21202
Phone: (410) 396-5830
TTY 711 (Maryland) http://workday.baltimorecity.gov/login
Email: openenrollment@baltimorecity.gov

This book was designed to give you an overview of the general features of the benefits plans at the City of Baltimore. It is not a legal document. If there is a difference between the information in this book and the official plan documents and contracts, the official plan documents and contracts will govern.

An Equal Opportunity Employer