

2024 Employee Benefits Guide

What's New 2024

- Visit www.aacps.org/benefitsenrollment for enrollment information.
- 2024 Medical FSA limit \$3,200*
- 8% rate increase for all medical plans
- 1% rate increase for all dental plans
- 3% rate increase for vision plan



* Subject to publication of IRS 2024 limits.



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Benefits Summary

This summary is intended only as an overview of the benefits Anne Arundel County Public Schools (AACPS) offers. The contract document governs the administration of the benefits. For more information on any of the benefits listed below, please refer to the indicated page.

Who is eligible for benefits?

- Permanent active employees working a specified number of hours/week or FTE (depending on your unit).
- New employees have thirty-one (31) days from their date of hire to enroll in the medical/Rx, dental, vision, flexible spending accounts (FSA), long term care and supplemental life benefit plans. If the thirty-one (31) day deadline has passed, the next opportunity to enroll in benefits is during the Open Enrollment period.
- Enrollment is available on-line at www.aacps.org/benefitsenrollment.

Medical Insurance

- AACPS provides eligible employees with three options for comprehensive healthcare benefits: CareFirst BlueChoice HMO "Open Access" Plan (MD, DC, No. VA), CareFirst BlueChoice HMO Low Option "Open Access" Plan, and CareFirst BlueChoice Triple Option "Open Access" Plan.
- Eligible employees who wish to enroll in one of the plans must do so within thirty-one (31) days from their date of hire, during annual Open Enrollment, or per a qualifying lifestyle change event. Refer to page 4 for further details.
- A comprehensive review of each plan can be found at www.aacps.org/Healthcare.
- CareFirst BlueChoice Summaries of Benefits and Coverage are also available at the above-listed site or at www.carefirst.com/aacps.

Prescription Insurance

- CVS Caremark works in association with CareFirst to provide prescription benefits. Your prescription plan contains four tiers of medications (from least to most expensive). Benefits are included with your selection for group medical coverage.
- Over 98% of pharmacies nationwide participate in the CVS Caremark network (including Target, Walgreens, Rite-Aid, etc.). Short-term prescriptions (up to a 30-day supply) can be filled at any participating pharmacy, while maintenance medications (up to a 90-day supply) must be filled through mail-order or at a CVS pharmacy (Maintenance Choice).
- Valuable tools and resources can be found at www.carefirst.com/aacps.

Vision Benefits

- AACPS provides eligible employees with access to vision coverage through two options: the CareFirst BlueCross Select Vision Plan and Davis Vision.
- The benefit covers an annual eye exam, as well as lenses, frames, and contacts. Coverage is based on your plan.
- The Select Vision plan is a stand-alone plan with an expanded vision network to include more Davis Vision providers. The Davis Vision plan is included if you are enrolled in the BlueChoice HMO, the BlueChoice Low Option HMO, and the Triple Option plans.

Dental Benefits

- Separate from medical and vision care options; you may enroll in the dental plan even if you do not sign up for other healthcare coverage through AACPS.
- Eligible employees have access to three dental plan options through two providers: CareFirst BlueCross BlueShield and United Concordia.
- Plans provide you with dental coverage for services ranging from routine cleanings and check-ups to orthodontia (both children and adults) and dentures. Coverage levels vary, as do out-of-network covered services.
- For more information, go to www.carefirst.com or www.unitedconcordia.com

Flexible Spending Account (FSA)

- AACPS offers both healthcare and dependent care FSAs. You can elect to participate in one or both of the plans.
- FSA enrollment expires each year effective December 31. If interested in continuing your FSA into the next plan year, you must elect your FSA during the annual Open Enrollment period.
- You can contribute \$50 to \$3,200* a year to a healthcare FSA and \$50 to \$5,000 a year to a dependent care FSA.
- FSAs are deducted on a pre-tax basis and therefore, reduce your taxable income, while also setting aside money for expenses you know you're going to incur.
- FSAs are currently administered by VOYA Financial. Visit their website at www.voya.com, or you can reach them 24/7 at 833-232-4673.
- Additional details can be found at www.aacps.org/flexspending.

* Subject to publication of IRS 2024 limits.

Life Insurance

- AACPS provides all permanent employees with basic term life insurance and accidental death and dismemberment (AD&D) insurance through MetLife Insurance Company at no cost, in accordance with applicable Negotiated Agreement or Terms of Employment.
- Supplemental life insurance is available to eligible employees at a reasonable cost through MetLife if you want additional coverage.
- Spouse and child life is available with supplemental life enrollment.
- Details are available on-line at www.aacps.org/supplementallifeinsurance.

Long-Term Care Insurance

- AACPS provides access to group-sponsored long-term care insurance on a voluntary basis to all permanent employees (16 or more hours per week) through Unum. New hires may enroll within the first thirty-one (31) days of employment without providing evidence of insurability, up to certain benefits levels.
- Coverage can be purchased for you and family members.
- Employees can pay long-term care premiums through payroll deductions.
- Contact Unum at 1-800-227-4165 (Contract #574832) for additional information. Download an enrollment form on-line by following the long-term care link.
- Additional details can be found at www.unuminfo.com/aacps

Employee Assistance Program (EAP)

From personal to professional challenges, we could all use help with life issues.

- Free short-term confidential counseling services for you and your household members
- Referrals and other resources are included in the program
- Administered by BHS
- Available 24 hours a day, seven days a week (1-800-327-2251) or www.bhssolutions.com > **My BHS Portal > username: AACPS**

Retirement

- Permanent AACPS employees working at least 500 hours per year participate in the Maryland State Retirement and Pension System (MSRPS) contributing 7% of their annual salary.
- The AACPS Supplemental Retirement Program allows you to use 403(b) and 457(b) plans to save and invest on a tax-deferred advantage to build your own savings to augment your retirement
- The AACPS Supplemental Retirement Programs also offers a Roth 403(b) and a Roth 457(b) plan that allows you to save and invest on a post-tax basis. After five years you can take tax-free distribution if certain conditions are met.
- Enrollment in the Supplement Retirement Plan, 403(b), 457(b), and/or Roth and contribution changes can be made using the Corebridge Financial (formerly AIG Retirement Services) site at aacps.aigrs.com. More information can be found at www.aacps.org/supplementalretirement.

Voluntary Benefits

NOTE: These offerings may be based on your work unit.

- Voluntary Life and Disability Insurance Programs
- Home & Auto Insurance
- Supplemental Retirement Plans 403(b)/457(b)
- Financial Planning Services
- Credit Unions (SECU and EFSCU)
- Savings Accounts, Savings Bonds or other benefits options, such as AFLAC, based on your work unit
- Employee Discount Program

Tuition Reimbursement

If you are eligible and complete approved coursework, you may be reimbursed for tuition expenses (up to allowable levels) depending on your Unit. Refer to your negotiated agreement or board policy for more details.

Contact Human Resources at 410-222-5078/ 410-222-5077.

Benefits Guidelines

Employee Eligibility

You are eligible to participate in the benefits programs described in this guide if you are a:

- Permanent active employee working a specified number of hours/week or FTE (depending on your unit).
Employees hired prior to December 1, 2017 are grandfathered and not subject to required minimum hours.

UNIT	MINIMUM REQUIRED
I	0.5 FTE
II	0.5 FTE
III	4 hours/day (i.e. 20 hours/week)
IV	15 hours/week
V	0.5 FTE
VI	0.5 FTE

You will not be able to enroll for benefits on-line if you do not meet the minimum requirements above.

- Eligible permanent employee on a leave of absence
- Eligible permanent employee on approved Family Medical Leave
- Eligible permanent employee on sabbatical leave
- Former eligible employee or dependent on COBRA

Certain temporary employees may qualify for AACPS medical coverage as determined by hours worked in accordance with the Affordable Care Act.

Dependent Eligibility

You may also cover your eligible dependents through AACPS healthcare benefits. Eligible dependents include your:

- **Spouse.** If you are enrolling your spouse for the first time, you are required to provide a copy of your marriage certificate and a proof of relationship. You are required to furnish such documentation, within 31 days of enrollment, during your new hire enrollment, a lifestyle change, or during open enrollment.
- **Children, up to age 26.** "Children" include your biological children, legally adopted children, foster children, stepchildren, and children placed in your custody or for whom you serve as a legal guardian. In accordance with the Affordable Care Act (also known as "healthcare reform"), you may cover your dependent children up to the end of the month when they reach age 26, regardless of student status, residence, or marital status. If your dependent child is married, his or her spouse and any

children are not eligible for healthcare coverage through AACPS. Your children do not have to be IRS dependents for tax purposes or live with you to be eligible for healthcare coverage. AACPS requires proof of your relationship for verification of the enrollment of dependent children when you enroll as a new hire, during the annual Open Enrollment period, or with a lifestyle change.

- **Disabled children of any age.** If your child becomes physically or mentally disabled before age 26 and is approved by the carrier, you may continue to cover him or her regardless of age. A Disability Certification form must be submitted to the carrier 90 days prior to the child turning 26. The form can be found at www.aacps.org/carefirst.

Please note that the following are NOT eligible dependents for AACPS healthcare benefits:

- Live-in partner/domestic partner
- Children of live-in partner
- Divorced spouses
- Stepchildren following divorce from the child's parent
- Children older than age 26 (if not disabled)
- Grandchildren of employees (if employee is not legal guardian)

It is fraudulent to include dependents on the AACPS healthcare plan when they do not meet eligibility requirements. Claims paid for ineligible dependents will be recouped by the healthcare vendor from the provider, which could possibly cause you to be financially liable. In addition, any misrepresentation or omission of facts is a violation of the AACPS Code of Conduct and is sufficient cause for disciplinary action, including, but not limited to, termination of employment.

Enrollment

New hires must enroll for coverage during the first 31 days of employment. Healthcare coverage is effective the first of the month following date of hire. After the new hire enrollment period ends, you may not enroll or make changes to your healthcare coverage unless you have a qualified life event (see Qualified Life Events) until the next annual benefits Open Enrollment period.

When you are ready to enroll:

- Review this benefits guide, including the Online Enrollment Instructions page, available on the AACPS website
- Have Social Security numbers and date of birth information for you and any eligible dependents you want to enroll
- Select your appropriate healthcare providers

- Go on-line to www.aacps.org/benefitsenrollment and proceed to the Benelogic enrollment portal

During the annual Open Enrollment period, you must go on-line to:

- Enroll for coverage you do not currently have
- Make changes to your medical, dental, or vision coverage
- Complete the spouse surcharge exemption certificate each year (if your spouse is covered by your AACPS HMO or Triple Option medical plan).
- Update your dependent information (you must provide appropriate documentation)
- Begin or renew your participation in a Flexible Spending Account (you must actively elect to participate in FSAs each year)

Qualifying Life Events

After 31 days of employment, you may not make changes to your benefits except during the Open Enrollment period unless you have a qualified lifestyle change. Qualified lifestyle changes include, but are not limited to:

- Marriage
- Divorce or annulment
- Birth, adoption, placement for adoption, or appointment of legal guardianship of a child during the course of an adoption
- Change in your or your spouse's employment status due to termination or commencement of employment, a strike or lockout, an unpaid leave of absence, or a change in worksite
- Your death or the death of your dependent
- Loss of dependent status due to a child reaching age 26 (may be covered through the end of the month in which they turn age 26)
- Unpaid leave of absence for you or your spouse under the Family and Medical Leave Act
- Change in your spouse's healthcare coverage – if your spouse elects new healthcare coverage, you may notify HR/Benefits to change your coverage prior to Open Enrollment within the normal 31-day notification period
- You or your dependents become eligible for COBRA, Medicare, or Medicaid
- Moving into or out of an HMO's service area
- Gain or loss of a dependent's coverage
- Change in your employment status that results in a gain or loss of eligibility (e.g., a switch between part-time and full-time status)

- Significant change in the coverage under a healthcare plan (does not apply to the Flexible Spending Accounts (FSAs))
- Open Enrollment for your spouse's benefit plans (changes must be consistent with the offerings in your spouse's benefit program. No changes can be made to the Healthcare FSA)
- Mid-year plan enrollment offering through your spouse's employer (changes must be consistent with the offerings in your spouse's benefit program. No changes can be made to the Healthcare FSA)
- Change in your or your dependent's residence or worksite
- Judgment, decree, or order that requires you to cover a dependent child (this does not include custody of grandchildren or relationships other than parent and child)
- Change in dependent day care fees (only affects the Dependent Care FSA)
- Dependent child reaches age 13 and no longer qualifies for reimbursement through the Dependent Care FSA

Adding or removing dependents using a Lifestyle Change Form requires you to provide proof of eligible relationship, and/or proof of qualifying life event, with copies of appropriate supporting documentation. Benefits must be notified within 31 days of a qualified life event.

Spouse:

- Marriage Certificate
- Proof of Relationship (*Acceptable documentation: tax document, lease, deed, or utility bill displaying the same address*)

Children:

- Birth Certificate
(*documents not accepted: verification of birth letter*)

Spousal Surcharge — OE Benefit

If you elect to cover your spouse in the BlueChoice HMO or Triple Option medical plan and your spouse is eligible for healthcare coverage through his/her employer, you will have a surcharge added to your biweekly premium according to the chart below:

UNIT	22 PAY	26 PAY
I, II, V, VI	\$43.64	\$36.93
III, IV	\$38.19	\$32.31

There are four situations where an employee may cover a spouse in an AACPS medical plan and the surcharge will not apply:

1. Spouse is unemployed
2. Spouse is self-employed as a sole proprietor
3. Spouse is also a current AACPS employee or is an AACPS retiree

Failure to provide dependent documentation within 31 days of date of enrollment will result in termination of dependent coverage.

4. Spouse is not eligible for healthcare coverage at his/her employer, or his/her employer does not offer healthcare coverage

When you enroll online for your benefits, you must certify whether the spousal surcharge will apply or whether you are exempt from the surcharge. **The online Spouse Coverage Certificate must be completed every year during Open Enrollment.**

If an employee does not go online and complete the certification, and the spouse is eligible for exemption, the surcharge will cease upon submission of a paper certification on a lifestyle change form to HR/Benefits. **There will be no refund of any surcharge deduction taken prior to receipt of certification.**

If a lifestyle change occurs during the year that would make you eligible (e.g. marriage) or ineligible (e.g. spouse becomes unemployed) for the surcharge, you must submit a lifestyle change form promptly.

Falsifying information regarding a spouse's eligibility for the surcharge may result in the application of the spousal surcharge, a reduction or loss of benefit or reversal of claim payments, and/or disciplinary action including termination of employment.

Termination of Benefits

Active, permanent employees who meet the number of working hours per week are eligible for healthcare and voluntary benefits while they are actively employed with AACPS. Upon resignation, termination, or retirement, the employee's active healthcare and voluntary benefits are effective until the last day of the month in which employment ends.

Employer-Sponsored Benefits

Employee Assistance Program

Help is Here

Through the EAP, you can talk to a professional counselor — on the phone or face-to-face, 24 hours a day, seven days a week. Up to six free counseling sessions are available per episode, per person in your household.

The EAP offers counseling and resources for:

- Family concerns, including marriage, divorce, and parenting problems
- Emotional and psychological issues, including anxiety, grief, and depression
- Workplace concerns, including stress and conflict management
- Financial concerns, including budgeting and financial planning
- Legal issues, such as traffic violations, IRS disputes, and estate planning

How Does It Work

A Care Coordinator will confidentially assess your problem, assist with any emergencies and connect you to the appropriate resources. The Care Coordinator then becomes your personal point of contact and will keep in touch with you to ensure you are satisfied with all services provided.

EAP calls and counseling sessions are free and completely confidential; no one will report back to your manager or AACPS about your call or visit.

Contact Employee Assistance Program

PHONE: 1-800-327-2251

WEBSITE: www.bhssolutions.com > My BHS Portal > username: AACPS



MetLife Life Insurance

Highlights

- AACPS provides active permanent employees with a basic amount of employer-paid group term life insurance and accidental death and dismemberment (AD&D) insurance.
- Supplemental life insurance is available to purchase for additional coverage for you, as well as your spouse and/or children (up to age 26).
- Conversion and portability features may allow you to continue your life insurance after your employment with AACPS ends.
- You are provided with AACPS-paid long term disability (LTD) income protection if you are a Unit V or Unit VI employee working the equivalent of at least .46 FTE.

Basic Group Term Life Insurance

AACPS provides all permanent employees with employer-paid group term life insurance through MetLife:

- Unit I, III and IV employees receive \$50,000 of coverage
- Unit II, V and VI employees receive \$200,000 of coverage

If your AACPS-paid coverage exceeds \$50,000, the value of the premium AACPS pays for your coverage is taxable as imputed income. In the event of your death, your group term life and supplemental life insurance (if applicable) are paid to your beneficiary.

You can convert your group term life insurance benefits to an individual whole life policy if your coverage terminates due to your retirement or termination of employment.

You can port your group term life insurance benefits to a group term life policy if your coverage terminates due to your retirement or termination of employment.

AD&D Insurance

AD&D insurance provides an additional benefit in the event of your accidental death, or if you suffer certain accidental injuries. Your AD&D coverage is equal to the amount of AACPS sponsored group life insurance. The full amount is paid in the event of your accidental death; either the full amount or a partial amount of your AD&D insurance may be paid depending on the extent of an accidental injury.

Supplemental Life Insurance

If you need additional life insurance, you may purchase supplemental coverage for yourself, your spouse and/or your child(ren).

You can purchase up to \$100,000 of supplemental life without providing a Statement of Health (SOH) during your first 31 days of employment. Any election amount over \$100,000 will require a SOH. You can also increase or change your coverage with a SOH at any time during the year, within 31 days of a lifestyle change (e.g. marriage, divorce, or the birth of a child) and during open enrollment.

Complete the Voluntary Life Insurance Application, which includes Beneficiary Designation pages, and submit to the Benefits office.

You must have or elect supplemental life insurance for yourself in order to obtain coverage for your dependents. To apply for coverage for your dependents, complete the MetLife Enrollment Form. Your spouse and dependent children do not need to provide a SOH if the enrollment takes place within the first 31 days of your employment. Spouse and dependent life elections made during Open Enrollment or within 31 days of a lifestyle change will require a SOH.

Employee	Increments of \$5,000 to \$50,000. For amounts over \$50,000, you may select an increment of \$25,000 up to a maximum of \$200,000.
Spouse	\$10,000
Child(ren) up to age 26	\$2,000 per child

Premiums for supplemental life insurance coverage are based on your pay frequency (22 or 26 pays), age, and the dollar amount of coverage. All premiums are deducted on a post-tax basis. You only need to enroll in child coverage once to cover all eligible children.

Portability

When your employment with AACPS ends, and your basic and supplemental term life insurance under this plan terminates, you will have the opportunity to continue group term coverage ("portability") under a different group policy. To take advantage of this feature, you must have coverage of at least \$10,000 and apply within 31 days after your AACPS coverage ends. Rates may be higher than your rates as an active employee, and you will be billed directly by MetLife. Portability is also available on coverage for your spouse (maximum \$250,000) and children (maximum \$25,000).

Designating a Beneficiary

Your beneficiary is the person (or people) who will receive your group term life and supplemental life insurance benefit (if enrolled). You must designate a beneficiary for your group term life, and supplemental life insurance (if applicable) when you are first hired. You can also select a contingent beneficiary(ies) should your primary beneficiaries predecease you. You may make or update your beneficiary designation at any time, not just during enrollment. You should review your beneficiaries at least annually. To designate a beneficiary or update your current designation, complete the MetLife Beneficiary Designation form (available on the Benefits website or by calling Benefits). For dependent life coverage, you are the beneficiary should you enroll your dependent spouse and/or children in coverage.

Additionally, you should update beneficiaries at the Maryland State Retirement Agency by completing the Maryland State Retirement Beneficiary Form 4 (available online at <https://sra.maryland.gov/member-forms>). To update your Supplemental Retirement Plan beneficiary, contact your vendor. Note that changing health insurance coverage (e.g. dropping a spouse from medical or adding a new baby) does not automatically change your beneficiary designation; you must take steps to change your beneficiary with the paper-work specified above.

Long Term Disability

If you are a Unit V or Unit VI employee working the equivalent of at least .46 FTE, you are provided with AACPS-paid long term disability (LTD) income protection. If you are unable to work as the result of an approved illness or injury that lasts more than 90 days, LTD benefits can continue an income to you. LTD coverage provides you with up to 66.67% of your monthly income, up to \$10,000 a month for Unit V employees or up to \$12,000 for Unit VI employees. Your benefit amount is reduced by payments you are eligible to receive from other sources – such as Social Security, other disability policies, and retirement pay. LTD benefits end when you are no longer deemed disabled or at the duration of the benefit period.

MetLife Advantages

If you enroll in MetLife supplemental life insurance, you will have access to MetLife Advantages, a comprehensive suite of valuable free services for support, planning and protection. Services include:

- Accelerated Death Benefit
(in the event of terminal illness)
- Conversion to Individual Whole Life
(when coverage terminates)
- Waiver of Premiums for Total Disability
- Will Preparation
- Estate Resolution
- MetLife Infinity
(digital legacy of documents, photos, etc)
- Funeral Assistance
- Grief Counseling
- Total Control Account
(management of life insurance proceeds)
- Delivering the Promise
(assistance with claims and financial needs after a death)
- Transition Solutions
(continuation of coverage at time of coverage termination)

Contact MetLife

PHONE: 1-877-275-6387

WEBSITE: www.metlife.com/aacps



MetLife

Voluntary Benefits



Anne Arundel County Public Schools provides a comprehensive benefits package. This includes several voluntary benefit options which are available through convenient payroll deductions.

Certain voluntary benefit options are specific to the annual Open Enrollment (OE) window, and will be designated here as such. Other voluntary benefit options are available for enrollment at any time during your employment with Anne Arundel County Public Schools. Don't miss out—take the time to review this valuable information!

If you have questions, please contact HR/Benefits at 410-222-5221/5219 or benefits@aacps.org. Refer to www.aacps.org/VoluntaryBenefits for additional information on the voluntary benefits presented here.

Flexible Spending Account (FSA): Healthcare & Dependent Care

OE Benefit

Highlights

- FSA accounts must be elected every year during the annual Open Enrollment window, or during the year within 31 days of a qualifying life event.
- Your FSA contributions are deducted on a pre-tax basis and therefore, reduce your taxable income.
- Unused Healthcare FSA funds between \$50 and \$640* can be rolled over to the following plan year. Unused Dependent Care FSA funds are "use it or lose it".

**Subject to publication of IRS 2024 limits.*

What is a Flexible Spending Account?

FSAs are a way you can save on taxes. As provided by IRS Section 125, FSAs permit you to save on a pre-tax basis to fund eligible expenses for you and your family members.

AACPS offers both healthcare and dependent care FSAs through VOYA. You can elect to participate in one, both, or neither of the plans. Enrollment for both plans is required every year during the annual Open Enrollment window, or during the year within 31 days of a qualifying life event.

Using your Healthcare FSA

You can contribute a maximum of \$3,200 towards your Healthcare FSA for eligible medical, dental, and vision care expenses that you would otherwise pay out of your own pocket, such as:

- Co-pays for a physician's office visit
- Prescription drug costs
- Braces

- Laser eye surgery
- Eyeglasses or contacts

You cannot use your Healthcare FSA to pay:

- Reimbursement of your healthcare premiums.
- Expenses such as gym memberships, cosmetic surgery, hair treatments or diet food, unless prescribed by a doctor.
- Cost of some over-the-counter (OTC) products or medications unless specifically prescribed by your physician.

Using your Dependent Care FSA

Dependent Care FSA allows you to set aside tax-free money for eligible dependent care expenses. You can contribute \$50 to \$5,000 a year per household (or up to \$2,500 if you are married but file a separate tax return from your spouse) to a Dependent Care FSA. Eligible dependents can be children under age 13, children of any age who are disabled and rely on you for support, and disabled or elderly parents or other eligible adults who qualify under the Internal Revenue Code.

Examples of eligible dependent care expenses include:

- Child or adult day care center fees
- Before-school or after-school care
- In-home care costs
- Summer day camp

Dependent Care FSA funds are available as you contribute them each pay period.

You cannot use your dependent care FSA to pay for enrichment programs such as karate or ballet lessons, and you may not use this account for general babysitting that occurs after your regular work schedule. Educational expenses also are not eligible expenses. A dependent care FSA cannot be used for healthcare expenses of a spouse or child.

Dependent care FSAs are intended to help you pay for childcare so that you (and your spouse, if applicable) are able to work. If you are married, you can generally only use this account if your spouse is also employed. Please visit www.voya.com for more information specific to spousal/household requirements.

Accessing FSA Funds

There are two ways to access your FSA funds:

1. FSA debit card
2. Claim form: for eligible expenses that you do not or cannot pay with the debit card

FSA Debit Card and Claims

When you enroll in the Healthcare FSA, VOYA will send you a debit card. The FSA debit card offers you the convenience of paying eligible expenses on the spot. You can use your FSA debit card at most providers where VISA is accepted, just like a bank ATM/debit card. You should retain all your receipts and be prepared to provide copies of them, when required, to the FSA plan administrator.

If your provider does not accept your FSA debit card, you may submit a reimbursement request form. VOYA will issue a direct deposit into the bank account you have provided. You can also submit claims conveniently using the VOYA mobile app. Alternatively, you may request a paper check. VOYA processes checks daily at no charge (checks for claims that are less than \$25 are processed out at the end of the month).

2023 Rollover and Runout

Runout from 2023: You have until March 31, 2024, to submit claims for expenses incurred through December 31, 2023. Go to www.voya.com for forms and further information.

Rollover from 2023: Once the runout period is complete (March 31, 2024), VOYA will post any unused Medical FSA funds to your 2024 FSA account. Employees who do not enroll in a healthcare FSA account for 2024 but have a rollover will have access to their funds in April and will receive a new card. Medical FSA balances up to \$50 and greater than \$610 are forfeited.

Participant Portal

Employees can access the VOYA participant portal to order cards, set up direct deposit, submit claims, view balances, access a link to eligible expense, access helpful resources, and more. To register, go to www.myhealthaccount.voya.com.

Important Note

If you terminate employment during the plan (i.e. calendar) year, your participation in the plan ends on the last day of employment. **You must submit your healthcare or dependent care claims within 90 days after your employment ends.** Expenses incurred after the separation date are not eligible. If you so choose, you may elect to continue making contributions to your healthcare FSA through COBRA.

Substantiating Claims

Debit card use for medical expenses will require documentation to substantiate the eligibility of the expense for a FSA. Failure to substantiate the expense may result in future tax impact. Employees should log on throughout the year to verify if additional documentation is needed.

Contact VOYA

PHONE: 833-232-4673 (24/7)

FAX: 866-451-3245

WEBSITE: www.voya.com

EMAIL: voyasupport@voya.benstrat.com



Maryland State Retirement Agency (MSRA)

As an AACPS employee, you participate in the Maryland State Retirement and Pension System. You can earn a pension—a defined benefit—providing you with a monthly income throughout retirement, and you do not bear investment or other associated risks.

Please visit the MSRA website at www.sra.maryland.gov. There you can access your Personal Statement of Benefits and see your estimate of Service Retirement Allowance. This estimate will show you approximately how much your monthly pension will be, based on the option you chose at retirement. Simply register through MySRPS at <https://mysrps.sra.maryland.gov/login>. A login code will be mailed to your home address. Once you receive the code, go back to [MySRPS](#) and login to see your personal information.

Supplemental Retirement Plan

AACPS helps you save by giving you access to four Supplemental Retirement Program plans:

- The 403(b) plan
- The 457(b) plan
- The Roth 403(b) plan
- The Roth 457(b) plan

You can contribute to one or all four of the plans, up to the IRS limits. The 403b and 457b let you save on a tax-advantaged basis, invest your account in professionally managed funds, and much more. The Roth options allow you to make after-tax contributions that are also invested in professionally managed funds. After five years, you may make tax-free withdrawals of principal, interest, and earnings if certain conditions are met. You can rebalance your account at any time. You can change how your existing savings are invested, and/or you can change how your future contributions will be invested. The plans for employees can be established at any time. Both permanent and temporary employees are eligible to participate in the Supplemental Retirement Programs.

The AACPS Supplemental Retirement Program allows you to select pre-tax and post-tax investments through Corebridge Financial (formerly AIG Retirement Services).

Corebridge Financial representatives are available to help you enroll, plan for your financial needs, develop a strategy to meet your goals, select investment funds and much more. Representatives visit work locations often and are available virtually; you are encouraged to meet with them and start saving toward your long-term financial goals as early as possible.

Program details and other helpful information is on-line at www.aacps.org/supplementalretirement.

Contact Corebridge Financial

PHONE: 800-448-2542
WEBSITE: aacps.aigrs.com

Savings Plans

Maryland 529—College Savings Plans of Maryland

Under Section 529 of the Internal Revenue Code, the state of Maryland offers two programs designed to help families prepare for future college costs (for dependents or yourself).

Funds invested in the Maryland College Investment Plan can be used for tuition, room and board, and any expense that meets the definition of the IRS (Publication 970). The Maryland College Investment Plan offers investors a choice of 14 investment portfolio options managed by T. Rowe Price. This gives you the flexibility to select the portfolio that is best for you and your family. This plan is available through AACPS payroll deduction. You may enroll in this program at any time.

The Maryland Prepaid College Trust is also available to AACPS employees, however there is only a limited enrollment period during the first quarter of every calendar year. This plan allows you to lock in tomorrow's tuition based on today's prices. Plus, this plan provides the security of a Maryland legislative guarantee. This plan is available to AACPS employees, but is not available through a payroll deduction. For more information, contact Maryland 529 directly.

Contact Maryland 529

PHONE: 1-888-4MD GRAD (1-888-463-4723)
WEBSITE: www.maryland529.com

Educational Systems Federal Credit Union

Educational Systems Federal Credit Union has served the education community for 60 years. With 13 branches throughout Maryland, the Credit Union serves educators, parents, and students in seven school systems and three community colleges in Maryland.

The Credit Union is a full service financial institution offering products and services designed to help members of the education community, such as:

- Auto loans—no payments for 90 days
- Mortgages—up to 95% loan-to-value financing and an opportunity to receive a rebate when you use a realtor from the HomeAdvantage™ program network

Members have 24/7 access to their accounts via:

- Onsite financial services – a team of relationship managers who can open accounts and help you with your financial needs at your desired location
- Online banking with Bill Pay
- Mobile banking app to deposit checks, transfer money, pay bills, and more
- Surcharge-free ATMs
- Phone banking

Educational Systems FCU is proud to support education by providing scholarships, professional development awards, financial education seminars, and sponsoring school academic programs and events.

Contact Onsite Financial Services

PHONE: 301-779-8500

EMAIL: OnsiteFinancialServices@esfcu.org

ADDRESS: 2625 Riva Road Suite C, Annapolis, MD 21401

WEBSITE: www.esfcu.org

SECU (Credit Union)

SECU is Maryland's largest state-chartered financial cooperative with 21 branches across the state (five in Anne Arundel County).

Annapolis
Annapolis Towne Centre
Crofton

Glen Burnie
Pasadena

SECU offers a full breadth of checking and savings products, as well as loan offerings with competitive rates. They also offer access to many electronic services for day-to-day account transactions, that allow PCs and mobile devices to provide branch services: 24/7 online banking, mobile banking with iPhone and Android apps, mobile deposit, to name a few. Access to over 70,000 surcharge-free ATMs nationwide, plus 101 SECU ATMs across the state, 7-11, and Costco locations.

Contact SECU

WEBSITE: www.secumd.org

PHONE: 410-487-7328/1-800-879-7328

Savings Account Direct Deposit

All permanent and temporary employees may take advantage of savings options through another payroll deduction—a deduction directly deposited into a checking or savings account at the financial institution of your choice. This deduction is offered in addition to the net pay direct deposit offered to all permanent employees of the Anne Arundel County Public Schools (maximum of four).

In order to have a deduction directly deposited into the savings account of your choice, you need to complete the Savings or Checking Account Deduction Authorization Form. The deduction will take effect approximately two weeks following receipt of a properly completed form.

The Savings or Checking Account Deduction Authorization form can be downloaded from the intranet:

[Human Resources > Employee Benefits](#) or contact HR/Benefits at 410-222-5221/5219.

TreasuryDirect Savings Bond Program

Interested employees enroll by establishing a personal account at www.TreasuryDirect.gov and then submitting a Savings Bond TreasuryDirect Deduction Authorization form to HR/Benefits. The minimum contribution is \$5.

Funds are direct-deposited into your TreasuryDirect account. You have the option to set up your account to automatically purchase the type and dollar value of bond you want every time you have accumulated enough money to make the purchase. The minimum bond purchase for both Series EE and Series I bonds is \$25. The minimum for a marketable security is \$100.

Union-Sponsored Benefits

Educators Financial Group, LLC

For over 60 years, Educators Financial Group, LLC has been helping educators protect their families from a loss of income, due to death or disability, and protect their retirement assets before and after retirement. Life, disability, and long term care products supplement coverage available through the Board so that you can truly protect your family. All Educators Financial Group products are available through payroll deductions to any Anne Arundel Public School permanent employee.

Benefits counselors can help you plan to protect yourself and your family. Pre-retirement counseling is available at no cost.

Contact Educators Financial Group

STAFF: Elizabeth Reed/Steve Hayes
ADDRESS: 1014 W. 36th Street, Baltimore, MD 21211
PHONE: 443-276-3100 / 800-265-8787
FAX: 443-276-3110
EMAIL: customerservice@educatorsfg.com
WEBSITE: www.educatorsfg.com

Horace Mann

Horace Mann is offered to all employees. If you are a Unit I employee, refer to the TAAAC sponsored insurance section for more information on Horace Mann programs for TAAAC members. Most benefits are provided through convenient payroll deduction through AACPS. Horace Mann offers a choice of:

- personal and family life insurance
- disability and paycheck protection plans
- home and auto insurance
- retirement plans
- Roth IRA
- retirement rollovers

Contact Horace Mann

STAFF: Jeffrey D Hudson/Kerry Fox
ADDRESS: 404 Crain Highway SW, Glen Burnie, MD 21061
PHONE: 410-760-0420
EMAIL: jeff.hudson@horacemann.com
Kerry.fox@horacemann.com

TAAAC-ONLY Programs

NEA Payroll Plus Program

NEA, TAAAC's national affiliate, offers a variety of comprehensive member benefits at favorable rates, including the:

- NEA-Sponsored Money Market Account
- NEA MemberCare Long-Term Care Insurance Program
- NEA Group Term Life Insurance Plan
- NEA Valuebuilder Programs
- NEA AD&D Insurance Plan
- NEA Guaranteed Issue Life

Contact NEA

PHONE: 1-800-637-4636
M-F 8:00am-8:00pm/Sat. 9:00am-1:00pm
WEBSITE: www.NEAMB.com

IDShield

IDShield by LegalShield, a TAAAC sponsored benefit, allows members to protect themselves and their family from the stress and expense of identity theft. IDShield provides a comprehensive monitoring service to identify breaches in your personal information. If a breach is found, IDShield's team of consultants can advise you on the potential impact and future safeguards. If your identity has been stolen, private investigators from Kroll, the world's leading company in ID Theft consulting and restoration, will work as long as it takes to restore your identity to its pre-theft status. TAAAC Members enjoy the lowest rates possible for the service.

Contact IDShield

STAFF: Scott Clause
PHONE: 410-980-3149
EMAIL: scottclause@legalshieldassociate.com

Integrated Financial Solutions, Inc. (IFS)

Integrated Financial Solutions, Inc. (IFS) is the TAAAC-endorsed financial planning firm. IFS has provided valuable retirement services to Maryland educators for over 15 years. Through IFS's 'Understanding Your Retirement' workshops, thousands of educators have benefited from their expertise in retirement planning, navigating the retirement process, and helping to maintain the lifestyle they desire throughout retirement.

IFS also offers the convenience of contributing to a Roth IRA through payroll deduction for qualifying TAAAC members.

Contact IFS

STAFF: Tom Henry, CFP®/Bill Bush, CFP®, CPA/
Damion Dengler, CFP®, CPA/Tim King/
Dennis Reisher

ADDRESS: 8850 Columbia 100 Parkway, Suite 400
Columbia, MD 21045

PHONE: 410-480-0007/1-877-225-4374

WEBSITE: www.ifsmd.net

EMAIL: William.bush@lpl.com

Horace Mann Auto Insurance

Qualifying TAAAC members can enjoy:

- a five percent discount if you pay your auto premium through payroll deduction
- a member-only auto discount
- replacement cost coverage if your new car is totaled in the first year

You and your family may also be eligible for these auto insurance discounts:

- five percent Educator Discount
- up to 10 percent discount if you have other lines of business with Horace Mann, such as a Roth IRA, college funding, life or homeowner's insurance
- up to 20 percent Good Student Discount
- up to 20 percent Multi-Car Discount
- teachers ages 22–29 are treated as adults
- special coverages for teachers and their families

Contact Horace Mann

STAFF: Jeffrey D Hudson

PHONE: 410-760-0420

ADDRESS: 404 Crain Highway S.W.
Glen Burnie, MD 21061

AFSCME-Sponsored Programs

SF&C

SF&C is endorsed by and offered only to employees who are members of the American Federation of State, County, and Municipal Employees (AFSCME – Unit III Employees). SF&C offers a choice of life insurance, disability protection, supplemental retirement income, and cancer expense/hospital protection plans.

Contact SF&C

STAFF: Gordon Hammann, General Manager

ADDRESS: 10075 Red Run Blvd. #550,
Owings Mills, MD 21117

PHONE: 410-337-7577/1-800-876-7768

AEL, SAAAAC, and TAAAC only Programs

Employee Plan Services (EPS)

AFLAC

AFLAC is the largest provider of employee payroll voluntary benefits in the world. It provides cash benefits paid directly to you to assist with everyday expenses and bills. This is a supplement to your health insurance which only pays your doctor and hospital bills and will not protect your income. These benefits assist in providing income for pregnancy, illness, accidents, and critical illnesses for you, your spouse, and your children to age 26 and include:

- short term disability
- maternity/paternity benefits
- cancer and heart-related illness
- accidents
- hospital and ICU
- juvenile life insurance

Benefits are paid in addition to sick leave or sick bank and even protect you and your family during the summer months when sick leave is not available. All plans are portable and rates stay the same even if you leave the county.

The Hartford

The Hartford has been working with Maryland teachers for over 40 years and is a 200 year old Fortune 500 company. There are six plans that are customized to fill the gaps in the sick bank. Plans may cover both you and your spouse and could provide short/long term disability benefits to age 67. Benefits include:

- short term disability (will also pay for maternity)
- long term disability (pays to age 67)
- term life up to \$500K (also covers spouses)
- Accidental Death & Dismemberment (AD&D)
- (individual & family)

These plans fill gaps in sick bank, FMLA, and State Teacher Disability Retirement to provide benefits for both you and your spouse. These are benefits the Board does not supply.

Union-Sponsored Benefits *continued*

Humana: 20 Year Term Life Insurance

Humana term life insurance provides protection for a 20-year term and is guaranteed renewable, during which premiums and the death benefit stay at the same rate for the policy term. This is different than other plans whose premiums may increase every few years and can become more expensive as the years increase.

This plan is owned by you — meaning that you can take it with you at no additional cost should you leave AACPS. Both you and your spouse can be covered with this policy.

Critical Illness with Cancer Coverage

This plan provides benefits in case of a serious illness or condition (heart attack, stroke, cancer, transplants, burns, renal failure, and paralysis). You can also take advantage of the health screening benefit of \$100 each year. Premiums for this coverage are paid through the convenience of payroll deduction, and all employees are eligible to participate in this program on a guaranteed issue basis during their initial enrollment opportunity. While you have health insurance which pays the providers and hospitals, this pays you directly for expenses while you are out of work or if a family member is sick.

Contact EPS

STAFF: Suzanne Hermann
WEBSITE: www.aflacenrollment.com/TAAACSAACAEL/LX8331537596
PHONE: 301-985-2020
EMAIL: SMH@employee-plans.com



2024 AACPS Healthcare Costs

AACPS Healthcare Costs for 2024: Units I, II, V, and VI (full-time) – Tier 1

Coverage Options		Total Monthly Premium*	Board's Monthly Share	Your Bi-Weekly Payroll Deduction	
				26 Pays	22 Pays
MEDICAL OPTIONS					
CareFirst BlueChoice HMO "Open Access"	Individual	\$595.09	\$523.68	\$32.96	\$38.95
	Parent & Child	\$930.04	\$818.44	\$51.51	\$60.87
	Employee & Spouse	\$1,433.19	\$1,261.21	\$79.38	\$93.81
	Family	\$1,718.96	\$1,512.68	\$95.21	\$112.52
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$737.53	\$626.90	\$51.06	\$60.34
	Parent & Child	\$1,352.20	\$1,149.37	\$93.61	\$110.63
	Employee & Spouse	\$1,761.17	\$1,496.99	\$121.93	\$144.10
	Family	\$2,112.54	\$1,795.66	\$146.25	\$172.84
CareFirst BlueCross Blue Shield PPN Grandfathered plan, no new enrollments accepted.	Individual	\$833.33	\$583.33	\$115.38	\$136.36
	Parent & Child	\$1,532.91	\$1,073.04	\$212.25	\$250.84
	Employee & Spouse	\$1,995.55	\$1,396.89	\$276.30	\$326.54
	Family	\$2,386.97	\$1,670.88	\$330.50	\$390.59
DENTAL OPTIONS					
United Concordia Dental POS	Individual	\$16.99	\$12.74	\$1.96	\$2.32
	Parent & Child	\$28.32	\$21.24	\$3.27	\$3.86
	Employee & Spouse	\$33.98	\$25.49	\$3.92	\$4.63
	Family	\$45.31	\$33.98	\$5.23	\$6.18
CareFirst BlueChoice PPO Dental	Individual	\$33.43	\$25.07	\$3.86	\$4.56
	Parent & Child	\$54.80	\$41.10	\$6.32	\$7.47
	Employee & Spouse	\$69.16	\$51.87	\$7.98	\$9.43
	Family	\$104.62	\$78.47	\$12.07	\$14.26
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.75	\$26.81	\$4.13	\$4.88
	Parent & Child	\$58.64	\$43.98	\$6.77	\$8.00
	Employee & Spouse	\$74.03	\$55.52	\$8.54	\$10.10
	Family	\$111.95	\$83.96	\$12.92	\$15.27
VISION OPTION					
CareFirst Select Vision	Individual	\$3.27	\$2.62	\$0.30	\$0.35
	Parent & Child	\$4.58	\$3.66	\$0.42	\$0.50
	Employee & Spouse	\$6.57	\$5.26	\$0.60	\$0.71
	Family	\$7.84	\$6.27	\$0.72	\$0.86

* Total monthly premium for medical includes prescriptions.

Permanent active employees working the required minimum hours are eligible for AACPS healthcare benefits (see Page 3).

AACPS Healthcare Costs for 2024: Units I, II, V, and VI (part-time) – Tiers 2 & 3

Coverage Options		Tier 2 (0.46-0.749 FTE)				Tier 3 (0.1-0.459 FTE)		
		Total Monthly Premium*	Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share	26 Pays	22 Pays
MEDICAL OPTIONS								
CareFirst BlueChoice HMO "Open Access"	Individual	\$595.09	\$439.89	\$71.63	\$84.65	\$261.84	\$153.81	\$181.77
	Parent & Child	\$930.04	\$687.49	\$111.95	\$132.30	\$409.22	\$240.38	\$284.08
	Employee & Spouse	\$1,433.19	\$1,059.42	\$172.51	\$203.87	\$630.61	\$370.42	\$437.77
	Family	\$1,718.96	\$1,270.65	\$206.91	\$244.53	\$756.34	\$444.29	\$525.07
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$737.53	\$526.60	\$97.35	\$115.05	\$313.45	\$195.73	\$231.32
	Parent & Child	\$1,352.20	\$965.47	\$178.49	\$210.94	\$574.69	\$358.85	\$424.10
	Employee & Spouse	\$1,761.17	\$1,257.47	\$232.48	\$274.75	\$748.50	\$467.39	\$552.37
	Family	\$2,112.54	\$1,508.35	\$278.86	\$329.56	\$897.83	\$560.64	\$662.57
CareFirst BlueCross Blue Shield PPN**	Individual	\$833.33	\$490.00	\$158.46	\$187.27	\$291.67	\$250.00	\$295.45
	Parent & Child	\$1,532.91	\$901.35	\$291.49	\$344.49	\$536.52	\$459.87	\$543.49
	Employee & Spouse	\$1,995.55	\$1,173.39	\$379.46	\$448.45	\$698.45	\$598.66	\$707.51
	Family	\$2,386.97	\$1,403.54	\$453.89	\$536.42	\$835.44	\$716.09	\$846.29
DENTAL OPTIONS								
United Concordia Dental POS	Individual	\$16.99	\$10.70	\$2.90	\$3.43	\$6.37	\$4.90	\$5.79
	Parent & Child	\$28.32	\$17.84	\$4.84	\$5.72	\$10.62	\$8.17	\$9.65
	Employee & Spouse	\$33.98	\$21.41	\$5.80	\$6.86	\$12.75	\$9.80	\$11.58
	Family	\$45.31	\$28.54	\$7.74	\$9.15	\$16.99	\$13.07	\$15.45
CareFirst BlueChoice PPO Dental	Individual	\$33.43	\$21.06	\$5.71	\$6.75	\$12.54	\$9.64	\$11.39
	Parent & Child	\$54.80	\$34.52	\$9.36	\$11.06	\$20.55	\$15.81	\$18.68
	Employee & Spouse	\$69.16	\$43.57	\$11.81	\$13.96	\$25.94	\$19.95	\$23.57
	Family	\$104.62	\$65.91	\$17.87	\$21.11	\$39.24	\$30.18	\$35.66
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.75	\$22.52	\$6.11	\$7.22	\$13.41	\$10.31	\$12.19
	Parent & Child	\$58.64	\$36.94	\$10.02	\$11.84	\$21.99	\$16.92	\$19.99
	Employee & Spouse	\$74.03	\$46.64	\$12.64	\$14.94	\$27.76	\$21.36	\$25.24
	Family	\$111.95	\$70.53	\$19.12	\$22.59	\$41.98	\$32.29	\$38.17
VISION OPTION								
CareFirst Select Vision	Individual	\$3.27	\$2.20	\$0.49	\$0.58	\$1.31	\$0.90	\$1.07
	Parent & Child	\$4.58	\$3.07	\$0.70	\$0.82	\$1.83	\$1.27	\$1.50
	Employee & Spouse	\$6.57	\$4.42	\$0.99	\$1.17	\$2.63	\$1.82	\$2.15
	Family	\$7.84	\$5.27	\$1.19	\$1.40	\$3.14	\$2.17	\$2.56

* Total monthly premium for medical includes prescriptions.

** Grandfathered plan, no new enrollments accepted.

AACPS Healthcare Costs for 2024: Units III & IV (full-time) – Tier 1

				Your Bi-Weekly Payroll Deduction	
	Coverage Options	Total Monthly Premium*	Board's Monthly Share	26 Pays	22 Pays
MEDICAL OPTIONS					
CareFirst BlueChoice HMO "Open Access"	Individual	\$595.09	\$535.58	\$27.47	\$32.46
	Parent & Child	\$930.04	\$837.04	\$42.92	\$50.73
	Employee & Spouse	\$1,433.19	\$1,289.87	\$66.15	\$78.17
	Family	\$1,718.96	\$1,547.06	\$79.34	\$93.76
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$737.53	\$626.90	\$51.06	\$60.34
	Parent & Child	\$1,352.20	\$1,149.37	\$93.61	\$110.63
	Employee & Spouse	\$1,761.17	\$1,496.99	\$121.93	\$144.10
	Family	\$2,112.54	\$1,795.66	\$146.25	\$172.84
CareFirst BlueCross Blue Shield PPN Grandfathered plan, no new enrollments accepted.	Individual	\$833.33	\$583.33	\$115.38	\$136.36
	Parent & Child	\$1,532.91	\$1,073.04	\$212.25	\$250.84
	Employee & Spouse	\$1,995.55	\$1,396.89	\$276.30	\$326.54
	Family	\$2,386.97	\$1,670.88	\$330.50	\$390.59
DENTAL OPTIONS					
United Concordia Dental POS	Individual	\$16.99	\$12.74	\$1.96	\$2.32
	Parent & Child	\$28.32	\$21.24	\$3.27	\$3.86
	Employee & Spouse	\$33.98	\$25.49	\$3.92	\$4.63
	Family	\$45.31	\$33.98	\$5.23	\$6.18
CareFirst BlueChoice PPO Dental	Individual	\$33.43	\$25.07	\$3.86	\$4.56
	Parent & Child	\$54.80	\$41.10	\$6.32	\$7.47
	Employee & Spouse	\$69.16	\$51.87	\$7.98	\$9.43
	Family	\$104.62	\$78.47	\$12.07	\$14.26
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.75	\$26.81	\$4.13	\$4.88
	Parent & Child	\$58.64	\$43.98	\$6.77	\$8.00
	Employee & Spouse	\$74.03	\$55.52	\$8.54	\$10.10
	Family	\$111.95	\$83.96	\$12.92	\$15.27
VISION OPTION					
CareFirst Select Vision	Individual	\$3.27	\$2.62	\$0.30	\$0.35
	Parent & Child	\$4.58	\$3.66	\$0.42	\$0.50
	Employee & Spouse	\$6.57	\$5.26	\$0.60	\$0.71
	Family	\$7.84	\$6.27	\$0.72	\$0.86

* Total monthly premium for medical includes prescriptions.

Permanent active employees working the required minimum hours are eligible for AACPS healthcare benefits (see Page 3).

AACPS Healthcare Costs for 2024: Units III & IV (part-time) – Tiers 2 & 3

Coverage Options		Tier 2 (0.46-0.749 FTE)				Tier 3 (0.1-0.459 FTE)		
		Total Monthly Premium*	Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share	26 Pays	22 Pays
MEDICAL OPTIONS								
CareFirst BlueChoice HMO "Open Access"	Individual	\$595.09	\$449.89	\$67.02	\$79.20	\$267.79	\$151.06	\$178.53
	Parent & Child	\$930.04	\$703.11	\$104.74	\$123.78	\$418.52	\$236.09	\$279.01
	Employee & Spouse	\$1,433.19	\$1,083.49	\$161.40	\$190.75	\$644.94	\$363.81	\$429.95
	Family	\$1,718.96	\$1,299.53	\$193.58	\$228.78	\$773.53	\$436.35	\$515.69
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$737.53	\$526.60	\$97.35	\$115.05	\$313.45	\$195.73	\$231.32
	Parent & Child	\$1,352.20	\$965.47	\$178.49	\$210.94	\$574.69	\$358.85	\$424.10
	Employee & Spouse	\$1,761.17	\$1,257.47	\$232.48	\$274.75	\$748.50	\$467.39	\$552.37
	Family	\$2,112.54	\$1,508.35	\$278.86	\$329.56	\$897.83	\$560.64	\$662.57
CareFirst BlueCross Blue Shield PPN**	Individual	\$833.33	\$490.00	\$158.46	\$187.27	\$291.67	\$250.00	\$295.45
	Parent & Child	\$1,532.91	\$901.35	\$291.49	\$344.49	\$536.52	\$459.87	\$543.49
	Employee & Spouse	\$1,995.55	\$1,173.39	\$379.46	\$448.45	\$698.45	\$598.66	\$707.51
	Family	\$2,386.97	\$1,403.54	\$453.89	\$536.42	\$835.44	\$716.09	\$846.29
DENTAL OPTIONS								
United Concordia Dental POS	Individual	\$16.99	\$10.70	\$2.90	\$3.43	\$6.37	\$4.90	\$5.79
	Parent & Child	\$28.32	\$17.84	\$4.84	\$5.72	\$10.62	\$8.17	\$9.65
	Employee & Spouse	\$33.98	\$21.41	\$5.80	\$6.86	\$12.75	\$9.80	\$11.58
	Family	\$45.31	\$28.54	\$7.74	\$9.15	\$16.99	\$13.07	\$15.45
CareFirst BlueChoice PPO Dental	Individual	\$33.43	\$21.06	\$5.71	\$6.75	\$12.54	\$9.64	\$11.39
	Parent & Child	\$54.80	\$34.52	\$9.36	\$11.06	\$20.55	\$15.81	\$18.68
	Employee & Spouse	\$69.16	\$43.57	\$11.81	\$13.96	\$25.94	\$19.95	\$23.57
	Family	\$104.62	\$65.91	\$17.87	\$21.11	\$39.24	\$30.18	\$35.66
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.75	\$22.52	\$6.11	\$7.22	\$13.41	\$10.31	\$12.19
	Parent & Child	\$58.64	\$36.94	\$10.02	\$11.84	\$21.99	\$16.92	\$19.99
	Employee & Spouse	\$74.03	\$46.64	\$12.64	\$14.94	\$27.76	\$21.36	\$25.24
	Family	\$111.95	\$70.53	\$19.12	\$22.59	\$41.98	\$32.29	\$38.17
VISION OPTION								
CareFirst Select Vision	Individual	\$3.27	\$2.20	\$0.49	\$0.58	\$1.31	\$0.90	\$1.07
	Parent & Child	\$4.58	\$3.07	\$0.70	\$0.82	\$1.83	\$1.27	\$1.50
	Employee & Spouse	\$6.57	\$4.42	\$0.99	\$1.17	\$2.63	\$1.82	\$2.15
	Family	\$7.84	\$5.27	\$1.19	\$1.40	\$3.14	\$2.17	\$2.56

* Total monthly premium for medical includes prescriptions.

** Grandfathered plan, no new enrollments accepted.

BlueChoice HMO & BlueChoice Triple Option

BlueChoice HMO Open Access vs. BlueChoice Triple Option Open Access

Anne Arundel County Public Schools



ANNE ARUNDEL
COUNTY PUBLIC SCHOOLS

	BlueChoice HMO	BlueChoice Triple Option
Networks	BlueChoice	BlueChoice for Level 1 PPO for Level 2 All others for Level 3
PCP Required	Yes	Yes for Level 1
Referrals Required	No	No
Medical Copays	\$10 PCP/\$15 Specialist	\$10 PCP/Specialist for Level 1 \$15 PCP/Specialist for Level 2 80% for Level 3
Prescription Drug Copays (Units 1–4)	Retail: \$5 Generic; \$20 Preferred Brand; \$35 Non-preferred Brand; 50% up to a max of \$75 Preferred Specialty; 50% up to a max of \$75 Non-preferred Specialty. Mail Order or CVS Retail Maintenance Choice: \$10 Generic; \$40 Preferred Brand; \$70 Non-preferred Brand; 50% up to a max of \$150 Preferred Specialty; 50% up to a max of \$150 Non-preferred Specialty	
Prescription Drug Copays (Units 5 & 6)	Retail: \$5 Generic; \$20 Preferred Brand; ; \$35 Non-preferred Brand; \$75 Preferred Specialty; \$75 Non-preferred Specialty. Mail Order or CVS Retail Maintenance Choice: \$10 Generic; \$40 Preferred Brand; \$70 Non-preferred Brand; \$150 Preferred Specialty; \$150 Non-preferred Specialty	
Deductibles	N/A	N/A for Level 1 \$200 Individual/\$400 Family for Level 2 \$300 Individual/\$600 Family for Level 3
Medical Out-of-Pocket Maximum	\$2,000 Individual \$6,000 Family	\$2,000 Individual/\$6,000 Family for Level 1 \$2,000 Individual/\$6,000 Family for Level 2 \$2,000 Individual/\$6,000 Family for Level 3
Combined Medical and Prescription Out-of-Pocket Maximum	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family
Coinsurance	100% coverage with the exception of AI/IVF services which are covered at 50% AB*	100% for Level 1 90% for Level 2 80% for Level 3
Independent Labs	LabCorp	LabCorp for Level 1 All other Labs for Level 2 & 3
Emergency Room	\$85 copay; waived if admitted	\$85 copay; waived if admitted, Levels 1, 2 & 3
Inpatient Hospital	No charge when approved	100% AB* for Level 1 90% AB* after deductible for Level 2 80% AB* after deductible for Level 3
Occupational, Physical, Speech Therapy	Limited to a combined 30 visits per condition per year	Limited to a combined 30 visits per condition per year for Level 1 Limited to 100 visits combined for Levels 2 & 3 combined
Chiropractic Care	Limited to 20 visits per year	Limited to 20 visits per year for Level 1 Unlimited visits for Levels 2 & 3
Acupuncture	Limited to 24 visits per year	Limited to 24 visits per year for Level 1 Unlimited visits for Levels 2 & 3

The main differences between the BlueChoice HMO Open Access plan and the BlueChoice Triple Option Open Access plan are:

1. With the BlueChoice plan you must stay within the BlueChoice network of providers.
2. The BlueChoice Triple Option plan gives you the freedom to move between the BlueChoice network (Level 1), the PPO network (Level 2) and the Par/Non-par providers (Level 3).

* AB =Allowed Benefit

BlueChoice Low-Option HMO

Qualified Temporary employees have access to AACPS medical coverage through the BlueChoice Low Option HMO Plan. Eligible employees may also enroll a spouse and dependent children for coverage. Contact HR/Benefits for more information at benefits@aacps.org.

Full-time (Tier 1)

Coverage Options	Total Monthly Premium*	Board's Monthly Share	Your Bi-Weekly Payroll Deduction	
			26 Pays	22 Pays
Individual	\$429.88	90.5%	8.39% of W2 pay	8.39% of W2 pay
Plus additional cost for dependents paid on monthly basis directly to VOYA				
One Child	\$773.79**	\$0	N/A	N/A
Spouse	\$902.76**	\$0		
Family	\$1,175.73**	\$0		

Part-time (Tiers 2&3)

Coverage Options	Total Monthly Premium*	Tier 2 (0.46-0.749 FTE)			Tier 3 (0.1-0.459 FTE)		
		Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share*	26 Pays	22 Pays
Individual	\$429.88	90.5%	8.39% of W2 pay	8.39% of W2 pay	90.5%	8.39% of W2 pay	8.39% of W2 pay
Plus additional cost for dependents paid on monthly basis directly to VOYA							
One Child	\$773.79**	\$0	N/A	N/A	\$0	N/A	N/A
Spouse	\$902.76**	\$0			\$0		
Family	\$1,175.73**	\$0			\$0		

* Total monthly premium for medical includes prescriptions.

** Individual premium deducted from each pay; dependent premium paid monthly to VOYA



Important Notices Required by Law

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).

ON-LINE	PHONE
DELAWARE – Medicaid	
www.dhss.delaware.gov/dhss/dss/medast.html	1-800-464-4357
MARYLAND – Medicaid	
https://health.maryland.gov/mmcp/pages/home.aspx	1-800-284-4510
PENNSYLVANIA – Medicaid	
www.dhs.pa.gov/HealthChoices/pages/HealthChoices.aspx	1-800-692-7462
VIRGINIA – Medicaid and CHIP	
www.coverva.org/hipp	1-855-242-8282
WASHINGTON D.C. – Medicaid	
http://dhcf.dc.gov/node/151012	1-877-685-6391

To see if any more States have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, you can 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

For more information or to view the Annual Notice go to www.aacps.org/benefits

Notice of Privacy Practices

Responsible Office for Administration:

Office of HR Operations – Benefits
410-222-5221

Contact Information

Anne Arundel County Public Schools
Office of Human Resources Operations
Attn: Benefits Manager
2644 Riva Road
Annapolis, Md. 21401

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

This notice applies to the privacy practices of all Anne Arundel County Public Schools (AACPS) health plans. Please be advised since these plans are affiliated (related) entities, we might share your protected health information and the protected health information of others on your insurance policy as needed for payment or Healthcare operations in regards to the plans listed below:

CareFirst Medical, Dental, and Vision Plans, CVS Caremark Prescription Plan, UCCI Dental Plan, and the AACPS Flexible Spending Account Program.

Our Legal Duty

AACPS is required by law to maintain the privacy of your protected health information (PHI). We are obligated to provide you with a copy of this Notice of our legal duties and of our privacy practices with respect to PHI, and we must abide by the terms of this Notice. We reserve the right to change the provisions of our Notice and make the new provisions effective for all PHI that we maintain. If we make a material change to our Notice, we will mail a revised Notice to the address that we have on record for the policyholder.

Effective Date

This Notice of Privacy Practice became effective on April 14, 2003, and was revised effective September 23, 2013.

Uses and Disclosure of Medical Information

Payment: We may use or disclose your PHI to pay claims for services provided to you, and to fulfill our responsibilities for plan coverage and providing plan benefits. For example, we may disclose your PHI to pay claims for services provided to you by doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan. We might also use this information to determine your eligibility for benefits, coordination of benefits, to obtain premiums, to determine medical necessity, and to issue explanations of benefits.

Healthcare Operations: We might use and disclose your PHI for all activities as defined by the HIPAA Federal Regulations. For example, we might use and disclose your protected health information to determine premiums for the health plans, for underwriting, to conduct quality assessment, to engage in care and case management, and to manage our business. However, we will not use your genetic information for underwriting purposes.

Business Associates: We contract with individuals and entities (Business Associates) to perform certain types of services. To perform these functions or services, our Business Associates will receive, create, maintain, use or disclose PHI, but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your PHI to a Business Associate to administer claims or to provide service support, utilization management, coordination of benefits, or pharmacy benefit management.

Other Covered Entities: We may use or disclose your PHI to assist other covered entities in connection with payment activities and certain healthcare operations. For example, we may disclose or share your PHI with other insurance carriers in order to coordinate benefits.

Other Possible Uses/Disclosures of Protected Health Information

In addition to uses and disclosures for payment and healthcare operations, we may use/or disclose your PHI for the following purposes (this list is not completely inclusive):

Personal Representatives: We may disclose PHI to the patient or patient's personal representative. That could be a legal guardian, or a person designated by you to act on your behalf in making decisions related to your healthcare.

Required by Law: We may use or disclose your PHI when we are required to do so by law. For example, such information may be disclosed to the U.S. Department of Health & Human Services upon request for determining whether we are in compliance with federal privacy laws as well as for requests pursuant to workers' compensation or similar programs. This could also include releasing information to a medical examiner as authorized by law and law enforcement officials in compliance with a legal order.

To You or with your Authorization: We must disclose your PHI as described in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice. We will not use or disclose your health information for any other reason without your authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. If you provide such authorization, you may revoke it in writing at any time.

Public Health & Safety/Military and National Security: We might use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health & Human Services upon their request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your PHI to authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

We might disclose to military authorities the protected information of Armed Forces personnel under certain circumstances. We might disclose to federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Your Rights

Right to Inspect and Copy: You have the right to inspect and copy your PHI that is contained in a "designated record set." This information contains your medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set. You may request access to your health records in an electronic format if they are available electronically. You may request that your electronic health records be transmitted directly to you or someone you designate. You may be charged a fee for access to electronic health records, but this amount must be limited to the cost of labor involved in responding to your request. To inspect and copy your PHI, in paper or electronic form, you must make your request in writing to the Privacy Officer, through the HR Department.

Restriction Requests: You have the right to request a restriction on the PHI we use or disclose about you for treatment, claim payment, or healthcare operations. In addition, you have the right to restrict disclosure of PHI to the health plan for payment or health care operations (but not for carrying out treatment) in situations where you have paid the health care provider out-of-pocket in full. To request a restriction, you must make your request, in writing, to the Privacy Officer through the HR Department. We are not required to agree to any restriction that you may request, unless it involves a situation described above where you paid a provider out-of-pocket in full. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

Right to Request Confidential Communications: If you believe a disclosure of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you may ask that we only contact you at your work address or via your work e-mail.

Right of an Accounting: You have a right to an accounting of certain disclosures of your PHI that are made for reasons other than treatment, claim payment, or healthcare operations. This includes an accounting of disclosures of electronic health records, even those used for treatment, payment, and health care operations. No accounting is required for disclosures you authorized. You should know that most disclosures of your PHI will be for purposes of treatment, claim payment or healthcare operations, and therefore, will not be subject to accounting. You may request an accounting of disclosures for the previous six years (previous three years, if it was a disclosure of electronic health records). For these requests, you must submit your request, in writing, to the Privacy Officer through the HR Department.

Right to Amend: You may request us to amend your information if you believe that PHI is incorrect or incomplete. This office may deny your request if the information you want to amend is not maintained by us, but by another entity.

Breach of Unsecured PHI

You must be notified in the event of a breach of unsecured PHI. A "breach" is the acquisition, access, use, or disclosure of PHI in a manner that compromises the security or privacy of the PHI. PHI is considered compromised when the breach poses a significant risk of financial harm, damage to the individual's reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

Questions and Complaints

If you have questions in regards to your PHI, you may contact:

Contact Office: AACPS HR Office of Operations
Telephone: 410-222-5221, 410-222-5219 or 1-800-909-4882
Fax: 410-222-5610
Address: 2644 Riva Road, Annapolis, MD 21401

You may notify our office if you believe your PHI privacy rights have been violated. You may file a written complaint with the above address or contact us at the designated phone numbers.

You may also file a written complaint with the Office for Civil Rights of the U.S. Department of Health & Human Services. This complaint may be submitted to:

Office for Civil Rights
Department of Health & Human Services
Suite 372, Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-9111

Please be advised we will not penalize you in any way if you choose to file a complaint with us or the U.S. Department of Health & Human Services.

Important Notice From Anne Arundel County Public Schools About Your Prescription Drug Coverage And Medicare

NOTICE OF CREDITABLE COVERAGE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Anne Arundel County Public Schools (AACPS) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

2. AACPS has determined that the prescription drug coverage offered by the AACPS Prescription Plan CVS Caremark is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Note: Medicare eligible retiree members will be group enrolled into a Medicare Part D plan through CVS Caremark SilverScript that is expected to pay out as much as standard Medicare prescription drug coverage.

Your Share Of Prescription Cost—For The 2024 Plan Year					
	Medical Option	Deductible	Retail	Mail Order	Maximum You Could Pay Per Benefit Year
AACPS Plans	CareFirst BlueChoice Triple Option "Open Access" Plan	None	You pay: \$5 (generic) or \$20 (brand-name) or \$35 (non-preferred brand) 50% or \$75 (specialty)	You pay: \$10 (generic) or \$40 (brand name) \$70 (non-preferred brand) 50% or \$150 (specialty)	Unlimited
	CareFirst BlueChoice HMO "Open Access" Plan				
	CareFirst BlueChoice HMO Low Option Plan	\$500	\$15 (generic) or \$35 (brand-name) or \$60 (non-preferred brand) 50% or \$150 (specialty)	\$30 (generic) or \$70 (brand name) \$120 (non-preferred brand) 50% or \$300 (specialty)	Individual limit of overall medical and Rx of \$6,350 out-of-pocket; \$12,700 (member/dependents). After limites are reached, \$0 out-of-pocket costs for the rest of year.
Medicare	Standard Medicare Part D Prescription Drug Benefits	\$545	You pay: 5% or 25% ¹ of the prescription cost (depending on where you are in accumulating drug costs during the year)		Unlimited You pay first \$8,000 in out-of-pocket spending, then 5% thereafter

Remember, the insurance companies who offer Medicare Part D plans may have benefit structures that are different from the Standard Medicare Part D structure shown above.

¹ For 2024, Medicare Part D participants will receive a 70% discount from pharmaceutical manufacturers on the total cost of Medicare Part D-covered brand-name drugs purchased while in the coverage gap. The full retail cost of the brand-name drugs, minus the Medicare Part D plan payment equal to 5% of the brand-name drug cost, will still apply to satisfying your \$8,000 in out-of-pocket spending before reaching the 5% catastrophic coverage level, even though the 70% was paid by pharmaceutical manufacturers. In addition, Medicare Part D participants will pay 25% of the cost of Medicare Part D-covered generic drugs purchased while in the coverage gap.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2)month Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan.

In addition, if you lose or decide to leave employer/union sponsored coverage, you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

Please note if you drop your AACPS prescription coverages, you may have to wait until the following October to join for the upcoming January.

If you decide to join a Medicare drug plan, your AACPS coverage will be affected. Read on for more information about what happens to your current coverage if you join a Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your AACPS prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

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

If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For more information about this notice or your current prescription drug coverage...

Contact the Human Resources Retirement Office at 410-222-5224 for more information. NOTE: You will receive this notice each year. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through AACPS changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

COBRA Continuation Coverage

If you leave AACPS, or your covered dependents lose eligibility for healthcare coverage, you and/or your dependents may elect to continue coverage through COBRA (Consolidated Omnibus Reconciliation Act). COBRA allows you to continue coverage when that coverage would otherwise end because of a life event known as a "qualifying event."

COBRA must be offered to each person who is a "qualified beneficiary." Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Qualified beneficiaries who elect COBRA continuation coverage must pay 102% of the full premium.

If you are an employee, you are a qualified beneficiary if you lose your coverage because:

- Your employment ends for any reason other than your gross misconduct
- Your hours of employment are reduced

If you are the spouse of an employee, you are a qualified beneficiary if you lose your coverage because the employee:

- Dies
- Employment ends for any reason other than his or her gross misconduct
- The spouse-employee's hours of employment are reduced
- Becomes enrolled in Medicare (Part A, Part B, or Part D) or
- Becomes divorced

Your dependent children become qualified beneficiaries if they lose coverage under the plan because:

- The parent-employee dies
- The parent-employee's hours of employment are reduced
- The parent-employee's employment ends for any reason other than his or her gross misconduct
- The parent-employee becomes enrolled in Medicare (Part A, Part B, or Part D)
- The parents become divorced or
- The child stops being eligible for coverage under the plan as a "dependent child"

HOW COBRA CONTINUATION COVERAGE WORKS

AACPS' COBRA administrator is VOYA. VOYA will send out COBRA notifications to eligible participants based on the criteria listed earlier. Notice must be provided within certain timeframes, and documentation may be required. COBRA continuation coverage will begin on the date that Plan coverage would otherwise have been lost.

Keep in mind that COBRA is a temporary continuation of coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B, Part D), your divorce, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage generally lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended: in the case of disability and a second qualifying event.

Please Note: This section is a summary of COBRA continuation coverage.

For additional information about specifics of COBRA coverage, COBRA rights, and COBRA costs, please contact VOYA, our COBRA administrator, at 1-833-232-4673. For additional information, you may visit the VOYA website at www.VOYA.com.

Maternity and Newborn Length of Stay

Under federal law, group health plans and health coverage issuers offering group coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to:

- Less than 48 hours following a normal vaginal delivery.
- Less than 96 hours following a cesarean section.

They may also not require that a provider obtain authorization from the plan or coverage issuer for prescribing a length of stay not in excess of those periods. The law generally does not prohibit an attending provider of the mother or newborn (in consultation with the mother) from discharging the mother or newborn earlier than 48 hours or 96 hours, as applicable.

Right to choose a Primary Care Provider

The AACPS HMO and Triple Option Plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation the AACPS HMO and Triple Option Plans designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, go to www.carefirst.com/aacps.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from any AACPS medical plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology.

The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For information on how to find participating health care professionals who specialize in obstetrics or gynecology, go to www.carefirst.com/aacps.

Notice of Special Enrollment Rights

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Benefits Manager, AACPS Office of HR Operations—Benefits, 410-222-5221.

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Acts of 1998. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis and;
- Treatment of physical complications of the mastectomy, including lymphedema.

For more information or to view the Annual Notice go to www.aacps.org/benefits

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

WHAT IS "BALANCE BILLING" (SOMETIMES CALLED "SURPRISE BILLING")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

YOU ARE PROTECTED FROM BALANCE BILLING FOR: Emergency Services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

IF YOU BELIEVE YOU'VE BEEN WRONGLY BILLED, YOU MAY CONTACT:

www.marylandattorneygeneral.gov/Pages/CPD/HEAU/compOLBillEquipDispute.aspx

Health Education and Advocacy Unit
Office of the Attorney General
200 St Paul Place, 16th Floor
Baltimore, Maryland 21202
Phone: (410) 528-1840 or toll-free 1 (877) 261-8807
En español: 410-230-1712; Fax: (410) 576-6571
heau@oag.state.md.us

www.marylandattorneygeneral.gov/Pages/CPD/HEAU

For more information or to view the Annual Notice go to www.aacps.org/benefits

Some Final Words

AACPS is proud to provide a very comprehensive and affordable benefits package to its dedicated employees. This guide contains highlights of the benefit plans available to Anne Arundel County Public Schools eligible employees. It does not include every detail about the plans. Each benefit is governed by an official plan document or insurance contract. If there is a conflict between this guide and the wording of corresponding plan documents, the plan documents will prevail.

AACPS Vendor Contacts

Vendor	AACPS Group Policy Number	Phone	Website/Email
Healthcare			
AACPS HR/Benefits <i>Eligibility, Online Assistance, General Questions</i>		410-222-5221 410-222-5219 E-fax 443-458-0669 (secure)	benefits@aacps.org
BHS <i>(Employee Assistance Program)</i>	username: AACPS	1-800-327-2251	www.bhsonline.com
CareFirst BCBS BlueChoice HMO, BlueChoice Triple Option, Select Vision	HMO-1901074 Triple Option 19010078	1-866-595-6215	www.carefirst.com/aacps
CareFirst Behavioral Health	See medical plan group #	1-800-245-7013	www.carefirst.com
Dental Plans	17G2	1-866-891-2802	
Davis Vision	See medical plan group #	1-800-783-5602	
Local Office		410-268-6488	
Travel Outside USA		1-800-810-BLUE	
CVS Caremark <i>Prescription Benefits</i>	Bin# 004336 Plan Code – ADV Group – Rx7546	1-800-241-3371	www.caremark.com
MetLife	221756	410-222-5219 410-222-5221	benefits@aacps.org
Unum Long-term Care	574832	1-800-227-4165	http://unuminfo.com/aacps/index.aspx
United Concordia Dental <i>(DHMO Concordia Plus)</i>	811032000	1-866-357-3304	www.unitedconcordia.com
VOYA Benefits <i>(COBRA, Flexible Spending)</i>		833-232-4673	voya.support@voya.benstrat.com
Supplemental Retirement			
Corebridge Financial		800-448-2542	aacps.aigrs.com
Retirement Manager		1-866-294-7950	www.myretirementmanager.com
Maryland State Retirement Agency		410-625-5555/ 1-800-492-5909	http://sra.maryland.gov/



Anne Arundel County Public Schools
Division of Human Resources

Mark T. Bedell, Ed.D., Superintendent of Schools

Anne Arundel County Public Schools prohibits discrimination in matters affecting employment or in providing access to programs on the basis of actual or perceived race, color, religion, national origin, sex, age, marital status, sexual orientation, genetic information, gender identity, or disability. **For more information, contact:** Anne Arundel County Public Schools, Division of Human Resources, 2644 Riva Road, Annapolis, MD 21401; 410-222-5286 TDD 410-222-5000; www.aacps.org