



OUR FOCUS IS

You



2024

RETIREE BENEFITS  
ENROLLMENT DECISION GUIDE

PGCPS  
BENEFITS

# OUR FOCUS IS YOU

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PGCPS provides a comprehensive benefits coverage package for retirees. This guide highlights available plan benefits but does not include every detail of each plan. Each benefit is governed by an official plan document or insurance contract. If there is a conflict between this guide and the official plan documents, the plan documents will govern.

### KNOW YOUR RIGHTS AND RESPONSIBILITIES

Visit [www.pgcps.org/benefits](http://www.pgcps.org/benefits) to access required federal notices which outline your rights and responsibilities. Or, request a printed copy by contacting the PGCPS Benefits Services by phone at **301-952-6600** or send an email to: [pgcps.benefits@pgcps.org](mailto:pgcps.benefits@pgcps.org).

You dedicated your career to delivering support, services and a high-quality learning environment to ensure our students are ready for college and careers in a global society.

While you focused on the success of our students, we continue to focus on offering comprehensive and competitive benefits to support you and your family. **Our Focus is You.**

PGCPS makes a significant investment in your benefits. In fact, the School Board's share of the cost for retirees remains at 80% for medical, prescription drug, vision and dental coverage.

Open Enrollment is your once-a-year opportunity to review your options and select the medical benefits that work best for you and your family. During Open Enrollment, you can:

- Switch medical plans from CareFirst to Kaiser Permanente or from Kaiser Permanente to CareFirst;
- Drop your current coverage—if you drop coverage, you will not be able to re-enroll at a later date; or
- Drop dependents (spouse or child)—if you drop a dependent, that dependent will not be able to enroll at a later date.

You cannot enroll for new coverage (medical, prescription drug, dental or vision) that you did not elect at retirement. You cannot add new dependents (spouse or child).

If you are satisfied with your current benefit elections, no action is required.

# ELIGIBILITY & ENROLLMENT

The annual Open Enrollment period for 2024 benefits is October 9 – 25, 2023.  
Any changes you make will be effective January 1, 2024.

## WHO IS ELIGIBLE

Eligible Prince George's County Public Schools (PGCPS) retirees may continue their enrollment for benefits described in this guide based on their coverage at their date of retirement. You cannot enroll for new coverage if you did not have that coverage at the time of your retirement. Eligible dependents include your:

- Spouse
- Eligible children up to age 26, including your biological children, stepchildren, adopted children and children for whom you have legal guardianship. You may cover disabled dependents beyond age 26 if the disability is certified by the carrier.

## HOW TO MAKE CHANGES

During the annual Open Enrollment period (October 9 – 25, 2023), if you want to delete dependents, drop coverages or switch between plans (Kaiser to CareFirst or vice versa) complete and return the Retiree Enrollment Form to:

### PGCPS Benefits Services Office

Sasscer Administration Building, Room 132  
14201 School Lane  
Upper Marlboro, MD 20772

**301-952-6600**

[pgcps.benefits@pgcps.org](mailto:pgcps.benefits@pgcps.org)

The form was enclosed with the What You Need to Know summary mailed to your home, and is available [online](#), or by contacting PGCPS Benefits Services.

Review the summary  
of What You Need  
to Know for 2024 on  
[www.pgcps.org/open](http://www.pgcps.org/open).

## WHAT YOU NEED TO KNOW

### Current Elections Will Continue

If you are satisfied with your current benefit elections, no action is required. If you want to delete dependents, drop coverages or switch between plans (Kaiser to CareFirst or vice versa) complete and return the [Retiree Enrollment Form](#) by October 25, 2023.

### New Hearing Benefits for CareFirst and Kaiser

PGCPS is pleased to add hearing benefits as part of your medical coverage. When you use in-network providers, hearing care is covered at 100% of the Allowed Benefit up to \$5,000 every 36 months.

### CareFirst Medical and CVS Caremark Changes

The cost for CareFirst medical, CVS Caremark prescription drug and Kaiser Medicare coverage will increase. All other rates will remain the same.

## PAYING YOUR PREMIUMS

As a retiree, your monthly premiums for health care benefits are deducted from your Maryland State Retirement and Pension System (MSRPS) pension check. If your pension check does not cover the full cost of your monthly premiums, you will receive invoices from WageWorks | Health Equity, the PGCPS direct bill administrator. If you are a surviving spouse or dependent receiving a pension check from the MSRPS, you may elect to have your health insurance premiums deducted from your pension check.

It is your responsibility to make sure your benefit deductions match the coverage you requested. If there is an error or omission in your deductions, you should immediately contact PGCPS Benefits Services at **301-952-6600**. Any missed deductions for your health benefits will automatically be taken in addition to the regular deduction on the next available pension check. One missed deduction per pension check will be taken until the arrearage amount is paid. You must pay all missed premiums or your coverage will be canceled and you will not be able to re-enroll in the plan at a later date.

# MEDICAL

You can choose from two medical options: Kaiser Permanente (Kaiser) or the CareFirst BlueChoice Triple Option (CareFirst).

## KAISER

With Kaiser, you can do more in less time. Your care is provided at conveniently located medical centers, so you can see your doctor, get lab tests, and pick up prescriptions, all in one location. Kaiser has 34 medical centers in the Mid-Atlantic region, including Largo and the new Bowie Fairwood Medical Center. Visit [my.kp.org/pgcps](https://my.kp.org/pgcps) to choose a provider near you. There is no deductible to meet and most eligible services are covered at 100% after you make any required copayment. Prescription drug coverage is included.

The coverage you receive is based on your Medicare eligibility:

- **Kaiser Permanente Health Maintenance Organization (Kaiser HMO)** for participants not eligible for Medicare
- **Kaiser Permanente Medicare Advantage** for participants eligible for Medicare

## Kaiser HMO – Non-Medicare

When you enroll in Kaiser HMO – Non-Medicare, you have access to:

- **Special rates for members:** Enjoy reduced rates on products and services that can help you stay healthy—like gym memberships, massage therapy and more. Explore your options at: [kp.org/choosehealthy](https://kp.org/choosehealthy).
- **Self-care apps:** Navigate mental and emotional challenges and improve your sleep, mood, relationships, and more with self-care apps such as Calm and myStrength, available at no extra cost to adult members. Visit [kp.org/selfcareapps](https://kp.org/selfcareapps) for more information.
- **Healthy lifestyle programs:** Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more—all at no extra cost. Learn more at [kp.org/healthylifestyles](https://kp.org/healthylifestyles).
- **Personal wellness coaching:** Get help reaching your health goals. Work one-on-one with a wellness coach by phone at no cost. Find out more at: [kp.org/wellnesscoach](https://kp.org/wellnesscoach).
- **Online wellness tools:** Visit [kp.org/healthyliving](https://kp.org/healthyliving) for wellness information, health calculators, fitness videos, podcasts and recipes from world-class chefs.

- **Health classes:** Sign up for health classes and support groups at many of our facilities, or get fit with the ClassPass exercise program, where you can take classes online or livestream a session right at home. See what's available near you at [kp.org/classes](https://kp.org/classes)—some may require a fee.
- **Telemedicine:** With [kp.org](https://kp.org) and the **KP app**, you can see your doctor face-to-face without visiting the office. You can have a video visit with your doctor from home, work, or on the go. You just need to be a Kaiser member at least 18 years of age with a camera-equipped computer or mobile device. In case of urgent care, video visits are available with an emergency medicine physician who is connected to your medical record. Video visits for urgent and non-urgent health concerns do not have a copay.
- **Silver&Fit Healthy Aging and Exercise Program:** Receive a fitness center membership with a local participating Silver&Fit fitness center at no additional cost plus digital fitness choices with home fitness tools.
- **Vision Essentials:** The Kaiser plan includes coverage for eye exams, glasses and contacts. As a Kaiser member, your eye health information becomes part of your complete medical record, which helps you and your medical team get a total picture of your health. Regular eye exams can detect not only vision problems but also certain health conditions.

Learn more at [my.kp.org/pgcps](https://my.kp.org/pgcps).

## Kaiser Medicare Advantage

When you enroll in Kaiser Medicare Advantage, you have access to:

- **Transportation to appointments:** Kaiser Medicare participants can receive up to 24 one-way rides per plan year for non-urgent medical appointments at Kaiser medical centers and contracted facilities.
- **Special rates for members:** Enjoy reduced rates on products and services that can help you stay healthy —like gym memberships, massage therapy and more. Explore your options at: [kp.org/choosehealthy](https://kp.org/choosehealthy).
- **Telemedicine:** With [kp.org](https://kp.org) and the **KP app**, you can see your doctor face-to-face without visiting the office. You can have a video visit with your doctor from home, work, or on the go. You just need to be a Kaiser member at least 18 years of age with a camera-equipped computer or mobile device. In case of urgent care, video visits are available with an emergency medicine physician who is connected to your medical record. Video visits for urgent and non-urgent health concerns do not have a copay.
- **BrainHQ:** Your brain is the center of everything you think, do and feel. That's why Kaiser is offering BrainHQ: online exercises to help you improve cognitive function (including memory, attention and processing speed) as well as daily life. BrainHQ features weekly challenges to inspire you to improve, a personalized trainer, progress reports, monthly tips and more.
- **Silver&Fit Healthy Aging and Exercise Program:** Receive a fitness center membership with a local participating Silver&Fit fitness center at no additional cost plus digital fitness choices with home fitness tools.
- **Thriving After 60:** Make new friends at Kaiser's engaging virtual and in-person events and workshops focused on supporting the changing health and wellness needs of those over 60. Visit [kp.org/ta60mas](https://kp.org/ta60mas) for more information.
- **Vision Essentials:** The Kaiser plan includes coverage for eye exams, glasses and contacts. As a Kaiser member, your eye health information becomes part of your complete medical record, which helps you and your medical team get a total picture of your health. Regular eye exams can detect not only vision problems but also certain health conditions.

### KAISER MEDICARE ADVANTAGE

If you are a Medicare-eligible retiree and want to enroll in the Kaiser Permanente Medicare Advantage plan, you must complete the Kaiser Permanente Medicare Advantage application. Access the form by contacting Kaiser at 301-321-5172 or the PGCPs Benefits Office at 301-952-6600.

## CAREFIRST

With CareFirst, you have access to a wide range of providers. If you select a provider in the BlueChoice HMO network, you receive the highest level of benefits. If you select a BluePreferred PPO provider, the plan pays benefits at the PPO level. If you select a non-participating provider, you still have coverage through the plan's indemnity option but your out-of-pocket costs will be higher.

You have access to care in a variety of settings, including:

- **A primary care provider (PCP).** Establishing a relationship with a primary care provider is the best way to receive consistent, quality care.
- **FirstHelp, a free 24-hour nurse advice line.** Call **1-800-535-9700** anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.
- **A CareFirst Video Visit.** You can consult with a board-certified doctor on your smartphone, tablet, or computer. To get started, visit: [www.carefirstvideovisit.com](http://www.carefirstvideovisit.com).
- **Convenience care centers** are located inside a pharmacy or retail store, such as a CVS MinuteClinic or Walgreens Healthcare Clinic.
- **Urgent care centers** have a doctor on staff and are an option when you need care on weekends or after hours.
- **An emergency room**, providing treatment for acute illnesses and trauma.

To learn more, visit [www.carefirst.com/pgcps](http://www.carefirst.com/pgcps).

## BlueVision

The CareFirst medical plan includes coverage for professional vision services including routine eye exams, eyeglasses and contact lenses through the Davis Vision network of providers. A **summary of benefits** is available online at: [www.carefirst.com/pgcps](http://www.carefirst.com/pgcps).

## A Note About Medicare

If you and/or your dependents are eligible for Medicare, you must enroll in both Medicare Parts A and B. Medicare will be your primary insurer and your PGCPs coverage through CareFirst will supplement.

## Take Charge of Your Health

Whether you're trying to lose weight, improve your well-being or simply live a healthier lifestyle, CareFirst offers tools and resources to help you reach your goals.

As part of your health coverage, you have access to the CareFirst Health & Wellness program that can help you:

- Become aware of unhealthy habits.
- Improve your health with programs that target your specific health or lifestyle concerns.
- Get and stay healthy with a wealth of online tools and resources.

To learn more, log in to [www.carefirst.com](http://www.carefirst.com) or call **1-800-783-4582**.

### Sharecare for CareFirst\*

CareFirst has partnered with Sharecare, Inc.\* to bring non-Medicare participants a wellness program that features an engaging digital experience packed with motivating wellness tools and resources, including:

- **RealAge® test:** Take the online health assessment to discover the physical age of your body compared to your calendar age.
- **Trackers:** Connect wearable devices to monitor daily habits like sleep, steps, nutrition and more.
- **Health profile:** Access your important health data like biometric information, vaccine history, lab results and medications all in one place.
- **Specialized programs:** Take advantage of tobacco cessation support, financial wellbeing tools and more.

To get started, visit [www.carefirst.com/sharecare](http://www.carefirst.com/sharecare) and enter your CareFirst account username and password then complete the registration to link Sharecare with your CareFirst account.

\* Sharecare, Inc. is an independent company that provides health improvement management services to CareFirst members who are not eligible for Medicare.

# NON-MEDICARE MEDICAL COVERAGE AT A GLANCE

|   | KAISER HMO   | CAREFIRST                           |  |   |
|---|--|-------------------------------------|--|---|
|   |  | BlueChoice HMO                      | BluePreferred PPO                                    | Indemnity Option                                  |
| <b>Features</b>   |  |                                     |  |   |
| <b>Annual Deductible</b>  |  |                                     |  |   |
| Employee Only   | None   | None                                | \$200  | \$500   |
| Employee + Dependents (Family)                                  | None   | None                                | \$600  | \$1,000   |
| <b>Annual Out-of-Pocket Max</b><br>(includes Annual Deductible) |  |                                     |  |   |
| Employee Only (Individual)                                      | \$3,500  | \$1,000                             | \$1,000  | \$2,000   |
| Employee + Dependents (Family)                                  | \$9,400  | \$2,000                             | \$2,000  | \$4,000   |
| <b>Coinsurance</b>  | Plan pays 100%   | Plan pays 100%                      | Plan pays 80%;<br>you pay 20%<br>after deductible    | Plan pays 70%;<br>you pay 30%<br>after deductible |
| <b>Office Visits</b>  |  |                                     |  |   |
| <b>Preventive Care</b>  | Plan pays 100%   | Plan pays 100%                      | Plan pays 100%                                       | Plan pays 100%                                    |
| <b>Primary Care Physician</b>                                   | Plan pays 100%<br>after \$10 copay                                   | Plan pays 100%<br>after \$10 copay  | Plan pays 100%<br>after \$20 copay                   | Plan pays 70% after deductible;<br>you pay 30%    |
| <b>Specialist</b>   | Plan pays 100%<br>after \$20 copay                                   | Plan pays 100%<br>after \$25 copay  | Plan pays 100%<br>after \$35 copay                   | Plan pays 70% after<br>deductible; you pay 30%    |
| <b>Hospital Services</b>  |  |                                     |  |   |
| <b>Inpatient</b>  | Plan pays 100%   | Plan pays 100%<br>after \$150 copay | Plan pays 80% after<br>deductible; you pay 20%       | Plan pays 70% after<br>deductible; you pay 30%    |
| <b>Outpatient</b>   | Plan pays 100%<br>after \$20 copay                                   | Plan pays 100%                      | Plan pays 80% after<br>deductible; you pay 20%       | Plan pays 70% after<br>deductible; you pay 30%    |
| <b>Emergency Room Services</b>                                  | Plan pays 100%<br>after \$150 copay                                  | Plan pays 100%<br>after \$150 copay | Plan pays 100%<br>after \$150 copay                  | Plan pays 100%<br>after \$150 copay               |
| <b>Mental Health and Substance<br/>Abuse Treatment</b>          |  |                                     |  |   |
| <b>Inpatient</b>  | Plan pays 100%   | Plan pays 100%                      | Plan pays 100%<br>after deductible                   | Plan pays 70% after<br>deductible; you pay 30%    |
| <b>Outpatient</b>   | Plan pays 100%<br>after \$5 copay (group)<br>\$10 copay (individual) | Plan pays 100%<br>after \$10 copay  | Plan pays 100%<br>after deductible and<br>\$20 copay | Plan pays 70% after<br>deductible; you pay 30%    |
| <b>Vision Care</b>  |  |                                     |  |   |
| <b>Routine Eye Exam</b><br>(once every 12 months)               | Plan pays 100%<br>after \$10 copay                                   | Plan pays 100%<br>after \$10 copay  | Plan pays 100%<br>after \$10 copay                   | N/A   |
| <b>Frames</b>   | Plan pays 100% from approved<br>collection                           | Discounts available                 | Discounts available                                  | N/A   |
| <b>Eyeglass Lenses/Contact Lenses</b>                           | Plan pays 100%   | Discounts available                 | Discounts available                                  | N/A   |
| <b>Hearing Care</b>   | Once every 36 months   | Once every 36 months, up to \$5,000 |  |   |
| <b>Hearing Aid Evaluation Test</b>                              | \$0 copay  | Plan pays 100%                      | Plan pays 80%  | Plan pays 70%                                     |
| <b>Hearing Aids</b>   | \$0 copay  | Plan pays 100%                      | Plan pays 80%  | Plan pays 70%                                     |

# MEDICARE MEDICAL COVERAGE AT A GLANCE

|   | KAISER MEDICARE ADVANTAGE                           | CAREFIRST  |
|---|---|--|
| <b>Features</b>   |   |  |
| <b>Annual Deductible</b>  |   |  |
| Employee Only   | None  | None   |
| Employee + Dependents (Family)                                  | None  | None   |
| <b>Annual Out-of-Pocket Max</b><br>(includes Annual Deductible) |   |  |
| Employee Only (Individual)                                      | \$3,400   | None   |
| Employee + Dependents (Family)                                  | N/A   | None   |
| <b>Coinsurance</b>  | Plan pays 100%                                      | Medicare pays 80%<br>CareFirst Plan pays 20% of Medicare's approved amount and Part B deductible (if accepting assignment) |
| <b>Office Visits</b>  |   |  |
| <b>Preventive Care</b>  | Plan pays 100%                                      | Plan pays 100%   |
| <b>Primary Care Physician</b>                                   | Plan pays 100% after \$10 copay                     | Medicare pays 80%<br>CareFirst Plan pays 20% of Medicare's approved amount   |
| <b>Specialist</b>   | Plan pays 100% after \$10 copay                     | Medicare pays 80%<br>CareFirst Plan pays 20% of Medicare's approved amount   |
| <b>Hospital Services</b>  |   |  |
| <b>Inpatient</b>  | Plan pays 100%                                      | Medicare pays 80%<br>CareFirst Plan pays Part A deductible, then covered at 100%   |
| <b>Outpatient</b>   | Plan pays 100%                                      |  |
| <b>Emergency Room Services</b>                                  | Plan pays 100% after \$50 copay                     |  |
| <b>Mental Health and Substance Abuse Treatment</b>              |   |  |
| <b>Inpatient</b>  | Plan pays 100% after \$10 copay                     | Medicare pays 80%<br>CareFirst Plan pays 20% of Medicare's approved amount   |
| <b>Outpatient</b>   | Plan pays 100% after \$10 copay                     | Medicare pays 80%<br>CareFirst Plan pays 20% of Medicare's approved amount   |
| <b>Vision Care</b>  |   |  |
| <b>Routine Eye Exam</b><br>(once every 12 months)               | Plan pays 100% after \$10 copay                     | Plan pays 100% after \$10 copay  |
| <b>Frames</b>   | \$200 allowance every 24 months at Kaiser locations | Discounts available  |
| <b>Eyeglass Lenses/Contact Lenses</b>                           | Plan pays 80% up to Medicare limit                  | Discounts available  |
| <b>Hearing Care</b>   | Once every 36 months                                | Once every 36 months   |
| <b>Hearing aid evaluation test</b>                              | Plan pays 100%                                      | \$0 copay  |
| <b>Hearing aids</b>   | Plan pays 100% up to \$5,000                        | \$0 copay  |

CareFirst's allowed benefit for services is covered by Medicare and CareFirst will not exceed the Medicare-approved amount/Medicare limiting charge.



# PRESCRIPTION DRUG

Prescription drugs can be a significant expense. PGCPs gives you access to prescription drug benefits at retirement to help meet your needs.

If you participate in the Kaiser medical plan option, prescription drug benefits are included with your coverage. You will receive all prescription medications through a Kaiser facility or pharmacy, either at an onsite facility or a participating pharmacy.

Coverage is available through CVS Caremark for non-Medicare retirees and SilverScript, a CVS Caremark subsidiary, for Medicare retirees. With CVS Caremark/SilverScript, you can have prescriptions filled at thousands of retail pharmacies nationwide or by mail order.

## NON-MEDICARE PRESCRIPTION DRUG

| Prescriptions               | KAISER HMO                  |                             | CAREFIRST                   |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|                             | Onsite Facility             | Participating Pharmacy      | CVS Caremark                |
| <b>Retail</b>               | (up to a 30-day supply)     | (up to a 30-day supply)     | (up to a 34-day supply)     |
| Generic Preventive Care     | 100% covered, no deductible | 100% covered, no deductible | 100% covered, no deductible |
| Other Generic               | \$7 copay                   | \$20 copay                  | \$10 copay                  |
| Preferred Brand (Formulary) | \$15 copay                  | \$35 copay                  | \$40 copay                  |
| Non-Preferred Brand         | \$30 copay                  | \$50 copay                  | \$70 copay                  |
| <b>Mail Order</b>           | (90-day supply)             | (90-day supply)             | (up to a 90-day supply)     |
| Generic Preventive Care     | 100% covered, no deductible | 100% covered, no deductible | 100% covered, no deductible |
| Other Generic               | \$14 copay                  | \$40 copay                  | \$20 copay                  |
| Preferred Brand (Formulary) | \$30 copay                  | \$70 copay                  | \$80 copay                  |
| Non-Preferred Brand         | \$60 copay                  | \$100 copay                 | \$140 copay                 |

CVS Caremark makes changes to its list of covered prescription drugs or formulary to better manage costs and ensure access to safe treatment options. These changes are made several times during the year. If you are taking a medication that is impacted, you will receive a letter from CVS Caremark. To review the current list of covered prescription drugs, visit the PGCPs website. If you have questions, call the Caremark Customer Service Center at **1-888-865-6564**.

## MEDICARE PRESCRIPTION DRUG

| Prescriptions               | KAISER MEDICARE ADVANTAGE |                         |                                   | CAREFIRST               |
|-----------------------------|---------------------------|-------------------------|-----------------------------------|-------------------------|
|                             | Preferred Pharmacy        | Standard Pharmacy       | Out-of-Network/<br>Long-Term Care | SilverScript            |
| <b>Retail</b>               | (up to a 60-day supply)   | (up to a 60-day supply) | (up to a 30-day supply)           | (up to a 34-day supply) |
| Generic                     | \$5 copay                 | \$10 copay              | \$5 copay                         | \$10 copay              |
| Preferred Brand (Formulary) | \$5 copay                 | \$10 copay              | \$5 copay                         | \$40 copay              |
| Non-Preferred Brand         | \$5 copay                 | \$10 copay              | \$5 copay                         | \$70 copay              |
| <b>Mail Order</b>           | (up to a 90-day supply)   | (up to a 90-day supply) | N/A                               | (up to a 90-day supply) |
| Generic                     | \$3 copay                 | \$3 copay               | N/A                               | \$20 copay              |
| Preferred Brand (Formulary) | \$3 copay                 | \$3 copay               | N/A                               | \$80 copay              |
| Non-Preferred Brand         | \$3 copay                 | \$3 copay               | N/A                               | \$140 copay             |

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a [federal law](#) gives you more choices about your prescription drug coverage. Refer to the required notice, Prescription Drug Coverage and Medicare Notice of Creditable Coverage, available on [www.pgcps.org/benefits](http://www.pgcps.org/benefits) for more information.

# VISION

If you are enrolled in a PGCPs medical plan, some vision benefits are included. For retirees enrolled in the stand-alone option at retirement, the BlueVision Plus plan provides additional coverage.

The BlueVision Plus plan includes vision services such as routine eye examinations, eyeglasses, and contact lenses. The plan is offered by CareFirst BlueChoice through the **Davis Vision, Inc.** national network of providers.

You have the option of using providers in or out of the Davis Vision network; however, benefits are higher when you use in-network providers.



|   |  | BLUEVISION PLUS   |                                  |
|---|--|---|----------------------------------|
|   |  | In-Network  | Out-of-Network                   |
| <b>Frames</b>                             |  |   |                                  |
| Davis Vision Frame Collection             |  | \$0 copay   | N/A                              |
| Non-Collection Frame                      |  | Plan pays up to \$160; you pay balance minus 20% discount | Plan pays \$20; you pay balance  |
| <b>Eyeglass Lenses</b>                    |  |   |                                  |
| Single Vision                             |  | \$10 copay  | Plan pays \$40; you pay balance  |
| Lenticular                                |  | \$10 copay  | Plan pays \$130; you pay balance |
| Basic Bifocal                             |  | \$10 copay  | Plan pays \$60; you pay balance  |
| Basic Trifocal                            |  | \$10 copay  | Plan pays \$80; you pay balance  |
| <b>Contact Lenses</b>                     |  |   |                                  |
| Davis Vision Contact Lens Collection      |  | 100% covered, no copay                                    | N/A                              |
| Medically Necessary Contacts              |  | 100% covered, no copay; prior approval required           | Plan pays \$230; you pay balance |
| Other (Non-Collection or Elective Lenses) |  | Plan pays up to \$200; you pay balance minus 15% discount | Plan pays \$105; you pay balance |

# DENTAL

You have access to dental benefits through PGCPS at retirement.

Dental benefits include coverage for routine diagnostic services such as exams and cleanings, as well as basic services such as fillings and extractions, and major services such as crowns and dentures. Orthodontia for both children and adults is available.

Dental benefits are provided through Aetna. You may use providers in or out of the Aetna provider network, but your out-of-pocket cost for care will generally be less when you use in-network providers.

Aetna does not require dental cards to obtain services. However, you can print out a card and access claim forms on the [Aetna website](#).

| Features  | AETNA DENTAL PPO         |                         |
|---|--------------------------|-------------------------|
|   | In-Network               | Out-of-Network          |
| <b>Annual Deductible</b><br>Retiree Only<br>Retiree + Dependents (Family) | \$50<br>\$100            | \$100<br>\$200          |
| <b>Annual Benefit Maximum</b> (preventive, minor and major services)      | \$4,000 per person       | \$3,000 per person      |
| <b>Lifetime Orthodontia Maximum</b>                                       | \$3,000 per person       | \$3,000 per person      |
| Services  | Plan Pays                | Plan Pays               |
| <b>Preventive Care</b><br>(exams, X-rays, cleanings)                      | 100%<br>no deductible    | 90%<br>no deductible    |
| <b>Basic Services</b><br>(fillings, root canals, extractions)             | 100%<br>after deductible | 90%<br>after deductible |
| <b>Major Services</b><br>(crowns, inlays, onlays)                         | 60%<br>after deductible  | 50%<br>after deductible |
| <b>Orthodontia</b><br>(adults and children)                               | 50%<br>after deductible  | 40%<br>after deductible |



# LIFE

PGCPS pays the full cost of this coverage.

Your benefit amount is based on your retirement date:

- If you retired July 1, 2006 or prior, your group life insurance is reduced according to a specified reduction schedule.
- If you retired on or after August 1, 2006, your life insurance is 25% of your benefit amount on the day preceding retirement, up to a maximum of \$25,000.

Life insurance benefits are administered through MetLife. For additional information, contact the Benefits Services Office.

# 2024 RATES

## MEDICAL AND PRESCRIPTION DRUG

|  | KAISER<br>MEDICAL AND<br>PRESCRIPTION DRUG | CAREFIRST<br>MEDICAL | CAREMARK<br>PRESCRIPTION DRUG |
|--|--|----------------------|-------------------------------|
| <b>Non-Medicare (20% contribution)</b> | <b>Monthly</b>                             | <b>Monthly</b>       | <b>Monthly</b>                |
| Retiree Only                           | \$133.62                                   | \$118.13             | \$ 49.68                      |
| 2 Individuals (Non-Medicare)           | \$303.33                                   | \$286.86             | \$ 95.02                      |
| Family                                 | \$319.36                                   | \$311.02             | \$103.02                      |
| <b>Medicare (20% contribution)</b>     | <b>Monthly</b>                             | <b>Monthly</b>       | <b>Monthly</b>                |
| Medicare - Individual                  | \$ 63.37                                   | \$ 51.72             | \$ 49.68                      |
| Medicare - 1 Over/1 Under              | \$197.00                                   | \$169.85             | \$ 95.02                      |
| Medicare - 2 Individuals               | \$126.75                                   | \$103.45             | \$ 95.02                      |
| Medicare - 3 Individuals               | \$190.12                                   | \$159.82             | \$103.02                      |

## DENTAL AND VISION

|                         | AETNA DENTAL PPO | CAREFIRST VISION |
|-------------------------|------------------|------------------|
| <b>20% contribution</b> | <b>Monthly</b>   | <b>Monthly</b>   |
| Retiree Only            | \$10.10          | \$1.60           |
| 2 Individuals           | \$31.70          | \$2.40           |
| Family                  | \$33.38          | \$3.20           |

# WHO TO CALL

PGCPS Benefits Services is available to help you answer questions about your PGCPS benefits. Contact your designated Benefits Coordinator based on your last name.

## Last names starting with A

Jennifer Brady  
jennifer.brady@pgcps.org  
301-952-6347

## Last names starting with H-Pa

Shafeqah Uqdah  
shafeqah.uqdah@pgcps.org  
301-952-6322

## PGCPS Benefits Services

pgcps.benefits@pgcps.org  
301-952-6600

## Last names starting with B-G

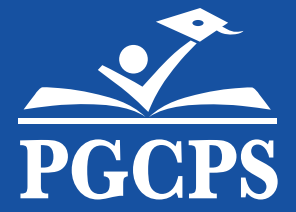
LaVon Johnson  
lavon.johnson@pgcps.org  
301-952-6323

## Last names starting with Pe - Z

Wilma Samuel-Reeves  
wilma.samuelreeves@pgcps.org  
301-780-6881

| Benefit partners  | Phone   | Web  |
|---|---|--|
| <b>Medical/Vision</b><br>CareFirst<br>Kaiser                        | <b>1-800-628-8549</b><br><b>1-800-777-7902</b>                          | <a href="http://www.carefirst.com/pgcps">www.carefirst.com/pgcps</a><br><a href="http://my.kp.org/pgcps">my.kp.org/pgcps</a>   |
| <b>Prescription Drugs</b><br>CVS Caremark<br>SilverScript<br>Kaiser | <b>1-888-865-6564</b><br><b>1-844-449-8738</b><br><b>1-800-777-7902</b> | <a href="http://www.caremark.com">www.caremark.com</a><br><a href="http://www.caremark.com">www.caremark.com</a><br><a href="http://my.kp.org/pgcps">my.kp.org/pgcps</a> |
| <b>Dental</b><br>Aetna  | <b>1-877-238-6200</b>   | <a href="http://www.aetna.com">www.aetna.com</a>   |
| <b>Vision (Stand alone plan)</b><br>Davis Vision, Inc.              | <b>1-800-783-5602</b>   | <a href="http://www.davisvision.com">www.davisvision.com</a>   |
| <b>Life Claims</b><br>MetLife                                       | <b>1-800-638-6420</b>   | <a href="http://www.WillsCenter.com">www.WillsCenter.com</a><br><a href="http://www.metlifegc.lifeworks.com">www.metlifegc.lifeworks.com</a>                             |





# PGCPS BENEFITS

OCTOBER 2023