Contents:

Benefits Summary ........................................... 1
Benefits Guidelines ........................................... 3
Employee-Sponsored Benefits ......................... 5
  Employee Assistance Program ...................... 5
  MetLife Insurance ........................................... 6
Voluntary Benefits ........................................... 8
  Flexible Spending Account (FSA) ................. 8
  Long Term Care Insurance ......................... 10
  Supplemental Retirement Plan .................. 10
  Savings Plans ............................................. 11
  Union-Sponsored Benefits ....................... 12
Healthcare Costs .......................................... 15
  BlueChoice HMO Open Access vs.
  BlueChoice Triple Option Open Access .... 19
  BlueChoice Low Option HMO Plan
  Summary .................................................... 20
Important Notices ........................................... 21
Vendor Contact Information ................................ Back of Cover
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.

Life Insurance

- AACPS provides all permanent employees with basic term life insurance and accidental death and dismemberment (AD&D) insurance through Met Life 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 Met Life 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.

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 while the Davis Vision plan is included if you are enrolled in the BlueChoice HMO, the BlueChoice Low Option HMO, and the Triple Option plan.

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.
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 $2,750 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 Discovery Benefits. Visit their website at www.discoverybenefits.com, or you can reach them M-F from 7 a.m. to 10 p.m. EST by calling 866-451-3399.
- Additional details can be found at www.aacps.org/flexspending.

See page 8

Retirement Plan

- 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.
- You and AACPS pay equal amounts in FICA taxes while earning Social Security benefits during your AACPS employment.
- The AACPS Supplemental Retirement Program allows you to use 403(b) and 457(b) plans to save, invest and use tax-deferred advantages to build your own savings to augment your retirement.
- You must enroll for the Supplement Retirement Plan, 403(b) and/or 457(b), by using Retirement Manager, the on-line enrollment tool. You will also make any contribution changes through Retirement Manager.
- Plan providers can be found at www.aacps.org/supplementalretirement.

See page 10

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

See pages 11–14

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.*

<table>
<thead>
<tr>
<th>UNIT</th>
<th>MINIMUM REQUIRED</th>
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<tbody>
<tr>
<td>I</td>
<td>0.5 FTE</td>
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<tr>
<td>II</td>
<td>0.5 FTE</td>
</tr>
<tr>
<td>III</td>
<td>4 hours/day (i.e. 20 hours/week)</td>
</tr>
<tr>
<td>IV</td>
<td>15 hours/week</td>
</tr>
<tr>
<td>V</td>
<td>0.5 FTE</td>
</tr>
<tr>
<td>VI</td>
<td>0.5 FTE</td>
</tr>
</tbody>
</table>

*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. Proof of continuing disability may be required by the carrier.

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 lifestyle change (see Lifestyle Changes) 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](http://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 certification each year (if your spouse is covered by your AACPS 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)

**Lifestyle Changes**

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 (employee and spouse)

**Children:**

- Birth Certificate
- Adoption/Guardianship Paperwork (if applicable)

**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:

<table>
<thead>
<tr>
<th>UNIT</th>
<th>22 PAY</th>
<th>26 PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, II, V, VI</td>
<td>$43.64</td>
<td>$36.92</td>
</tr>
<tr>
<td>III, IV</td>
<td>$38.18</td>
<td>$32.31</td>
</tr>
</tbody>
</table>

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
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

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

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**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.

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**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
- Emotional and psychological issues
- Workplace concerns
- Childcare and eldercare issues
- Financial concerns
- Legal issues

**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
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.

<table>
<thead>
<tr>
<th>Employee</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$10,000</td>
</tr>
<tr>
<td>Child(ren) up to age 26</td>
<td>$2,000 per child</td>
</tr>
</tbody>
</table>

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 paperwork 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
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

**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 $500 can be rolled over to the following plan year. Unused Dependent Care FSA funds are “use it or lose it”.

**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 Discovery Benefits. 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 $2,750 in 2020 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.
- Costs for 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.discoverybenefits.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
When you enroll in the Healthcare FSA, Discovery Benefits 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.

While the FSA debit card provides you with the convenience of accessing your funds easily, your expenses still must be validated. You should retain all your receipts and be prepared to provide copies of them, when required, to the FSA plan administrator. Receipts should be detailed and itemized; register receipts (dollar amounts without details) typically do not provide the required details to validate your expense.

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

Participant Portal
Employees can access the Discovery participant portal to order cards, set up direct deposit, submit claims, view fund balances, access online resources, and more. To register, go to www.discoverybenefits.com > Employees > Account Login > New User, where you will need to complete four fields of basic demographic information.

Claim Forms
To receive reimbursement for dependent care expenses or healthcare expenses for which you are unable to use the FSA debit card, submit a claim form.

Copies or scans of receipts should be included with claim forms. 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 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 Discovery Benefits
PHONE: 866-451-3399
M–F, 7am—10pm EST
FAX: 866-451-3245
WEBSITE: www.discoverybenefits.com
ELIGIBLE EXPENSES
www.discoverybenefits.com/employees/eligible-expenses
EMAIL: customerservice@discoverybenefits.com
MAIL: P.O. Box 2926, Fargo, ND 58108-2926
(CLAIMS)
Long Term Care Insurance

You or a loved one may someday need assistance with daily living activities such as dressing, bathing, and eating. Paying for assistance with these services can be expensive: Just one year of nursing home care averages $10,000 (Source: American Council on Aging, October 2019)

Long-term care insurance can help.

It provides coverage for care at a nursing home, other skilled nursing facility or through an in-home caregiver – including both professional caretakers and informal caregivers such as friends and family members.

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 31 days of employment without providing evidence of insurability (EOI), up to certain benefit levels. After the first 31 days of employment, you may not enroll until the annual benefits Open Enrollment period. All eligible employees may enroll during the Open Enrollment period after completing a medical questionnaire. You may attend an Open Enrollment meeting to learn more.

You and your eligible family members can enroll for long-term care coverage. Eligible family members include your: spouse, parents, parents-in-law, grandparents, grandparents-in-law, siblings, and adult children (ages 18–80). Family members must submit evidence of insurability (EOI).

Supplemental Retirement Plan

While pension and Social Security benefits will give you a great start toward your financial goals for retirement, it’s very important for you to build your own savings so you can finish the job and reach your goals.

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

• The 403(b) plan
• The 457(b) plan

You may contribute to either (or both) plans, up to the IRS limits. The plans let you save on a tax-advantaged basis, invest your account in professionally-managed funds and much more. 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 investments through three approved vendors: AIG (formerly VALIC), Lincoln, and Voya.

Each vendor makes representatives 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; you are encouraged to meet with them and start saving toward your long-term financial goals as early as possible.

Program details, the vendor comparison chart, and other helpful information is on-line at www.aacps.org/supplementalretirement.

Contact a Supplemental Retirement Provider

Lincoln Financial Group
PHONE: 410-987-3590
WEBSITE: www.lfg.com

AIG Retirement Services
PHONE: 800-548-0944
WEBSITE: www.valic.com

VOYA
PHONE: 800-454-1099
WEBSITE: www.voya.com

Contact UNUM
PHONE: 1-800-227-4165 (Contract #574832)
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 12 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 Glen Burnie
Annapolis Towne Centre Pasadena
Crofton

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.
Savings Plans cont.

**TreasuryDirect Savings Bond Program**

Interested employees enroll by establishing a personal account at [www.TreasuryDirect.gov](http://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@legalsheildassociate.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.
Union-Sponsored Benefits continued

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.

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.aflac.com/SAAAAC; www.aflac.com/TAAAC
PHONE: 301-985-2020
EMAIL: SMH@employee-plans.com
# AACPS Healthcare Costs for 2020: Units I, II, V, and VI (full-time) – Tier 1

## MEDICAL OPTIONS

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Total Monthly Premium*</th>
<th>Board’s Monthly Share</th>
<th>26 Pays</th>
<th>22 Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>CareFirst BlueChoice HMO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Open Access”</td>
<td>Individual</td>
<td>$532.24</td>
<td>$468.37</td>
<td>$29.48</td>
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<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$831.77</td>
<td>$731.96</td>
<td>$46.07</td>
</tr>
<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$1,281.78</td>
<td>$1,127.97</td>
<td>$70.99</td>
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<td></td>
<td>Family</td>
<td>$1,537.36</td>
<td>$1,352.88</td>
<td>$85.14</td>
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<tr>
<td>BlueChoice Low-Option HMO</td>
<td>Individual</td>
<td>$384.47</td>
<td>90.5%</td>
<td>9.5% of W2 pay</td>
</tr>
<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$307.57**</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Spouse</td>
<td>$422.92**</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$667.05**</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>CareFirst BlueChoice Triple</td>
<td>Individual</td>
<td>$659.62</td>
<td>$560.68</td>
<td>$45.66</td>
</tr>
<tr>
<td>Option “Open Access”</td>
<td>Parent &amp; Child</td>
<td>$1,209.35</td>
<td>$1,027.95</td>
<td>$83.72</td>
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<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$1,575.11</td>
<td>$1,338.84</td>
<td>$109.05</td>
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<tr>
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<td>Family</td>
<td>$1,889.37</td>
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<td>$130.80</td>
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<tr>
<td>CareFirst BlueCross Blue Shield PPN***</td>
<td>Individual</td>
<td>$731.74</td>
<td>$512.22</td>
<td>$101.32</td>
</tr>
<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$1,346.04</td>
<td>$942.23</td>
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<tr>
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<td>Employee &amp; Spouse</td>
<td>$1,752.29</td>
<td>$1,226.60</td>
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<td>Family</td>
<td>$2,095.99</td>
<td>$1,467.19</td>
<td>$290.22</td>
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## DENTAL OPTIONS

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Total Monthly Premium*</th>
<th>Board’s Monthly Share</th>
<th>26 Pays</th>
<th>22 Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Concordia Dental POS</td>
<td>Individual</td>
<td>$16.99</td>
<td>$12.74</td>
<td>$1.96</td>
</tr>
<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$28.32</td>
<td>$21.24</td>
<td>$3.27</td>
</tr>
<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$33.98</td>
<td>$25.49</td>
<td>$3.92</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$45.31</td>
<td>$33.98</td>
<td>$5.23</td>
</tr>
<tr>
<td>CareFirst BlueChoice PPO Dental</td>
<td>Individual</td>
<td>$32.45</td>
<td>$24.34</td>
<td>$3.74</td>
</tr>
<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$53.20</td>
<td>$39.90</td>
<td>$6.14</td>
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<td></td>
<td>Employee &amp; Spouse</td>
<td>$67.14</td>
<td>$50.36</td>
<td>$7.74</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$101.55</td>
<td>$76.16</td>
<td>$11.72</td>
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<td>CareFirst BlueCross BlueShield Traditional Dental</td>
<td>Individual</td>
<td>$34.71</td>
<td>$26.03</td>
<td>$4.01</td>
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<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$56.92</td>
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<td>$6.57</td>
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<td></td>
<td>Employee &amp; Spouse</td>
<td>$71.86</td>
<td>$53.90</td>
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<tr>
<td></td>
<td>Family</td>
<td>$108.67</td>
<td>$81.50</td>
<td>$12.54</td>
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## VISION OPTION

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Total Monthly Premium*</th>
<th>Board’s Monthly Share</th>
<th>26 Pays</th>
<th>22 Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>CareFirst Select Vision</td>
<td>Individual</td>
<td>$3.11</td>
<td>$2.49</td>
<td>$0.29</td>
</tr>
<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$4.36</td>
<td>$3.49</td>
<td>$0.40</td>
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<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$6.25</td>
<td>$5.00</td>
<td>$0.58</td>
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<tr>
<td></td>
<td>Family</td>
<td>$7.46</td>
<td>$5.97</td>
<td>$0.69</td>
</tr>
</tbody>
</table>

* Total monthly premium for medical includes prescriptions.
** Individual premium deducted from each pay; dependent premium paid monthly to Discovery Benefits
*** Grandfathered plan, no new enrollments accepted.
Permanent active employees working the required minimum hours are eligible for AACPS healthcare benefits (see Page 3).

**AACPS Healthcare Costs for 2020: Units I, II, V, and VI (part-time) – Tiers 2 & 3**

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Tier 2 (0.46-0.749 FTE)</th>
<th>Tier 3 (0.1-0.459 FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Monthly Premium*</td>
<td>Board's Monthly Share*</td>
</tr>
<tr>
<td>CareFirst BlueChoice HMO “Open Access”</td>
<td>Individual</td>
<td>$532.24</td>
</tr>
<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$831.77</td>
</tr>
<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$1,281.78</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$1,537.36</td>
</tr>
<tr>
<td>BlueChoice Low-Option HMO</td>
<td>Individual</td>
<td>$384.47</td>
</tr>
<tr>
<td></td>
<td>One Child</td>
<td>$307.57**</td>
</tr>
<tr>
<td></td>
<td>Spouse</td>
<td>$422.92**</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$667.05**</td>
</tr>
<tr>
<td>CareFirst BlueChoice Triple Option “Open Access”</td>
<td>Individual</td>
<td>$659.62</td>
</tr>
<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$1,209.35</td>
</tr>
<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$1,575.11</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$1,889.37</td>
</tr>
<tr>
<td>CareFirst BlueCross Blue Shield PPN***</td>
<td>Individual</td>
<td>$731.74</td>
</tr>
<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$1,346.04</td>
</tr>
<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$1,752.29</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$2,095.99</td>
</tr>
<tr>
<td>CareFirst Select Vision</td>
<td>Individual</td>
<td>$3.11</td>
</tr>
<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$4.36</td>
</tr>
<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$6.25</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$7.46</td>
</tr>
</tbody>
</table>

* Total monthly premium for medical includes prescriptions.
** Individual premium deducted from each pay; dependent premium paid monthly to Discovery Benefits.
*** Grandfathered plan, no new enrollments accepted.
# AACPS Healthcare Costs for 2020: Units III & IV (full-time) – Tier 1

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Total Monthly Premium*</th>
<th>Board's Monthly Share</th>
<th>Your Bi-Weekly Payroll Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>26 Pays</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>22 Pays</td>
</tr>
<tr>
<td><strong>MEDICAL OPTIONS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CareFirst BlueChoice HMO “Open Access”</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$532.24</td>
<td>$479.02</td>
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<tr>
<td>Parent &amp; Child</td>
<td>$831.77</td>
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<tr>
<td>Employee &amp; Spouse</td>
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<tr>
<td>Family</td>
<td>$1,537.36</td>
<td>$1,383.62</td>
<td>$70.96</td>
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<tr>
<td>BlueChoice Low-Option HMO</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$384.47</td>
<td>90.5%</td>
<td>9.5% of W2 pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Total monthly premium for medical includes prescriptions.

** Individual premium deducted from each pay; dependent premium paid monthly to Discovery Benefits.

*** Grandfathered plan, no new enrollments accepted.
Permanent active employees working the required minimum hours are eligible for AACPS healthcare benefits (see Page 3).

### AACPS Healthcare Costs for 2020: Units III & IV (part-time) – Tiers 2 & 3

#### MEDICAL OPTIONS

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Tier 2 (0.46-0.749 FTE)</th>
<th>Tier 3 (0.1-0.459 FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Monthly Premium*</td>
<td>Board's Monthly Share*</td>
</tr>
<tr>
<td>CareFirst</td>
<td></td>
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</tr>
<tr>
<td>HMO “Open Access”</td>
<td>Individual</td>
<td>$532.24</td>
</tr>
<tr>
<td></td>
<td>Parent &amp; Child</td>
<td>$831.77</td>
</tr>
<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$1,281.78</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$1,537.36</td>
</tr>
<tr>
<td>BlueChoice</td>
<td>Individual</td>
<td>$384.47</td>
</tr>
<tr>
<td>Low-Option HMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One Child</td>
<td>$307.57**</td>
</tr>
<tr>
<td></td>
<td>Spouse</td>
<td>$422.92**</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$667.05**</td>
</tr>
<tr>
<td>CareFirst</td>
<td>Individual</td>
<td>$659.62</td>
</tr>
<tr>
<td>BlueChoice</td>
<td>Parent &amp; Child</td>
<td>$1,209.35</td>
</tr>
<tr>
<td>Triple Option</td>
<td>Employee &amp; Spouse</td>
<td>$1,575.11</td>
</tr>
<tr>
<td>“Open Access”</td>
<td>Family</td>
<td>$1,889.37</td>
</tr>
<tr>
<td>CareFirst</td>
<td>Individual</td>
<td>$731.74</td>
</tr>
<tr>
<td>BlueChoice</td>
<td>Parent &amp; Child</td>
<td>$1,346.04</td>
</tr>
<tr>
<td>Blue Shield</td>
<td>Employee &amp; Spouse</td>
<td>$1,752.29</td>
</tr>
<tr>
<td>PPN***</td>
<td>Family</td>
<td>$2,095.99</td>
</tr>
</tbody>
</table>

#### DENTAL OPTIONS

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Tier 2 (0.46-0.749 FTE)</th>
<th>Tier 3 (0.1-0.459 FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Monthly Premium*</td>
<td>Board's Monthly Share*</td>
</tr>
<tr>
<td>United Concordia</td>
<td>Individual</td>
<td>$16.99</td>
</tr>
<tr>
<td>Dental POS</td>
<td>Parent &amp; Child</td>
<td>$28.32</td>
</tr>
<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$33.98</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$45.31</td>
</tr>
<tr>
<td>CareFirst</td>
<td>Individual</td>
<td>$32.45</td>
</tr>
<tr>
<td>BlueChoice PPO</td>
<td>Parent &amp; Child</td>
<td>$53.20</td>
</tr>
<tr>
<td>Dental</td>
<td>Employee &amp; Spouse</td>
<td>$67.14</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$101.55</td>
</tr>
<tr>
<td>CareFirst</td>
<td>Individual</td>
<td>$34.71</td>
</tr>
<tr>
<td>BlueShield</td>
<td>Employee &amp; Spouse</td>
<td>$71.86</td>
</tr>
<tr>
<td>Traditional</td>
<td>Family</td>
<td>$108.67</td>
</tr>
</tbody>
</table>

#### VISION OPTION

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Tier 2 (0.46-0.749 FTE)</th>
<th>Tier 3 (0.1-0.459 FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Monthly Premium*</td>
<td>Board's Monthly Share*</td>
</tr>
<tr>
<td>CareFirst</td>
<td>Individual</td>
<td>$3.11</td>
</tr>
<tr>
<td>Select Vision</td>
<td>Parent &amp; Child</td>
<td>$4.36</td>
</tr>
<tr>
<td></td>
<td>Employee &amp; Spouse</td>
<td>$6.25</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$7.46</td>
</tr>
</tbody>
</table>

* Total monthly premium for medical includes prescriptions.

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

*** Grandfathered plan, no new enrollments accepted.
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
The chart highlights features of the BlueChoice Low Option HMO Plan.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Deductible</td>
<td>$4,500</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>$9,000</td>
</tr>
<tr>
<td>Individual Out-of-Pocket Maximum</td>
<td>$6,350</td>
</tr>
<tr>
<td>(Combined medical and prescription drugs)</td>
<td></td>
</tr>
<tr>
<td>Family Out-of-Pocket Maximum</td>
<td>$12,700</td>
</tr>
<tr>
<td>(Combined medical and prescription drugs)</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>70% covered</td>
</tr>
<tr>
<td>Preventive Care Services</td>
<td>100% covered</td>
</tr>
<tr>
<td>Office Visits</td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>100% covered after deductible and $30 copay</td>
</tr>
<tr>
<td>Specialist</td>
<td>100% covered after deductible and $40 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% covered after deductible and $300 copay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>100% covered after deductible and $100 copay</td>
</tr>
<tr>
<td>In-patient Hospital Services</td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>70% covered after deductible</td>
</tr>
<tr>
<td>Physician</td>
<td>70% covered after deductible</td>
</tr>
<tr>
<td>Outpatient Mental Health Services</td>
<td>70% covered after deductible</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td></td>
</tr>
<tr>
<td>Lab &amp; X-ray</td>
<td>100% covered after $40 copay</td>
</tr>
<tr>
<td>Imaging (CT/Pet Scans, MRIs)</td>
<td>100% covered after deductible and $40 copay</td>
</tr>
<tr>
<td>Rehabilitative Services</td>
<td>100% covered after deductible and $40 copay</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>100% covered after deductible and $40 copay</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>100% covered after deductible and $40 copay</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>70% covered after deductible</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$500 per person (separate from medical plan deductible)</td>
</tr>
<tr>
<td>Retail Generic—Tier 1</td>
<td>100% covered after deductible and $15 copay</td>
</tr>
<tr>
<td>Retail Preferred Brand—Tier 2</td>
<td>100% covered after deductible and $35 copay</td>
</tr>
<tr>
<td>Retail Non-Preferred Brand—Tier 3</td>
<td>100% covered after deductible and $60 copay</td>
</tr>
<tr>
<td>Specialty—Tier 4</td>
<td>50% coinsurance up to a max of $150</td>
</tr>
<tr>
<td>Mail-Order/Maintenance Choice</td>
<td>90-day supply available for 2x retail copays</td>
</tr>
</tbody>
</table>

The BlueChoice Low Option HMO Plan is a medical and prescription drug plan, and is the only plan available to eligible temporary employees.
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.dol.gov or call 1-866-444-EBSA (3272).

ON-LINE PHONE
DELWARE – Medicaid
www.dhss.delaware.gov/dhss/dss/medast.html 1-800-464-4357

MARYLAND – Medicaid
https://mncp.dhmh.maryland.gov/chp/SitePages/Home.aspx 1-800-284-4510

PENNSYLVANIA – Medicaid
www.dhs.pa.gov/citizens/healthcaremedicalassistance 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/ebisa
  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

Important Notices Required by Law

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: Theresa Lofton, 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. Pleased 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 authorizations 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 might 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 healthcare 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 2020 Plan Year

<table>
<thead>
<tr>
<th>Medical Option</th>
<th>Deductible</th>
<th>Retail</th>
<th>Mail Order</th>
<th>Maximum You Could Pay Per Benefit Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>AACPS Plans</td>
<td>CareFirst BlueChoice Triple Option “Open Access” Plan</td>
<td>None</td>
<td>You pay:</td>
<td>$5 (generic) or $20 (brand-name) or $35 (non-preferred brand) or $50 or $75 (specialty)</td>
</tr>
<tr>
<td></td>
<td>CareFirst BlueChoice HMO “Open Access” Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CareFirst Medi-Comp Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Standard Medicare Part D Prescription Drug Benefits</td>
<td>$435</td>
<td>You pay: 5% or 25%¹ of the prescription cost (depending on where you are in accumulating drug costs during the year)</td>
<td>You pay first $6,350 in out-of-pocket spending, then 5% thereafter</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

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 2020, 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 $6,350 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)
- 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 Discovery Benefits. Discovery Benefits 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 Discovery Benefits, our COBRA administrator, at 1-866-451-3399. For additional information, you may visit Discovery’s website at www.discoverybenefits.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, see page 11 of this Guide.

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, see page 11 of this Guide.

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 Theresa Lofton, Benefits Manager, AACPS Office of HR Operations—Benefits, 410-222-5221.

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.

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.
## AACPS Vendor Contacts

<table>
<thead>
<tr>
<th>Vendor</th>
<th>AACPS Group Policy Number</th>
<th>Phone</th>
<th>Website/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AACPS HR/Benefits</td>
<td>Eligibility, Online Assistance, General Questions</td>
<td>410-222-5221, 410-222-5219 E-fax 443-458-0669 (secure)</td>
<td><a href="mailto:benefits@aacps.org">benefits@aacps.org</a></td>
</tr>
<tr>
<td>BHS (Employee Assistance Program)</td>
<td>username: AACPS</td>
<td>1-800-327-2251</td>
<td><a href="http://www.bhsonline.com">www.bhsonline.com</a></td>
</tr>
<tr>
<td>CareFirst BCBS</td>
<td>BlueChoice HMO, BlueChoice Triple Option, Select Vision</td>
<td>HMO–1901074, Triple Option 19010078</td>
<td>1-866-595-6215</td>
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<tr>
<td>CareFirst Assist (Behavioral Health)</td>
<td>See medical plan group #</td>
<td>1-800-245-7013</td>
<td><a href="http://www.carefirst.com">www.carefirst.com</a></td>
</tr>
<tr>
<td>Dental Plans</td>
<td></td>
<td>17G2</td>
<td>1-866-891-2802</td>
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<tr>
<td>Davis Vision</td>
<td></td>
<td>See medical plan group #</td>
<td>1-800-783-5602</td>
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<tr>
<td>Local Office</td>
<td></td>
<td>410-268-6488</td>
<td></td>
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<tr>
<td>Travel Outside USA</td>
<td></td>
<td>1-800-810-BLUE</td>
<td></td>
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<tr>
<td>Discovery Benefits</td>
<td>(COBRA, Flexible Spending)</td>
<td></td>
<td>1-866-451-3399</td>
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<tr>
<td>MetLife</td>
<td></td>
<td>22176</td>
<td>410-222-5219, 410-222-5221</td>
</tr>
<tr>
<td>United Concordia Dental</td>
<td>(DHMO Concordia Plus)</td>
<td>811032000</td>
<td>1-866-357-3304</td>
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## Supplemental Retirement

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<tbody>
<tr>
<td>AIG (formerly VALIC)</td>
<td></td>
<td>800-548-0944</td>
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<tr>
<td>Lincoln Financial</td>
<td></td>
<td>410-987-3590</td>
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<tr>
<td>VOYA</td>
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<td>1-800-454-1099</td>
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<tr>
<td>Retirement Manager</td>
<td></td>
<td>1-866-294-7950</td>
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<tr>
<td>Maryland State Retirement Agency</td>
<td></td>
<td>410-625-5555/1-800-492-5909</td>
</tr>
</tbody>
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Anne Arundel County Public Schools
Division of Human Resources
George Arlotto, 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