PGCPS







# OPEN ENROLLMENT

## 2027 DECISION GUIDE

OCTOBER 27 – NOVEMBER 12, 2026

OUR FOCUS IS You

At Prince George's County Public Schools

# OUR FOCUS IS YOU

To continue to deliver the best for our students, we know you need to be at your best. That's why we provide programs to help you live your best life—maintain a healthy lifestyle, reach your health goals, manage chronic conditions, eliminate unhealthy habits, and access the care you need when you need it.

During this year's annual Open Enrollment, October 27 – November 12, 2026, we are keeping things simple. Your elections will automatically renew if you do not make any changes. The exception is Flexible Spending Accounts (FSAs)—you must re-enroll each year.

## What's New

Review **What You Need to Know** for a summary of what's new for 2027. If you do not make changes, your current elections (except for FSAs) will continue for 2027.

## TAKE CARE OF YOU

Your PGCPS Benefits provide you with tools and resources to help you cope with work/life challenges and manage stress:

- **Employee Assistance Program (EAP)** – The EAP provides confidential counseling services, including a wide array of **interactive resources** (Username: **PGCPS**, Password: **PRINCE**).
- **Wellness360** – Stay focused on your well-being with the virtual wellness series featuring cooking demonstrations, fitness classes, wellness webinars, wellness coaching and more! **Learn more.**
- **LifeSpeak** - A digital wellbeing platform offering convenient, on-demand access to expert-led resources. Visit **LifeSpeak Registration** and use invite code: **PGCPS360** to get started. NEW



# AT-A-GLANCE

## YOU AND PGCPS SHARE THE COST

### Medical and Prescription
PGCPS offers two medical plan options:
- Kaiser Permanente Health Maintenance Organization (Kaiser Permanente)
- CareFirst BlueChoice Triple Option (CareFirst)

### Prescription Drug
Prescription coverage is included when you elect medical coverage. If you elect Kaiser Permanente, prescription coverage is provided through Kaiser Permanente. If you elect CareFirst, prescription coverage is provided through CVS Caremark.

### Dental
Dental coverage is available through Aetna for both in- and out-of-network dental services.

### Vision
PGCPS offers a nationwide vision care plan through BlueVision Plus (administered by Davis Vision).

### Retirement Defined Contribution (Pension)
The Maryland State Retirement and Pension System (MSRPS) provides a defined monthly pension benefit upon retirement.

## OPTIONAL – YOU PAY THE FULL COST

### Flexible Spending Accounts
Two FSAs through HealthEquity:
- Health Care FSA
- Dependent Care FSA

### Supplemental Term Life
Optional additional coverage for yourself, your spouse, and dependent child(ren)

### Long-Term Disability (LTD)
Optional coverage for a disability due to injury or illness.

### Retirement Defined Contribution
Boost your retirement savings and achieve your goals with contributions to a 403(b) or 457(b) plan. You can contribute on a tax-deferred or Roth post-tax basis.

### Employee Discounts
Access special discounts and offers on entertainment, retail, fitness, travel, and more.

### Pet Insurance
Pet insurance coverage available through MetLife helps you pay for the costs of unexpected accidents or illnesses.

## PROVIDED BY PGCPS – PGCPS PAYS

### Basic Life
PGCPS provides you with basic life insurance.

### Employee Assistance Program (EAP)
The EAP through Inova provides confidential counseling services, referrals, and other resources at no cost to you.

### Wellness360
Provides resources and programs to support healthy lifestyle changes, including seminars, screenings, and wellness challenges.

#### Digital Wellbeing Support
LifeSpeak offers expert guidance to help you take care of yourself, build healthy habits, and feel supported.



# ELIGIBILITY AND ENROLLMENT

### WHO IS ELIGIBLE

Active employees who receive an annual salary and work at least 15 hours per week and their eligible dependents may enroll for the benefits described in this guide. 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 dependent was covered under PGCPS up until they reached age 26 and the carrier certifies the disability.

### COVERAGE LEVELS

- Employee Only
- Employee + Child(ren)
- Employee + Spouse
- Family

### DEPENDENT VERIFICATION

If you enroll dependents, you must verify their eligibility by uploading the required documentation (such as a marriage license or birth certificate) to **Benefitfocus** during enrollment. Dependents who are not verified will not be covered.

### WHEN TO ENROLL

The annual Open Enrollment period for 2027 benefits is October 27 – November 12, 2026. Eligible employees can enroll in or make changes to existing benefits coverage during that time. The benefits you select will be effective January 1, 2027.

## LIFE EVENTS

If you have a qualifying life event (e.g., marriage, divorce, birth or adoption of a child, etc.), log in to **Benefitfocus** within 35 days of the event to make changes to your coverage.

## Know Your Rights

Visit **www.pgcps.org/benefits** to access required federal notices that outline your rights and responsibilities. Or, request a printed copy by calling PGCPS Benefits Services at 301-952-6600.



# WHAT YOU NEED TO DO

### 1 REVIEW YOUR OPTIONS

Review this Employee Benefits Enrollment Decision Guide; it includes information to help you select the coverage options that are best for you and your family.

### 2 ENROLL FOR BENEFITS

If you need to make changes to your elections, log in to **Benefitfocus** during Open Enrollment (October 27 - November 12, 2026) using your PGCPS-assigned username and password.

### 3 CONFIRM YOUR ELECTIONS

Review your elections and print your Employee Benefit Summary Report.

### IF YOU DON'T MAKE CHANGES

If you do not make changes during Open Enrollment, your current elections will continue at 2027 rates (except for FSAs). To participate in an FSA, you must elect your contribution amount each year.



### CHANGING YOUR COVERAGE

During the annual Open Enrollment period, you can make changes to your benefits coverage for the upcoming year. After the annual Open Enrollment period, you may only make changes to your coverage if you have a qualifying life event, which includes:

- Marriage or divorce
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other coverage by you or a covered dependent
- Eligibility for Medicare by you or a covered dependent
- Covered dependent child turns age 26

### SUBMIT REQUIRED DOCUMENTATION

If you add a dependent(s) during Open Enrollment, you must upload your dependent verification documents to Benefitfocus by **November 30, 2026.**

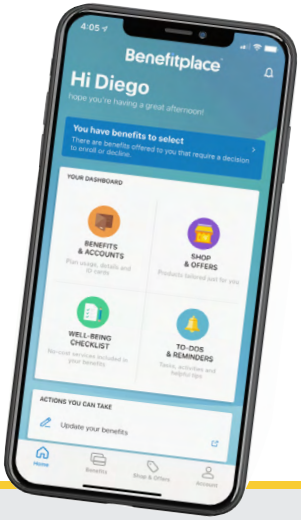
If you have a qualifying life event following the Open Enrollment period, log onto **Benefitfocus** within 35 days of the event to make changes to your coverage. If you fail to make changes on **Benefitfocus** within 35 days, you may not enroll, cancel or change coverage until the annual Open Enrollment period, unless you have another qualifying life event.

### NOTE FOR NEW HIRES

If you are a new hire, you must enroll within 35 days of your date of hire. If you elect to participate in a Flexible Spending Account (FSA), you will need to make two elections:

**2026 New Hire benefit elections:** Coverage effective through December 31, 2026

**2027 Open Enrollment elections:** Coverage effective January 1 – December 31, 2027




## Download Benefitplace

Get easy access to your coverage in the palm of your hand:

- Make annual benefit elections and life event changes
- View benefits and coverage details
- Create a dependent profile
- Snap and upload required documentation
- Get important benefits notifications and reminders
- View and update communication preferences

Download the Benefitplace app from **Google Play** or the **App Store**. Enter company ID: PGCPS.

Once logged in, select the "You have benefits to select" prompt to get started.

# MEDICAL

You can choose from two medical plan options: the Kaiser Permanente Health Maintenance Organization (HMO) or the CareFirst Blue Choice Triple Option Open Access Plan (CareFirst).

## KAISER PERMANENTE

With Kaiser Permanente, you can do more in less time. Your care is provided at our conveniently located medical centers, so you can see your doctor, get lab tests, pick up prescriptions, all in one location. Kaiser Permanente has 34 medical centers in the Mid-Atlantic region. Learn more at **my.kp.org/pgcps**.

### Kaiser Permanente Rewards

Members can earn up to $150 each year by completing simple health-focused activities—worth $5 to $20 each. Activities include physical activity, self-care, and healthy eating, as well as completing the Total Health Assessment, participating in Wellness Coaching, getting a flu shot, and even sharing feedback on the program.

### Vision Essentials

The Kaiser Permanente HMO includes coverage for eye exams and an allowance for glasses or contacts. As a Kaiser Permanente 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.

When you enroll in Kaiser Permanente, you have access to a variety of programs, tools, and services designed to support your overall health and well-being, including:

- **Virtual care:** Virtual care allows members to see their personal doctor—as well as any specialists they've been referred to—by video, phone, or email. When you need medical attention, you can start your journey using any of Kaiser Permanente's virtual care options after registering and logging on to **kp.org** and downloading the Kaiser Permanente app.
- **Self-care apps:** Eligible members have access to digital wellness tools, including Calm (available to members age 13 and older) and myStrength Complete (available to members age 18 and older), at no additional cost. These tools support sleep improvement, stress management, emotional well-being, and other mental health needs. Visit **kp.org/selfcareapps** for details.
- **ChooseHealthy® member discounts:** Enjoy reduced rates on products and services that can help you stay healthy, including fitness memberships, acupuncture, massage therapy, and more. Explore your options at: **kp.org/choosehealthy**.
- **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**.



# MEDICAL

## CAREFIRST

With the CareFirst BlueChoice Triple Option Open Access Plan (CareFirst), you have access to a wide range of providers. If you use a provider in the BlueChoice HMO network, you receive the highest level of benefits. If you use a BluePreferred PPO provider, the plan pays benefits at the PPO level. If you use 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 through:

- **A primary care provider (PCP).** Establishing a relationship with a primary care provider is the best way to receive consistent, quality care.
- **FirstHelp, is 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.closeknithealth.com**.
- **Convenience care centers** are located inside a pharmacy or retail store, such as a CVS MinuteClinic, Walgreens Healthcare Clinic or CloseKnit.
- **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**.

## 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 online tools and resources

To learn more, log in to **www.carefirst.com** or call **1-800-783-4582**.

## CareFirst WellBeing

CareFirst WellBeing delivers resources customized to your interests and needs. It all starts with RealAge®, a unique online health assessment that helps you determine the physical age of your body compared to your calendar age. You also have access to:

- **A personalized health timeline** – Receive recommendations, content and programs tailored to you.
- **Trackers** – Connect your wearable devices or enter your own data to monitor daily habits like sleep, steps, nutrition and more.
- **Challenges** – Stay motivated by joining a challenge to make achieving your health goals more entertaining.
- **A health profile** – Access your important health data like biometric information, vaccine history, lab results and medications all in one place.

To get started, visit **www.carefirst.com/wellbeing**.

## Vision

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.



# MEDICAL COVERAGE AT-A-GLANCE

| | KAISER PERMANENTE | CAREFIRST TRIPLE OPTION PLAN (CAREFIRST) | | |
|---|---|---|---|---|
| | | BlueChoice HMO | BluePreferred PPO | Indemnity Option |
| **Features** | | | | |
| **Annual Deductible**<br>Employee Only<br>Employee + Dependents (Family) | $250<br>$500 | None<br>None | $200<br>$600 | $500<br>$1,000 |
| **Annual Out-of-Pocket Maximum**<br>(includes Annual Deductible)<br>Employee Only<br>Employee + Dependents (Family) | $2,000<br>$4,000 | $1,000<br>$2,000 | $1,000<br>$2,000 | $2,000<br>$4,000 |
| **Coinsurance** | Plan pays 90% | Plan pays 100% | Plan pays 80%;<br>you pay 20% after deductible | Plan pays 70%;<br>you pay 30% after deductible |
| **Office Visits** | | | | |
| **Preventive Care** | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| **Primary Care Physician** | $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% |
| **Specialist** | $25 copay | Plan pays 100%<br>after $25 copay | Plan pays 100%<br>after $35 copay | Plan pays 70% after deductible;<br>you pay 30% |
| **Hospital Services** | | | | |
| **Inpatient** | $150 copay, after deductible | Plan pays 100%<br>after $150 copay | Plan pays 80% after deductible;<br>you pay 20% | Plan pays 70% after deductible;<br>you pay 30% |
| **Outpatient** | $150 copay, after deductible | Plan pays 100% | Plan pays 80% after deductible;<br>you pay 20% | Plan pays 70% after deductible;<br>you pay 30% |
| **Emergency Room Services** | $250 copay | Plan pays 100%<br>after $150 copay | Plan pays 100%<br>after $150 copay | Plan pays 100%<br>after $150 copay |
| **Mental Health and Substance Abuse** | | | | |
| **Inpatient** | $150 copay, after deductible | Plan pays 100%<br>after $150 copay | Plan pays 80%<br>after deductible | Plan pays 70% after deductible;<br>you pay 30% |
| **Outpatient** | $10 copay | Plan pays 100%<br>after $10 copay | Plan pays 100% after deductible<br>and $20 copay | Plan pays 70% after deductible;<br>you pay 30% |
| **Vision Care** | | | | |
| **Routine Eye Exam** (every 12 months) | $10 copay (Optometry)<br>$25 copay (Opthalmology) | Plan pays 100% after $10 copay | Plan pays 100% after $10 copay | Plan pays $33; you pay the balance |
| **Frames/Eyeglass Lenses** | $75 discount at KP | Discounts available | Discounts available | N/A |
| **Contact Lenses** | $25 discount at KP | Discounts available | Discounts available | N/A |
| **Hearing Care** | **Once every 36 months** | **Once every 36 months, up to $5,000** | | |
| **Hearing Aid Evaluation Test** | $0 copay | Plan pays 100% | Plan pays 80% | Plan pays 70% |
| **Hearing Aids** | No coinsurance, 1 hearing aid/ear | Plan pays 100% | Plan pays 80% | Plan pays 70% |

# PRESCRIPTION

If you elect CareFirst, you must elect prescription coverage through CVS Caremark.* CVS Caremark offers a nationwide network of pharmacies. When you participate in Kaiser Permanente, prescription coverage is included and you will receive all medications through a Kaiser Permanente facility or pharmacy.

| | KAISER PERMANENTE | | CVS CAREMARK |
|---|---|---|---|
| **Prescriptions** | **Onsite Facility** | **Participating Pharmacy** | **Select with CareFirst plan** |
| **Retail** | **(up to a 30-day supply)** | **(up to a 30-day supply)** | **(up to a 34-day supply)** |
| Generic | $25 copay | $35 copay | $10 copay |
| Preferred Brand (Formulary) | $40 copay | $60 copay | $40 copay |
| Non-Preferred Brand | $65 copay | $85 copay | $70 copay |
| **Mail Order** | **(90-day supply)** | **(90-day supply)** | **(up to a 90-day supply)** |
| Generic | $50 copay | $70 copay | $20 copay |
| Preferred Brand (Formulary) | $80 copay | $120 copay | $80 copay |
| Non-Preferred Brand | $130 copay | $170 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, log in to **www.caremark.com**. If you have questions, call the Caremark Customer Service Center at **1-888-865-6564**.

## Save with Generics

Generic drugs are every bit as safe and effective as brand drugs. They are equivalent to the brand version in dosage, safety, strength, quality, the way they work and the way they're taken. Generics cost an average of 60% less than their brand counterparts. So, the next time you fill a prescription, ask if a generic is available.

*Please note:

- Before January 1, 2021, if you were enrolled in CareFirst medical without prescription (or vice versa) or elected different coverage levels for CareFirst medical and CVS Caremark prescription, you can continue your current election(s) for 2027.
- You cannot enroll in the CVS Caremark prescription plan if you elect Kaiser Permanente.

# DENTAL

You have access to dental benefits with in-network and out-of-network coverage through Aetna.

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. With PGCPS' dental benefits, 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 by creating an account and logging in to the **Aetna website**.



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

# VISION

If you are enrolled in a PGCPS medical plan, vision benefits are automatically included. If you are not enrolled in PGCPS medical coverage—or if you want additional vision coverage—you can choose the BlueVision Plus plan as a stand-alone option.

The BlueVision Plus plan includes vision services such as routine eye examinations, eyeglasses, and contact lenses. The plan is offered by CareFirst 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 | |
|---|---|---|
| **Frames** | **In-Network** | **Out-of-Network** |
| 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 |
| **Eyeglass Lenses** | | |
| 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 |
| **Contact Lenses** | | |
| 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 |

# FLEXIBLE SPENDING ACCOUNTS

Saving money on everyday expenses is convenient and easy with Flexible Spending Accounts (FSAs).

PGCPS offers you two Flexible Spending Accounts:

- Health Care Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)

The money you contribute into these accounts is deducted from your paycheck before federal, state and Social Security taxes are calculated—reducing your taxable income. In some cases, your tax savings can be significant. Use these calculators to estimate your savings:

- **Health Care FSA Calculator**
- **Dependent Care FSA Calculator**

## You must re-enroll each year

Because of the tax advantages that FSAs provide, the IRS requires you to enroll each year. If you want to participate in an FSA in 2027, you must enroll and designate the amount you want to contribute.

**The federal government announces 2027 FSA limits by mid-November 2026. If you choose the maximum contribution, your election will automatically update to reflect the new limit.**

| | Contribution Limits | Eligible Expenses |
|---|---|---|
| **Health Care Flexible Spending Account (FSA)** | $3,400 per year ($200 annual minimum contribution) | Copays, deductibles, coinsurance, orthodontia, contact lenses and solutions, laser eye surgery, hearing aids, chiropractor visits, acupuncture and other health care that may not be fully covered by insurance.<br><br>Expenses must be for you and your dependents (those who qualify as dependents on your tax return). For a complete list go to: **www.irs.gov/publications/p502**. |
| **Dependent Care Flexible Spending Account (FSA)** | $3,750 per year, if married and filing separate income tax returns<br><br>$7,500 per year, if single or married and filing joint income tax returns ($200 annual minimum contribution) | Licensed day care, in-home care, elder care, day camp and nursery school (if expenses are for a dependent child, the child must be under age 13).<br><br>Expenses must be for care that enables you to work. Both you and your spouse (if applicable) must be employed, or your spouse must be a full-time student, to participate in a Dependent Care FSA. For a complete list, go to: **www.irs.gov/pub/irs-pdf/p503.pdf**. |

## PLAN CAREFULLY

The plan year runs from January 1 to December 31. You have until March 31, 2027, to submit claims from your 2026 FSA. If a balance remains in your 2026 Health Care FSA on March 31, 2027, you can roll over up to $680 for use in 2027, based on current IRS regulations. Balances over this amount will be forfeited.

# LIFE INSURANCE AND DISABILITY

To help protect your family's finances if something happens to you, PGCPS makes the following benefits available to you.

## BASIC LIFE

You will receive basic life insurance benefits from PGCPS at no cost. Your employee basic life insurance benefit amount is equal to two times your annual salary, up to a maximum of $600,000. To ensure benefits are paid according to your wishes, review and update your beneficiaries online via **Benefitfocus**.

## SUPPLEMENTAL TERM LIFE

Supplemental term life insurance coverage is available for you and your dependents through MetLife. You must enroll for supplemental term life insurance for yourself before you can purchase coverage for your spouse and/or eligible dependent children.

As the employee, you are the primary beneficiary for supplemental spouse and child term life benefits. Premiums are deducted on an after-tax basis.




If you are diagnosed as terminally ill with less than a 12-month life expectancy, you may be eligible to receive payment of a portion of your supplemental term life insurance. The remaining amount of your life insurance would be paid to your beneficiary when you die.

| SUPPLEMENTAL TERM LIFE | |
|---|---|
| **Coverage** | **Amount[1]** |
| Employee | Increments of $50,000 up to $1,000,000 (not to exceed five times your annual pay)[1] |
| Spouse | Increments of $5,000 up to $50,000[1, 2] |
| Dependent Child | Increments of $2,000 up to $10,000[2,3] |

1 You will need to respond to a Statement of Health questionnaire before coverage becomes effective.

2 You may not elect coverage for your spouse and/or children if they are an active member of the armed forces of any country or international authority, or are already covered as an employee under this policy.

3 Children must be unmarried and between the ages of 15 days to 26 years to be eligible for coverage.

## OPTIONAL LONG-TERM DISABILITY

Long-term disability (LTD) insurance pays you a portion of your income if you cannot work because of a disabling illness or injury. You have the opportunity to purchase optional LTD coverage. Coverage is available that would pay a benefit of 60% of your annual pay. The maximum LTD benefit you could receive is $5,000 per month. This optional LTD plan includes a minimum benefit of 10% of your earnings or $100 per month.

You must be disabled for at least 180 days before you can receive any LTD payments. Also, you must have exhausted all other benefits such as your sick leave bank, if applicable.

If you elect LTD coverage, you will need to respond to a Statement of Health (SOH) questionnaire before coverage takes effect.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

From dealing with divorce to caring for elderly parents or facing financial problems, life can be challenging. The EAP through Inova provides confidential counseling services, referrals and other information at no cost to you.

You and your family members who live with you can each receive up to four free and confidential counseling sessions a year using the EAP, which is offered through Inova. If you need additional counseling, the EAP will coordinate care with your medical plan's network.

The EAP can help with:

- Family issues including marriage, divorce and parenting problems
- Child-related resources including infertility and adoption, daycare, nutrition and development concerns
- Elder-care resources including referrals to nursing homes, diet and health concerns and Alzheimer's-related issues
- Stress, anxiety and depression
- Alcohol and drug dependency
- Financial concerns including getting out of debt, tax questions, retirement planning and estate planning
- Legal issues such as wills, leases, divorce, family law, real estate transactions, debt and bankruptcy filing
- Work-life matters, including moving and relocation, college planning, home repair, vacation and event planning and pet care

## Connect to the Care You Need

The EAP team is staffed by professional counselors who are experienced in assisting people with a wide range of issues. When you call (**1-800-346-0110**), you will be connected to a licensed professional counselor who will help you clarify your issue/concern, identify options, and offer support and professional guidance to help you develop an action plan. You can also schedule face-to-face counseling sessions at your convenience at a location close to your home or workplace.

**By phone (24/7):** 1-800-346-0110
**Online:** INOVA EAP (username **PGCPS**, password **PRINCE**)



# RETIREMENT

PGCPS provides both defined benefit and defined contribution retirement plans. All employees, including temporaries and substitutes, may participate in a tax-sheltered annuity 403(b) and/or 457(b) retirement plan. You can contribute on a tax-deferred or Roth post-tax basis.

### DEFINED CONTRIBUTION

Most people will need more than a pension and Social Security to maintain their standard of living during retirement. Your savings are essential and can help you reach your retirement goals. PGCPS allows you to use 403(b) and 457(b) plans to save, invest and use tax advantages to build your savings for retirement. You can contribute on a tax-deferred or Roth post-tax basis.

You may enroll in the 403(b) plan and/or 457(b) plan at any time during the year by completing and submitting a **Salary Reduction Agreement Form available online**. For assistance, contact our third-party administrator, OMNI at **1-877-544-6664**.

### DEFINED BENEFIT (PENSION)

The PGCPS Retirement Plan is administered by the Maryland State Retirement and Pension System (MSRPS) and is funded by both PGCPS and you. All eligible employees are automatically enrolled in this plan. You contribute 7% of your annual salary, and you will receive a defined monthly pension benefit at retirement.

For more information and resources, visit **www.sra.state.md.us**.




## Before You Retire

**1. Sign up for mySRPS**

Eligible pension plan participants can create an estimate, view a statement of benefits, view beneficiaries and much more.

**2. Make an appointment with a Retirement Coordinator**

Within three months of your prospective retirement date, contact PGCPS Benefits Services:

**Shalita Washington**
(Last names A – Ga)
**301-952-6269**

**Wendy Lane**
(Last names Gb – Ok)
**301-952-6028**

**Samantha Murphy**
(Last names Ol – Z)
**301-952-6284**

BI-WEEKLY EMPLOYEE CONTRIBUTIONS

# 2027 RATES

## MEDICAL AND PRESCRIPTION

| Active Employees with 0-8 Years of Service – 25% Contribution | KAISER PERMANENTE MEDICAL AND PRESCRIPTION | | | CAREFIRST MEDICAL AND PRESCRIPTION | | | CAREFIRST MEDICAL[1] | | |
|---|---|---|---|---|---|---|---|---|---|
| | 10-Month (20 Pays) | 11-Month (24 Pays) | 12-Month (26 Pays) | 10-Month (20 Pays) | 11-Month (24 Pays) | 12-Month (26 Pays) | 10-Month (20 Pays) | 11-Month (24 Pays) | 12-Month (26 Pays) |
| Employee Only | $117.19 | $97.66 | $90.15 | $137.05 | $114.21 | $105.43 | $98.67 | $82.22 | $75.90 |
| Employee + Child(ren) | $234.38 | $195.31 | $180.29 | $274.10 | $228.42 | $210.85 | $197.34 | $164.45 | $151.80 |
| Employee + Spouse | $246.09 | $205.08 | $189.30 | $287.81 | $239.84 | $221.39 | $207.21 | $172.67 | $159.39 |
| Family | $304.69 | $253.91 | $234.38 | $362.08 | $301.74 | $278.53 | $261.03 | $217.53 | $200.80 |
| **Active Employees with 8+ Years of Service – 20% Contribution** | **10-Month (20 Pays)** | **11-Month (24 Pays)** | **12-Month (26 Pays)** | **10-Month (20 Pays)** | **11-Month (24 Pays)** | **12-Month (26 Pays)** | **10-Month (20 Pays)** | **11-Month (24 Pays)** | **12-Month (26 Pays)** |
| Employee Only | $93.75 | $78.13 | $72.12 | $109.64 | $91.37 | $84.34 | $78.93 | $65.78 | $60.72 |
| Employee + Child(ren) | $187.50 | $156.25 | $144.24 | $219.28 | $182.74 | $168.68 | $157.87 | $131.56 | $121.44 |
| Employee + Spouse | $196.88 | $164.06 | $151.44 | $230.24 | $191.87 | $177.11 | $165.76 | $138.14 | $127.51 |
| Family | $243.75 | $203.13 | $187.50 | $289.67 | $241.39 | $222.83 | $208.83 | $174.02 | $160.64 |

## DENTAL AND VISION

| Active Employees with 0-8 Years of Service – 25% Contribution | AETNA DENTAL PPO | | | CAREFIRST VISION | | | CVS CAREMARK PRESCRIPTION[1] | | |
|---|---|---|---|---|---|---|---|---|---|
| | 10-Month (20 Pays) | 11-Month (24 Pays) | 12-Month (26 Pays) | 10-Month (20 Pays) | 11-Month (24 Pays) | 12-Month (26 Pays) | 10-Month (20 Pays) | 11-Month (24 Pays) | 12-Month (26 Pays) |
| Employee Only | $7.58 | $6.32 | $5.83 | $0.75 | $0.63 | $0.58 | $38.38 | $31.99 | $29.53 |
| Employee + Child(ren) | $15.16 | $12.63 | $11.66 | $1.50 | $1.25 | $1.16 | $76.76 | $63.97 | $59.05 |
| Employee + Spouse | $15.92 | $13.26 | $12.24 | $1.58 | $1.31 | $1.20 | $80.60 | $67.17 | $62.00 |
| Family | $21.97 | $18.31 | $16.91 | $2.18 | $1.81 | $1.68 | $101.05 | $84.21 | $77.73 |
| **Active Employees with 8+ Years of Service – 20% Contribution** | **10-Month (20 Pays)** | **11-Month (24 Pays)** | **12-Month (26 Pays)** | **10-Month (20 Pays)** | **11-Month (24 Pays)** | **12-Month (26 Pays)** | **10-Month (20 Pays)** | **11-Month (24 Pays)** | **12-Month (26 Pays)** |
| Employee Only | $6.06 | $5.05 | $4.66 | $0.60 | $0.50 | $0.47 | $30.71 | $25.59 | $23.62 |
| Employee + Child(ren) | $12.12 | $10.10 | $9.33 | $1.20 | $1.00 | $0.93 | $61.41 | $51.18 | $47.24 |
| Employee + Spouse | $12.74 | $10.61 | $9.80 | $1.26 | $1.05 | $0.97 | $64.48 | $53.73 | $49.60 |
| Family | $17.58 | $14.65 | $13.53 | $1.74 | $1.45 | $1.34 | $80.84 | $67.37 | $62.19 |

Please note, the bi-weekly deduction amounts may vary slightly from the actual bi-weekly deductions due to rounding.

[1] Prior to January 1, 2021, if you elected CareFirst medical without prescription (or vice versa) or elected different coverage levels for medical and prescription, you can continue your current election(s) at 2027 rates.

# WHO TO CALL

PGCPS Benefits Services is here to help you with questions about your benefits. Contact your Benefits Coordinator according to your last name. For retirement-related questions, reach out to your assigned Retirement Coordinator.

## BENEFITS

**Last names A**
Jennifer Brady
jennifer.brady@pgcps.org
301-952-6347

**Last names B – G**
LaVon Johnson
lavon.johnson@pgcps.org
301-952-6323

**Last names H – Pa**
Bernardine Annor
bernardine.annor@pgcps.org
301-952-6322

**Last names Pe – Z**
Wilma Samuel-Reeves
wilma.samuelreeves@pgcps.org
301-780-6881

## RETIREMENT

**Last names A – Ga**
Shalita Washington
301-952-6269

**Last names Gb – Ok**
Wendy Lane
301-952-6028

**Last names Ol – Z**
Samantha Murphy
301-952-6284

| Contact | Phone | Web |
|---|---|---|
| **PGCPS Benefits Services** | 301-952-6600 | pgcps.benefits@pgcps.org |
| **Medical/Vision**<br>CareFirst<br>Kaiser Permanente | <br>1-800-628-8549<br>1-800-777-7902 | <br>www.carefirst.com/pgcps<br>my.kp.org/pgcps |
| **Prescription**<br>CVS Caremark<br>Kaiser Permanente | <br>1-888-865-6564<br>1-800-777-7902 | <br>www.caremark.com<br>my.kp.org/pgcps |
| **Dental**<br>Aetna | <br>1-877-238-6200 | <br>www.aetna.com |
| **Vision**<br>Davis Vision, Inc. | <br>1-800-783-5602 | <br>www.davisvision.com |
| **Flexible Spending Accounts (FSA)**<br>Health Equity \| WageWorks | <br>1-877-924-3967 | <br>www.wageworks.com |
| **Life**<br>MetLife | <br>1-800-638-6420 | <br>www.metlife.com/pgcps<br>www.WillsCenter.com |
| **Long-Term Disability Claims**<br>MetLife | <br>1-866-729-9201 | <br>www.metlife.com/pgcps |
| **Employee Assistance Program**<br>Inova Employee Assistance Program | <br>1-800-346-0110 | <br>www.inova.org/for-employees/employee-assistance-and-work-life-services<br>(User Name: PGCPS, Password: PRINCE) |
| **Retirement**<br>Maryland State Retirement and Pension System<br>OMNI | <br>1-800-492-5909<br>1-877-544-6664 | <br>www.sra.state.md.us<br>www.omni403b.com |

OUR FOCUS IS You

PGCPS

PGCPS provides a comprehensive benefits coverage package for employees. 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.

**OCTOBER 2026**