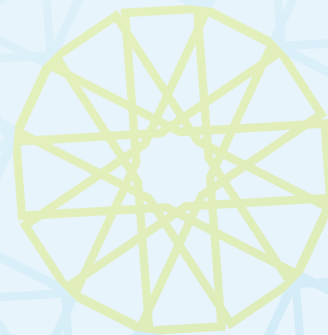


2027

Employee Benefit Summary

EFFECTIVE JANUARY 1, 2027

- MEDICAL, PRESCRIPTION DRUG, DENTAL, VISION, AND LIFE INSURANCE
- FLEXIBLE SPENDING ACCOUNTS
- 403(B) & 457(B) ACCOUNTS
- RETIREMENT BENEFITS



Employee and Retiree Service Center ▪

45 W. Gude Drive, Suite 1200, Rockville, MD 20850

240-740-8100 ▪ www.montgomeryschoolsmd.org/departments/ersc





VALUES

*Learning
Respect
Relationships
Excellence
Equity*

VISION

Future Ready

All students will graduate ready to thrive in a changing world—with the knowledge, skills, and confidence necessary to lead, adapt, and make a positive impact in their communities and beyond.

MISSION

To Unleash Potential

All students will receive a solid academic foundation, grounded in strong critical thinking skills, with opportunities to enhance and enrich their learning. All students will develop resilience, be adaptable, and have a lifelong passion for learning. All students will become effective communicators and collaborators predicated on meaningful relationships. All students will make a positive impact in their community and be ready for success in their personal and professional life.

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15 West Gude Drive
Rockville, Maryland 20850
www.montgomeryschoolsmd.org



■ 2027 Employee Benefit Summary for Active Employees

Montgomery County Public Schools (MCPS) provides a comprehensive benefit plan for employees, retirees, and their eligible dependents. As an eligible MCPS employee, you may choose from a variety of benefit options designed to protect your health, your income, and your future.

The *Employee Benefit Summary* provides an overview of the benefits available to eligible active employees, effective January 1, 2027. Full benefit plan details are available on the Employee and Retiree Service Center (ERSC) website at www.montgomeryschoolsmd.org/departments/ersc. The website includes summary plan and evidence of coverage documents, along with links to provider websites.

ERSC staff members are available to assist you in person Mondays, Tuesdays, Thursdays, and Fridays from 8:00 a.m.–12:45 p.m. and 2:00–4:30 p.m., and Wednesdays from 10:00 a.m.–12:45 p.m. and 2:00–4:30 p.m. Staff is available by telephone those same days and start times, until 4:15 p.m. They also are available via email and through ERSC Connect, ERSC's online service portal. Contact ERSC using the information below:

■ ERSC Contact Information and Hours

Montgomery County Public Schools
Employee and Retiree Service Center

- **ADDRESS:** 45 W. Gude Drive, Suite 1200, Rockville, MD 20850
- **TELEPHONE:** 240-740-8100
- **EMAIL:** ersc@mcpsmd.org
- **ERSC CONNECT:** montgomery.service-now.com/csp?id=csp_login

IMPORTANT

ENROLLMENT IN THE MCPS EMPLOYEE BENEFITS PLAN is not automatic. New employees must enroll online within 30 days of employment or during the annual four-week Employee Benefits Open Enrollment, which typically begins in early October with benefits effective January 1.

TO ENROLL, log in to **MCPS Hub+** at <https://hubplus.mcpsmd.org>, select the **Me** tab, and click the **Benefits** tile. Detailed enrollment instructions are available at https://docs.google.com/document/d/10TlNCskL5d_LX_c3uc66Pd5Ynvt8j5S79jhoTtyQEAM/edit?tab=t.0#heading=h.lb3hay88w80a.

DURING OPEN ENROLLMENT, you may enroll in benefits or make changes to your existing coverage through Hub+. Instructions will be posted on the Employee Benefits Open Enrollment web page and emailed before Open Enrollment. Outside Open Enrollment, employees who experience a qualifying life event and need to change benefits must log in to Hub+, select **Me > Benefits > Report a Qualifying Life Event**.

TABLE OF CONTENTS

ABOUT YOUR BENEFITS	1
Who Is Eligible?	1
Eligible Dependents	1
Disabled Dependents	2
When Benefits Coverage Begins	2
Special Rule for Newly Hired 10-Month Employees	2
Enrolling New Dependents	3
Changes in or Cancellation of Coverage	3
Loss of Non-MCPS Coverage	4
Nonpayment Policies and Benefit Escrow Guidelines	4
Paying for Coverage	4
When Benefits Coverage Ends	5
Continuation of Benefits (COBRA)	5
Insurance Coverage While on Leave	5
Out-of-Area Coverage	6
Coordination of Benefits	6
Enrollment in Medicare	7
ENROLLMENT BASICS	8
Using MCPS Hub+	8
Submitting Supporting Documentation	8
YOUR BENEFIT OPTIONS AT A GLANCE	9
WELLNESS INITIATIVES	10
Biometric Health Screenings	10
Health Risk Assessments	10
MEDICAL COVERAGE	11
Open Access Plus Plans	11
Cigna Open Access Plans	11
Health Maintenance Organization (HMO) Plans	11
Cigna OAPIN	11
Kaiser Permanente HMO	12
Cigna Preferred Care Management	12
Preventive Care Services	13

DENTAL COVERAGE	19
CareFirst Preferred Dental Plan (PPO)	19
Aetna Dental Maintenance Organization (DMO)	19
Kaiser Permanente Dental Plan	20
VISION COVERAGE	22
Davis Vision Plan	22
Kaiser Permanente Vision Plan	23
PRESCRIPTION DRUG COVERAGE	24
Plan Eligibility	24
CVS/Caremark Prescription Plan	24
Kaiser Permanente Prescription Plan.	27
LIFE INSURANCE	28
Employee Term Life Insurance	28
Dependent Term Life Insurance	28
FLEXIBLE SPENDING ACCOUNTS (FSA)	30
403(B) TAX SHELTERED SAVINGS AND 457(B) DEFERRED COMPENSATION PLANS (DEFINED CONTRIBUTION PLANS)	32
RETIREMENT BENEFITS	34
Social Security and Medicare	34
Pension Plans and Health Benefits	34
Wellness Initiatives in Retirement	34
EMPLOYEE BENEFIT RATE CHARTS	35
IMPORTANT WEBSITES AND TELEPHONE NUMBERS	39

ABOUT YOUR BENEFITS

■ Who Is Eligible?

You are eligible to enroll in the MCPS employee benefits plan if you are a permanent employee regularly scheduled to work 20 or more hours per week. If you are already covered as a dependent under your spouse's MCPS employee benefits plan, you may not enroll separately as an individual.

ELIGIBLE DEPENDENTS

You may enroll your eligible dependents in the MCPS employee benefits plan. Covered dependents must be enrolled in the same benefit plan as you.

Eligible dependents include your—

- **SPOUSE**; and
- **ELIGIBLE CHILDREN** who meet the following age requirements:
 - » until the end of the month in which they turn 26 for medical and prescription coverage,
 - » until the end of the month in which they turn 24 for dental and vision coverage, and
 - » until September 30 following their 23rd birthday for life insurance coverage.

Documentation submitted to establish eligibility for a spouse or child must include, but is not limited to, the following:

Spouse—

- Social Security or Individual Taxpayer Identification Number (ITIN) card, and
- valid marriage certificate or current joint tax return (signed by both parties or a copy of the confirmation of electronic submission).

Newborn or Biological Children—

- Social Security or ITIN card, and
- valid birth certificate or valid verification of birth.

Stepchildren—

- Social Security or ITIN card,
- valid birth certificate or valid verification of birth, and
- shared or joint custody agreement (court validated) up to age 18.

Adopted Children, Foster Children, Children in Guardianship or Custodial Relationships—

- Social Security or ITIN card and one of the following:
 - » adoption documents (court validated),

- » guardianship or custody documents (court validated), or
- » foster child documents (county, state, or court validated).

DISABLED DEPENDENTS

Unless approved for an extension, disabled dependent children are eligible for specific coverages as follows:

- **MEDICAL AND PRESCRIPTION:** Until the end of the month the child reaches age **26**
- **DENTAL AND VISION:** Until the end of the month the child reaches age **24**
- **LIFE INSURANCE:** Until September 30 following the child's **23rd birthday**

Coverage may continue beyond these age limits if the child—

- is permanently incapable of self-support due to an intellectual or physical disability, and
- became disabled before age 19.

To request continued coverage, you must notify MCPS of the child's incapacity and dependency before coverage would otherwise end. If you do not—

- medical and prescription coverage will end on the dependent's 26th birthday,
- dental and vision coverage will end on the dependent's 24th birthday, and
- life insurance will end on September 30 following the dependent's 23rd birthday.

Coverage continues as long as the disabled child remains incapacitated and dependent and remains eligible under the plan. You must provide proof that the child's disability and dependency began before age 19. The plan administrator may require an examination by a physician selected by your health plan and may request periodic proof that the child remains disabled.

If you do not provide the required documentation, coverage ends at the standard age limits: medical and prescription at age 26, dental and vision at age 24, and life insurance on September 30 following the child's 23rd birthday.

If you change medical plans, you must submit new medical documentation to the new health plan for review.

Coverage ends if you predecease your disabled dependent, except as provided under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA).

■ When Benefits Coverage Begins

Your benefits coverage will be effective the first of the month following your enrollment.

SPECIAL RULE FOR NEWLY HIRED 10-MONTH EMPLOYEES

If you are a 10-month employee reporting at the beginning of a school year, your coverage will begin October 1 if you enroll by September 30.

■ Enrolling New Dependents

You must actively enroll any new eligible dependents in your benefits plan. Dependents can be added during the annual Open Enrollment period or after experiencing a qualifying life event.

All dependent enrollments—including those made by new employees, during Open Enrollment, or due to qualifying life events—must be completed through MCPS Hub+. You may not enroll dependents directly through the benefits plan provider. Supporting documentation will be required.

QUALIFYING LIFE EVENT	FORMS REQUIRED	DEADLINE TO ADD
Newborn/adopted child	Social Security or ITIN card* Birth certificate or valid verification of birth* or Legal court documentation	30 days from the date of birth or adoption
Legal guardianship/ custody	Social Security or ITIN card* Legal court documentation	30 days from the court award of legal guardianship
Marriage	Social Security or ITIN card* Marriage certificate	30 days from the date of marriage
Loss/gain of coverage	Insurance company cancellation form or COBRA notice	30 days from the date of loss/gain of coverage

**If you cannot provide a copy of the Social Security card and a birth certificate or birth registration within the 30-day timeframe, you may enroll your newborn with proof that you have applied for a Social Security number and a birth certificate or birth registration. You must submit the Social Security card and birth certificate or birth registration to ERSC upon receipt. Failure to provide this information in a timely manner will result in termination of coverage.*

IMPORTANT: All documentation must be translated into English before it is submitted to ERSC.

If ERSC receives all required documentation by the end of the month, coverage for your new dependent will begin on the first day of the following month.

■ Changes in or Cancellation of Coverage

In general, you may not change your benefits plan during the plan year. Changes are permitted during the annual Open Enrollment period each fall.

Certain changes are allowed during the plan year if you experience a qualifying life or work event, including—

- Marriage or divorce,

- Birth, adoption, or legal guardianship of a child;
- Death;
- Dependent aging off the plan;
- Change of work status (e.g., a paraeducator increasing from four to six hours and becoming benefits-eligible); or
- Loss or gain of non-MCPS coverage.

Outside of Open Enrollment, qualifying life events allow you to add or remove yourself, a spouse, or dependents. However, you may not change insurance plans or cancel individual benefit components during the plan year.

You may cancel your coverage at any time, but dependent coverage may only be canceled with proof of alternate coverage. Promptly report the removal of any dependent from your plan, as it may affect your coverage level and cost.

If you cancel coverage outside of Open Enrollment, you must cancel your entire employee benefits plan, except for life insurance coverage(s).

To make changes or cancel coverage due to a qualifying life event, log in to Hub+ at <https://hubplus.mcpsmd.org>, select the **Benefits** tile, and choose **Report a Life Event**. You must act within 30 days of the qualifying event and submit required documentation to ERSC. Documentation may be uploaded in Hub+ under Document Records, emailed or mailed to ERSC. You are responsible for promptly updating personal information (e.g., name or address) and coverage details through Hub+.

LOSS OF NON-MCPS COVERAGE

You may enroll in an MCPS benefits plan during the plan year if you or your benefits-eligible dependents lose coverage from an outside employer or organization. Coverage begins the first of the month after enrollment, provided a loss of coverage letter is submitted to ERSC within 30 days of the loss.

NONPAYMENT POLICIES AND BENEFIT ESCROW GUIDELINES

Review Non-Payment Policies and Benefit Escrow Guidelines at www.montgomeryschoolsmd.org/siteassets/district/departments/ersc/employees/benefits/benefits_non-pymt_policies_and_escrow_guidelines.pdf.

■ Paying for Coverage

You pay for your health plan coverage through payroll deductions taken on a pretax basis. Premiums are deducted before income and payroll taxes are calculated. The detailed cost appears in your Pay Statement on Hub+. Once logged in to Hub+, select the **Pay Statements and Tax Documents** tile under the **Me** tab to view your Pay Statements.

- Ten-month employees have premiums deducted from 20 paychecks during the school year.
- Twelve-month employees have premiums deducted from 26 paychecks.

Ten-month employees also have an escrow deduction to cover their share of premiums during the six summer payrolls when they are not scheduled to work. Escrow amounts may vary based on hire date.

■ When Benefits Coverage Ends

If you terminate employment with MCPS, your benefits coverage and any covered dependents' coverage end on the last day of the month in which your employment ends.

SPECIAL RULE FOR 10-MONTH EMPLOYEES WHO TERMINATE OR RETIRE

A 10-month employee who terminates employment or retires prior to their last duty day will receive a refund for any pre-paid health insurance deductions (medical, dental, vision, prescription).

A 10-month employee who terminates employment as of their last duty day or retires effective July 1, August 1, or September 1 will continue employee health benefits through September 30, reflecting the period for which premiums have been prepaid.

■ Continuation of Benefits (COBRA)

You and your covered dependents may be eligible to continue benefits coverage under COBRA if you terminate employment or if you and/or your dependents lose eligibility for the MCPS benefits plan. You may continue coverage by paying the full cost plus a 2 percent administrative fee for the period allowed under COBRA regulations (generally 18–36 months).

MCPS does not contribute toward COBRA coverage costs. A COBRA rate chart is available on the ERSC website. You will receive a Qualifying Event Notice (QEN) from MCPS's third-party administrator, Voya.

■ Insurance Coverage While on Leave

If you are on an approved leave of absence, you may choose to either continue or terminate your MCPS benefits coverage. If you continue coverage, no action is required; however, for most unpaid leaves, there is no MCPS subsidy and you must pay 100 percent of the premium cost. You may also choose to continue only life insurance coverage, which will be billed directly by the Department of Controller; failure to pay will result in cancellation.

If you choose to terminate coverage, you must do so in Hub+. If coverage is terminated, you must re-enroll within 30 days of returning to active work, selecting the same coverage and dependents you had prior to the leave. If you miss this deadline, you must wait until a future Open Enrollment period. Re-enrollment in life insurance will require evidence of insurability for both you and your eligible dependents, subject to MetLife approval.

Qualifying life events (e.g., marriage, birth, adoption) that occur during leave allow you to add dependents if reported within 30 days. If you miss this window, you must wait until Open Enrollment or another qualifying life event.

Flexible Spending Accounts (FSAs) generally cannot continue during leave and will be canceled after your last payroll deduction. You may incur eligible expenses up to the start of your leave and submit claims through April 30 of the following plan year. Upon returning from leave, you must re-enroll in the FSA within 30 days. If your leave is protected under the Family and Medical Leave Act (FMLA), you may continue your FSA either by submitting MCPS Form 450-3 or enrolling through Hub+ to be direct-billed.

If you are absent from work without approved leave, you remain responsible for full health insurance premiums. If a given pay period lacks sufficient funds to cover your premiums, the balance will be withheld from future paychecks. Extended unapproved absences may result in direct billing for the full premium cost and could affect your eligibility to continue health coverage.

Additional details on leave policies are available at www.montgomeryschoolsmd.org/departments/ersc/employees/leave/.

■ Out-of-Area Coverage

KAISER PERMANENTE HMO

Under the Kaiser Permanente HMO medical plan, dependents living or attending school outside the service area are covered only for urgent or emergency care. However, you are covered worldwide for these services. If you regularly travel to another Kaiser service area, you can set up a medical record number and a kp.org account to receive seamless care. When traveling outside any Kaiser Permanente service area, you can visit a MinuteClinic® and pay your standard copay or coinsurance. Learn more at kp.org/travel or refer to the HMO summary plan document.

CIGNA OPEN ACCESS PLUS (OAP) AND OAP IN-NETWORK (OAPIN)

Members of the Cigna OAP and OAPIN plans have access to a national network of medical providers. Both plans offer standard in-network benefits if you or your dependents require care while traveling or living outside the local service area.

If you are enrolled in the Cigna OAP plan, you also have the option to see out-of-network providers, though your out-of-pocket expenses will be higher. If you choose an out-of-network provider, you must pay the provider's actual charge at the time of care, satisfy a deductible and coinsurance, and file a claim for reimbursement.

■ Coordination of Benefits

For those covered by multiple insurance plans, the National Association of Insurance Commissioners established the order of benefits determination. The primary benefits plan is the first to consider and pay for medical services. Any remaining costs not covered in full by the primary plan are then considered for payment by the secondary plan. Your own employee plan is always your primary coverage over any plan that covers you as a dependent spouse.

BIRTHDAY RULE

When dependent children are enrolled under both biological parents (one MCPS plan and one non-MCPS plan), the primary insurance is determined by the birthday rule. Under this rule, used by all MCPS medical plans, the primary coverage comes from the parent whose birthday falls earliest in the calendar year (by month and day only). The birthday rule does not apply to stepchildren, whose primary coverage is determined by the courts.

■ Enrollment in Medicare

MEDICARE ELIGIBILITY AS AN ACTIVE EMPLOYEE

Active MCPS employees and their covered dependents who become eligible for Medicare can defer Medicare Part B enrollment without penalty. Deferring saves the cost of monthly Part B premiums, as Part B provides no additional coverage beyond the active MCPS medical plans. For this reason, employees typically defer Part B enrollment until retirement.

If you or a dependent become Medicare-eligible due to End-Stage Renal Disease, you must immediately notify ERSC at 240-740-8100.

ENROLLING AT RETIREMENT

When you retire and leave the employee health plan, you and your qualified dependents must enroll in Medicare Parts A and B. Enrollment must coincide with your retirement date. You should contact the Social Security Administration at least three months before retiring to arrange this, and then submit a copy of your Medicare card(s) to ERSC with your retirement papers. This will begin the process of updating your benefits and notifying insurance carriers.

MEDICARE REQUIREMENTS AFTER RETIREMENT

All retirees and dependents enrolled in an MCPS retiree medical plan must enroll in Medicare Parts A and B as soon as they are eligible to maintain their MCPS coverage. Once enrolled, Medicare becomes the primary insurance, and the MCPS retiree medical plan acts as a secondary supplement.

For detailed information on post-retirement health coverage, attend an ERSC Retirement Informational Session, view the Retirement Informational Webinar online at www.montgomeryschoolsmd.org/departments/ersc/employees/retirement-planning/workshops-mcps/, or review the online *Retiree Benefit Summary* at www.montgomeryschoolsmd.org/siteassets/district/departments/ersc/retirees/benefits/retiree_benefit_summary_current.pdf.

IMPORTANT: Apply for Medicare Part B through your local Social Security office or online at: www.ssa.gov/benefits/medicare/

ENROLLMENT BASICS

■ Using MCPS Hub+

Employees must use MCPS Hub+ to enroll in benefits when first hired and to make changes during Employee Benefits Open Enrollment, after a qualifying life event, or upon returning from long-term leave. To access and use the system, log in to Hub+ at <https://hubplus.mcpsmd.org>.

If you are logged in to Hub+ via the MCPS computer system, enroll in benefits by following the instructions in the Benefits Employee User Guide at https://docs.google.com/document/d/10TlNCSkL5d_LX_c3uc66Pd5Ynvt8j5S79jhoTtyQEAM/edit?tab=t.0#heading=h.lb3hay88w80a.

If logged in to Hub+ on your home computer, access the user guide by—

1. selecting the **Help Desk** tab;
2. selecting the **Help Library** tile;
3. clicking on the yellow **NEW! Hub+ Employee Self-Service & HR** button;
4. scrolling down and selecting the **Benefits** link; and
5. selecting the Enroll in **Benefits (New Employees)** link.

■ Submitting Supporting Documentation

If adding a dependent to your benefits plan—whether during Open Enrollment or due to a qualifying life event—you must submit the necessary supporting documentation to ERSC.

Supporting documentation may be uploaded via Hub+ by following the steps in the Benefits Employee User Guide at https://docs.google.com/document/d/10TlNCSkL5d_LX_c3uc66Pd5Ynvt8j5S79jhoTtyQEAM/edit?tab=t.0#heading=h.s8zy7brxby71

Supporting documentation also may be submitted by—

- **EMAIL:** ersc@mcpsmd.org
- **MAIL:** 45 W. Gude Drive, Suite 1200, Rockville, Maryland 20850
- **PONY MAIL:** ERSC at 45 W. Gude Drive
- **FAX:** 301-279-3651 or 301-279-3642

YOUR BENEFIT OPTIONS AT A GLANCE

The chart below is a brief overview of your benefit options for 2027. For more information, refer to the appropriate section in this benefits summary.

BENEFIT	YOUR OPTIONS
PROTECTING YOUR HEALTH	
MEDICAL	
Open Access Plus Health Plans	- Cigna Open Access Plus (OAP) With Preferred Care Management - Cigna Open Access Plus (OAP) Without Preferred Care Management
Health Maintenance Organizations (HMO) Health Plans	- Cigna Open Access Plus In-Network (OAPIN) With Preferred Care Management - Cigna Open Access Plus In-Network (OAPIN) Without Preferred Care Management - Kaiser Permanente HMO
PRESCRIPTIONS	- CVS Caremark Prescription Drug <i>(only available to Cigna plan participants)</i> - Kaiser Permanente Prescription Drug <i>(only available to Kaiser Permanente plan participants)</i>
DENTAL	- CareFirst Preferred Dental Plan (PPO) - Aetna Dental Maintenance Organization (DMO) - Kaiser Permanente Dental Plan <i>(included in medical plan; available only to Kaiser Permanente medical plan participants)</i>
VISION	- Davis Vision (provided through CareFirst) - Kaiser Permanente Vision Plan <i>(included in medical plan; available only to Kaiser Permanente medical plan participants)</i>
WELLNESS INITIATIVES	- Health Risk Assessments - Biometric Health Screenings
PROTECTING YOUR INCOME	
FLEXIBLE SPENDING ACCOUNTS	- Medical spending account (up to \$3,400/year) - Dependent care account (up to \$7,500/year or \$3,750/year if filing separately)
BASIC TERM LIFE INSURANCE	MetLife— - Employee (81 percent paid by MCPS)—2 times annual salary - Dependent (paid by MCPS)—\$2,000/spouse, \$1,000/each eligible dependent child up to age 23
OPTIONAL LIFE INSURANCE	MetLife— - Employee—1 times annual salary (paid by employee) - Dependent—\$10,000/spouse or each eligible dependent child (paid by employee)
PROTECTING YOUR FUTURE	
DEFINED CONTRIBUTION PLANS 403(b) Tax Sheltered Savings Plan 457(b) Deferred Compensation Plan	Fidelity— You can elect a percentage of your gross biweekly pay or a flat dollar amount to contribute to one or both plans up to annual Internal Revenue Service (IRS) limits (available at www.netbenefits.com/mcps)
DEFINED BENEFIT PENSION PLANS	By completing the appropriate forms, you are enrolled in state and/or county-sponsored pension plans.

WELLNESS INITIATIVES

The MCPS Wellness Initiatives program promotes a culture of wellness by educating employees about their health and rewarding participation. Building on the work of the Well Aware employee wellness program, Wellness Initiatives is part of the MCPS benefits program and aligns with MCEA, SEIU Local 500, and MCAAP/MCBOA agreements.

If you are enrolled in an MCPS medical plan through Cigna or Kaiser Permanente, you can reduce your health insurance contributions each year by completing a biometric health screening and/or an online health risk assessment. These must be completed between the first day of fall Open Enrollment and the Friday before the following year's Open Enrollment. Incentives take effect January 1 following the deadline.

■ Biometric Health Screenings

Biometric health screenings monitor for disease and assess future medical risks. By having your blood pressure, blood sugar, body mass index (BMI), and cholesterol screened within the designated timeframe, your health insurance premium contribution will be reduced by 1 percent.

You can complete the screening through your primary care physician or at a Well Aware-sponsored health screening event.

IMPORTANT: If you are enrolled in Kaiser Permanente, you must log in at webmdhealth.com/kp/750/landing to confirm your participation in the Wellness Initiatives program and check for any additional requirements.

■ Health Risk Assessments

Health risk assessments are online surveys about your health and lifestyle that help establish a baseline of your current health.

You must complete the assessment through your enrolled medical plan by creating an online account:

- **CIGNA:** www.MyCigna.com
- **KAISER PERMANENTE:** www.kp.org

Your personal information is protected by HIPAA. MCPS will not see the results of your screening or assessment; your insurance carrier will only notify MCPS that you have completed them.

MEDICAL COVERAGE

You may choose one of the following medical plan options:

OPEN ACCESS PLUS (OAP) PLANS

- Cigna OAP With Preferred Care Management
- Cigna OAP Without Preferred Care Management

HEALTH MAINTENANCE ORGANIZATION (HMO) PLANS

- Cigna OAP In-Network (OAPIN) With Preferred Care Management
- Cigna OAPIN Without Preferred Care Management
- Kaiser Permanente HMO

■ Open Access Plus (OAP) Plans

CIGNA OAP

MCPS offers two Cigna OAP plans—one with Preferred Care Management and one without. Combining HMO and indemnity features, these plans offer two care options with no referrals required for in-network visits. The OAP with Preferred Care Management requires prior authorization before receiving care.

Plan Features

- **IN-NETWORK (HMO-LIKE):** Full range of services provided or authorized by a primary care physician or in-network specialist.
- **OUT-OF-NETWORK (INDEMNITY-LIKE):** Covers services received from out-of-network providers after you meet the applicable deductible and coinsurance requirements. You pay any costs exceeding the plan's usual, customary, and reasonable (UCR) charges.

FOR MORE INFORMATION VISIT: www.montgomeryschoolsmd.org/departments/ersc/employees/benefits/health/medical/cigna/

■ Health Maintenance Organization (HMO) Plans

CIGNA OAPIN

MCPS offers two Cigna OAPIN plans—one with Preferred Care Management and one without. This HMO-style option features a nationwide network, low out-of-pocket costs, and member discounts on fitness, nutrition, and weight management wellness programs. To learn more about the discounts, visit the MCPS Well Aware web page at www.montgomeryschoolsmd.org/staff/wellness/.

Plan Features

- **IN-NETWORK ONLY:** Benefits are strictly limited to network providers, except during a true emergency.
- **NO REFERRALS OR DEDUCTIBLES:** You can visit any Cigna network provider without a referral, and the plan pays benefits without requiring a yearly deductible.

- **PRIMARY CARE PHYSICIAN (PCP) OPTION:** You can choose a PCP to coordinate your care, paying only a copayment for most services with no claim forms to file.

FOR MORE INFORMATION VISIT: www.montgomeryschoolsmd.org/departments/ersc/employees/benefits/health/medical/cigna/

KAISER PERMANENTE HMO

The Kaiser Permanente HMO combines doctors, specialists, pharmacies, labs, X-rays, medical facilities, ambulatory surgery, prescription drug coverage, and diabetic supply benefits in one integrated plan.

Plan Features

Network and Facilities

- More than 1,300 physicians across more than 50 specialties and 54 medical centers in the MCPS service area.
- 14 urgent care locations, including six 24/7 advanced urgent care centers.
- Health education and discounts on select specialty services.
- Locations available at www.kp.org/locations or call 1-800-777-7902.

Health Care and PCP Management

- Choose a medical center and primary care physician (PCP); if you do not, Kaiser will assign you to the center nearest your home.
- Each covered family member may choose their own center and PCP.
- Your PCP coordinates all healthcare, including specialty and hospital care.
- You may change your doctor, PCP, or medical center at any time.

FOR MORE INFORMATION VISIT: www.montgomeryschoolsmd.org/departments/ersc/employees/benefits/health/medical/kaiser/

■ Cigna Preferred Care Management

Cigna's Preferred Care Management program coordinates care among Cigna nurse advocates (case managers), network physicians, outpatient providers, and other healthcare professionals to help ensure that you and your family receive appropriate services.

Prior authorization (approval before receiving care) is required. Your health care provider is responsible for obtaining prior authorization unless you use an out-of-network provider, in which case you are responsible. All inpatient hospital admissions require prior authorization.

Learn more at www.montgomeryschoolsmd.org/siteassets/district/departments/ersc/employees/benefits/health/medical/cigna_preferred_care_management_flyer.pdf

Preventive Care Services

Under the Patient Protection and Affordable Care Act, certain preventive care services are covered without copays when provided by in-network providers, regardless of your medical plan. Covered services for adults and children are listed in the charts on the following pages. Preventive services not listed are subject to the copays shown in the HMO and POS comparison charts. Out-of-network copays are listed in the POS comparison chart.

PREVENTIVE SERVICES COVERED WITH ZERO COPAY FOR ADULTS	
PREVENTIVE SERVICE COVERED	WHO IS ELIGIBLE, ADDITIONAL DETAILS
Abdominal Aortic Aneurysm Screening	one-time screening for men of specified ages who have ever smoked
Alcohol Misuse Screening and Counseling	all adults
Aspirin Use	men and women of certain ages
Blood Pressure Screening	all adults
Cholesterol Screening	adults of certain ages or at higher risk
Colorectal Cancer Screening	adults over 50
Depression Screening	all adults
Type 2 Diabetes Screening	adults with high blood pressure
Diet Counseling	adults at higher risk for chronic disease
HIV Screening	all adults at higher risk
Immunizations for: • Hepatitis A • Hepatitis B • Herpes Zoster • Human Papillomavirus • Influenza • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Tetanus, Diphtheria, Pertussis • Varicella	doses, recommended ages, and recommended populations vary
Obesity Screening and Counseling	all adults
Sexually Transmitted Infection (STI) Prevention Counseling	adults at higher risk
Tobacco Use Screening	all adults and cessation interventions for tobacco users, expanded counseling for pregnant tobacco users
* Using in-network providers only	

PREVENTIVE SERVICES COVERED WITH ZERO COPAY FOR WOMEN	
PREVENTIVE SERVICE COVERED	WHO IS ELIGIBLE, ADDITIONAL DETAILS
Annual well-woman visit	all women
Syphilis Screening	all pregnant women, all adults at higher risk
Anemia Screening	pregnant women, on a routine basis
Bacteriuria Urinary Tract or Other Infection Screening	pregnant women
BRCA Counseling about Genetic Testing	women at higher risk
Breast Cancer Mammography Screenings	women over 40, every 1 to 2 years
Breast Cancer Chemoprevention Counseling	women at higher risk
Breast Feeding Interventions	women (to support and promote breast feeding)
Breast Feeding Support, Supplies, and Counseling	women (to support and promote breast feeding)
Cervical Cancer Screening	sexually active women
Chlamydia Infection Screening	younger women and other women at higher risk
Contraceptive Methods and Counseling (FDA-approved**), including: • Female Condom (OTC) • Diaphragm (P) with Spermicide (OTC) • Sponge (OTC) with Spermicide (OTC) • Cervical Cap (P) with Spermicide (OTC) • Spermicide (OTC) • Oral Contraceptive (P) » Combined Pill » Progestin » Extended/Continuous • Patch (P) • Vaginal Contraceptive Ring (P) • Shot/Injection (P) • Morning After Pill (over 17 years of age OTC; under 17 years of age P) • IUD (P) • Implantable Rod (inserted by doctor) • Sterilization Surgery • Sterilization Implant (OTC) Over the Counter • (P) Prescription Required	all women
Folic Acid Supplements	women who may become pregnant
Gonorrhea Screening	all women at higher risk
Gestational Diabetes Screening	pregnant women
Hepatitis B Screening	pregnant women at their first prenatal visit
Human Immunodeficiency Virus (HIV) Counseling and Screening	all women, on an annual basis
Human Papillomavirus (HPV) Testing	all women
Interpersonal and Domestic Violence Screening and Counseling	all women
Osteoporosis Screening	women over age 30 depending on risk factors
Rh Incompatibility Screening	all pregnant women and follow-up testing for women at higher risk
Sexually Transmitted Infections Counseling	all women, on an annual basis
**Using in-network providers only **Includes surgical, prescription, medical, and OTC services/products. Sterilization is considered a contraceptive method. Abortion IS NOT considered a contraceptive method.	

PREVENTIVE SERVICES COVERED WITH ZERO COPAY FOR CHILDREN	
SERVICE	WHO IS ELIGIBLE, ADDITIONAL DETAILS
Alcohol and Drug Use Assessments	adolescents
Autism Screening	children at 18 and 24 months
Behavioral Assessments	children of all ages
Cervical Dysplasia Screening	sexually active females
Congenital Hypothyroidism Screening	newborns
Developmental Screening	children under age 3, and surveillance throughout childhood
Dyslipidemia Screening	children at higher risk of lipid disorders
Fluoride Chemoprevention Supplements	children without fluoride in their water source
Gonorrhea Preventive Medication for the Eyes	all newborns
Hearing Screening	all newborns
Height, Weight, and Body Mass Index Measurements	children of all ages
Hematocrit or Hemoglobin Screening	children of all ages
Hemoglobinopathies or Sickle Cell Screening	newborns
HIV Screening	adolescents at higher risk
Immunization Vaccines for: • Diphtheria, Tetanus, Pertussis • Haemophilus Influenzae Type B • Hepatitis A • Hepatitis B • Human Papillomavirus • Inactivated Poliovirus • Influenza • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Rotavirus • Varicella	children from birth to age 18; doses, recommended ages, and recommended populations vary
Iron Supplements	children ages 6 to 12 months at risk for anemia
Lead Screening	children at risk of exposure
Medical History	all children, available throughout development
Obesity Screening and Counseling	children of all ages
Oral Health Risk Assessment	young children
Phenylketonuria (PKU) Screening for Genetic Disorder	newborns
Sexually Transmitted Infection (STI) Prevention Counseling	adolescents at higher risk
Tuberculin Testing	children at higher risk of tuberculosis
Vision Screening	children of all ages
* Using in-network providers only	

Health Maintenance Organization (HMO Plans)	Kaiser Permanente HMO Plan	CIGNA Open Access Plus In-network (OAPIN) Plan WITH Preferred Care Management	CIGNA Open Access Plus In-network (OAPIN) Plan WITHOUT Preferred Care Management
Annual Deductible	None	None	None
PREVENTIVE CARE			
Routine Physical Exam	Covered in full	Covered in full	Covered in full
Well Baby/Child Care	Covered in full (under age 5)	Covered in full	Covered in full
Childhood Immunizations	Covered in full (under age 5)	Covered in full	Covered in full
PHYSICIAN SERVICES			
Physician Office Visit	\$10 copay	\$10 copay	\$10 copay
Specialist Office Visit	\$20 copay	\$20 copay	\$20 copay
Lab Work and X-rays	Covered in full	Covered in full	Covered in full
Allergy Shots	\$10 copay	\$10 copay \$20 specialist copay	\$10 copay \$20 specialist copay
MATERNITY CARE			
Prenatal and Postnatal Care	\$10 copay, no charge once pregnancy is confirmed*	Covered in full	Covered in full
Physician Services	Covered in full	\$10 copay	\$10 copay
Hospital Services	Covered in full	Covered in full	Covered in full
EMERGENCY SERVICES (WHEN MEDICALLY NECESSARY)			
Urgent Care Centers	\$20 copay	\$20 copay	\$20 copay
Emergency Room	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
Emergency Physician Services	Covered in full	Covered in full	Covered in full
Emergency Ambulance	Covered in full if authorized	Covered in full	Covered in full
HOSPITAL SERVICES—INPATIENT			
Semi-private Room	Covered in full	Covered in full	Covered in full
Professional Services	Covered in full	Covered in full	Covered in full
Surgical Procedures	Covered in full	Covered in full	Covered in full
Specialty Care/Consultation	Covered in full	Covered in full	Covered in full
Anesthesia	Covered in full	Covered in full	Covered in full
Radiology and Drugs	Covered in full	Covered in full	Covered in full
Intensive Care	Covered in full	Covered in full	Covered in full
Coronary Care	Covered in full	Covered in full	Covered in full
HOSPITAL SERVICES—OUTPATIENT			
Surgical Procedures	\$20 copay	\$20 copay	\$20 copay
Professional Fees	Covered in full	\$10 copay \$20 specialist copay	\$10 copay \$20 specialist copay
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES			
Inpatient Days	Covered in full	Covered in full	Covered in full
Outpatient Visits	\$10 copay	\$10 copay	\$10 copay
OTHER SERVICES			
Catastrophic Illness	Covered in full	Covered in full	Covered in full
Durable Medical Equipment	Covered in full	You pay 25%	You pay 25%
Home Health Care	Covered in full	Covered in full	Covered in full
Hospice Care	Covered in full	Covered in full	Covered in full
Skilled Nursing Care	Covered in full up to 100 days	Covered in full	Covered in full

*Applies to services not specifically listed in the previous preventive care charts.

Open Point-of-Service (POS) Plan	Cigna Open Access Plus (OAP) Plan WITH Preferred Care Management	
	IN- NETWORK	OUT-OF- NETWORK
Annual Deductible	None	\$300 individual \$600 family
PREVENTIVE CARE		
Routine Physical Exam	\$15 copay*	Not covered
Well Baby/Child Care	\$15 copay*	80%, no deductible
Childhood Immunizations	Covered in full	80%, no deductible
PHYSICIAN SERVICES		
Physician Office Visit	\$15 copay	80% after deductible
Specialist Office Visit	\$25 copay	80% after deductible
Lab Work and X-rays	Covered in full	Diagnostic: 80% after deductible Routine: not covered
Allergy Evaluations	\$15 copay each visit	80% after deductible
Allergy Shots	Covered in full	80% after deductible
MATERNITY CARE		
Prenatal and Postnatal Care	\$25 copay first visit, covered in full after*	80% after deductible
Physician Services	Covered in full	80% after deductible
Hospital Services	Covered in full	80% after deductible
EMERGENCY SERVICES (WHEN MEDICALLY NECESSARY)		
Urgent Care Centers	\$25 copay	\$25 copay, then plan pays 80%
Emergency Room	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
Emergency Physician Services	Covered in full	Covered in full
Emergency Ambulance	Covered in full	Covered in full
HOSPITAL SERVICES—INPATIENT		
Semi-private Room	Covered in full	80% after deductible
Professional Services	Covered in full	80% after deductible
Surgical Procedures	Covered in full	80% after deductible
Specialty Care/Consultation	Covered in full	80% after deductible
Anesthesia	Covered in full	80% after deductible
Radiology and Drugs	Covered in full	80% after deductible
Intensive Care	Covered in full	80% after deductible
Coronary Care	Covered in full	80% after deductible
HOSPITAL SERVICES—OUTPATIENT		
Surgical Procedures	Covered in full	80% after deductible
Professional Fees	Covered in full	80% after deductible
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES		
Inpatient Days	Covered in full	80% after deductible
Outpatient Visits	\$15 copay	80% after deductible
OTHER SERVICES		
Catastrophic Illness	Covered in full	Covered in full after \$1,000 out-of-pocket expenses (excludes deductible)
Durable Medical Equipment	Covered in full	80% after deductible
Home Health Care/ Skilled Nursing Care	Covered in full (Up to 30 visits for both in- and out-of-network)	80% after deductible (Up to 30 visits for both in- and out-of-network)
Hospice Care	Covered in full	80% after deductible

*Applies to services not listed in the previous preventive care charts.

**Does not include diabetic supplies such as lancets, glucose strips, etc.

Open Point-of-Service (POS) Plan	Cigna Open Access Plus (OAP) Plan WITHOUT Preferred Care Management	
	IN- NETWORK	OUT-OF- NETWORK
Annual Deductible	\$200 individual \$400 family	\$500 individual \$1,000 family
PREVENTIVE CARE		
Routine Physical Exam	\$15 copay*	Not covered
Well Baby/Child Care	\$15 copay*	80%, no deductible
Childhood Immunizations	Covered in full	80%, no deductible
PHYSICIAN SERVICES		
Physician Office Visit	\$15 copay	80% after deductible
Specialist Office Visit	\$25 copay	80% after deductible
Lab Work and X-rays	Covered in full	Diagnostic: 80% after deductible Routine: not covered
Allergy Evaluations	\$15 copay each visit	80% after deductible
Allergy Shots	Covered in full	80% after deductible
MATERNITY CARE		
Prenatal and Postnatal Care	\$25 copay first visit, covered in full after*	80% after deductible
Physician Services	Covered in full	80% after deductible
Hospital Services	Covered in full	80% after deductible
EMERGENCY SERVICES (WHEN MEDICALLY NECESSARY)		
Urgent Care Centers	\$25 copay	\$25 copay, then plan pays 80%
Emergency Room	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
Emergency Physician Services	Covered in full	Covered in full
Emergency Ambulance	Covered in full	Covered in full
HOSPITAL SERVICES—INPATIENT		
Semi-private Room	Covered in full	80% after deductible
Professional Services	Covered in full	80% after deductible
Surgical Procedures	Covered in full	80% after deductible
Specialty Care/Consultation	Covered in full	80% after deductible
Anesthesia	Covered in full	80% after deductible
Radiology and Drugs	Covered in full	80% after deductible
Intensive Care	Covered in full	80% after deductible
Coronary Care	Covered in full	80% after deductible
HOSPITAL SERVICES—OUTPATIENT		
Surgical Procedures	Covered in full	80% after deductible
Professional Fees	Covered in full	80% after deductible
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES		
Inpatient Days	Covered in full	80% after deductible
Outpatient Visits	\$15 copay	80% after deductible
OTHER SERVICES		
Catastrophic Illness	Covered in full	Covered in full after \$1,000 out-of-pocket expenses (excludes deductible)
Durable Medical Equipment	Covered in full	80% after deductible
Home Health Care/ Skilled Nursing Care	Covered in full (Up to 30 visits for both in- and out-of-network)	80% after deductible (Up to 30 visits for both in- and out-of-network)
Hospice Care	Covered in full	80% after deductible

*Applies to services not listed in the previous preventive care charts.

**Does not include diabetic supplies such as lancets, glucose strips, etc.

DENTAL COVERAGE

If you are eligible for benefits, you may choose from the following dental plans:

- CareFirst Dental Plan (PPO)
- Aetna Dental Maintenance Organization (DMO)

Kaiser Permanente medical plan members are automatically enrolled in the Kaiser Permanente dental plan. They also may enroll in either the CareFirst PPO plan or Aetna DMO plan.

CareFirst Preferred Dental Plan (PPO)

The CareFirst Dental PPO plan offers the freedom to choose any dentist and provides both in-network and out-of-network benefits.

PLAN FEATURES

- **PROVIDER CHOICE:** In-network (PPO) dentists provide a higher level of benefits. Out-of-network dentists offer less generous benefits, and reimbursement is subject to deductibles, copays, and reasonable and customary charges.
- **CLEANINGS:** Prophylaxis (scaling and polishing) is covered up to two times per calendar year.
- **ORTHODONTICS:** Available only to dependent children of active employees who were enrolled in the MCPS plan and under age 20 when treatment began. Features a \$1,000 lifetime maximum benefit per child, covering 50 percent of the allowed charge in-network and 30 percent out-of-network.

FINDING AN IN-NETWORK PROVIDER

Call 1-888-755-2657 or visit www.carefirst.com/mcps and follow these steps:

1. Under Find a Doctor, click **Search Now**.
2. Log in to My Account.
3. Select **Dental**.
4. Search by Name or Specialty.

FOR MORE INFORMATION, VISIT: www.montgomeryschoolsmd.org/departments/ersc/employees/benefits/health/dental/

Aetna Dental Maintenance Organization (DMO)

To enroll in the Aetna DMO plan, you must contact Aetna directly to confirm you live in the service area.

PLAN FEATURES

- **IN-NETWORK ONLY:** Benefits apply only when using network dentists. No annual deductible and no annual maximum benefit limit.
- **COVERAGE LEVELS:** Coverage is 100 percent for preventive and basic services; 75 percent for major services.

- **ORTHODONTICS:** Available only to dependent children of active employees enrolled in the MCPS plan and under age 20 when treatment begins. Covers 50 percent of the scheduled fee, limited to one full treatment per eligible child, with no lifetime maximum.

FINDING AN IN-NETWORK PROVIDER

You must choose a primary dentist from the participating DMO list and be added to their roster before your first visit. To select a provider, call 1-800-843-3661 or visit www.aetna.com/docfind.

FOR MORE INFORMATION, VISIT: www.montgomeryschoolsmd.org/departments/ersc/employees/benefits/health/dental/

■ Kaiser Permanente Dental Plan

The Kaiser Permanente medical and prescription plan includes in-network dental benefits for adults and children.

PLAN FEATURES

- **COVERAGE:** Administered through Liberty Dental, covering a wide range of preventive, diagnostic, and restorative services at a fixed cost and low out-of-pocket payments.
- **ELIGIBILITY:** Available only to Kaiser Permanente members.

FINDING AN IN-NETWORK PROVIDER

Find an in-network dentist at www.kp.org/dentalprovider/mas.

MORE INFORMATION

- View the adult and child schedule of benefits at www.montgomeryschoolsmd.org/departments/ersc/employees/benefits/health/dental/.
- Learn more about the plan at <https://myhealth.kaiserpermanente.org/dental/employers-plans/#midsize-large>
- For more information, visit: www.montgomeryschoolsmd.org/departments/ersc/employees/benefits/health/dental/

DENTAL BENEFITS	CAREFIRST PPO		AETNA DMO
	In-network Plan pays	Out-of-network Plan pays	In-network Only Plan pays
Maximum Annual Benefit*	\$2,000	\$2,000	None
ANNUAL DEDUCTIBLE			
Class I	None	None	None
Class II	\$50	\$100	None
Class III	\$50	\$100	None
DIAGNOSTIC (CLASS I)			
Routine exams			100%
X-rays			100%
Prophylaxis (includes scaling and polishing)			100%
Fluoride (one treatment per year up to age 18)			100%
Sealants (one treatment every three years on permanent molars only under age 16)			100%
Oral Hygiene Instruction			100%
	100% Oral Hygiene Instruction not covered	80% Oral Hygiene Instruction not covered	
BASIC (CLASS II)			
Amalgam	100%	80%	100%
Composite Filling (anterior tooth only)	100%	80%	100%
Pulp Capping	100%	80%	100%
Root Canal Therapy with X-rays and Cultures (other than molar root canal)	100%	80%	100%
Scaling and Root Planing	100%	80%	100%
BASIC (CLASS II)			
Space Maintainers	100%	80%	75%
Molar Root Canal Therapy	100%	80%	75%
Osseous Surgery (periodontal surgery)	100%	80%	75%
General Anesthesia	100%	80%	75%
Surgical Removal of Impacted Teeth (partial bony/full bony)	100%	80%	75%
MAJOR (CLASS III)			
Inlays, Onlays, and Crowns	50%	40%	
Full and Partial Dentures	50%	Maximum eligible charge per service: \$400	75%
Bridge Pontics and Abutments	50%		
MAJOR (CLASS III)			
Surgical Removal of Impacted Teeth	100%	80% Maximum eligible charge per service: \$400	75%
ORTHODONTICS** (CLASS IV)			
Orthodontic Appliances and Treatment (one lifetime treatment per covered dependent child only if treatment begins prior to age 20 while covered under the MCPS plan)	50%, up to \$1,000 lifetime maximum	30%, up to \$1,000 lifetime maximum	50%, no lifetime maximum
DENTAL IMPLANTS	50%	N/A	N/A

*The \$2,000 maximum annual benefit is a combined total benefit from in-network and/or out-of-network benefit total.

** The \$1,000 maximum lifetime benefit is a combined total benefit from in-network and/or out-of-network benefit total.

KAISER PERMANENTE PREVENTIVE DENTAL PLAN	
\$30 copay per preventive-care office visit, which includes— • Oral exams up to 2 per year • Cleanings, up to 2 per year • Bitewing X-rays, up to 2 per year	More extensive care (fillings, crowns, dentures, root canals, periodontal treatment, oral surgery, etc.) is provided at a lower cost than usual for these services.

VISION COVERAGE

If you are eligible for benefits, you may enroll in vision coverage through Davis Vision (administered by CareFirst). Members enrolled in the Kaiser Permanente medical plan are automatically enrolled in the Kaiser Permanente vision plan and may also choose to enroll in the Davis Vision plan.

Davis Vision Plan

The Davis Vision Plan provides access to vision care through a network of independent optometrists, ophthalmologists, and select retail providers. When you use a participating Davis Vision provider, eligible benefits are applied at the time of service—no claim forms are required.

SERVICE	MAXIMUM BENEFIT	LIMITS
EXAMS		
Optometrist	\$50	One exam during any consecutive 12-month period
Ophthalmologist	\$66	
FRAMES		
Frames only	\$40	One set of frames during any consecutive 12-month period (in lieu of contact lenses)
LENSES ONLY, PER PAIR		
Single vision	\$40	Two lenses during any consecutive 12-month period (in lieu of contact lenses)
Bifocal	\$70	
Trifocal	\$90	
Lenticular	\$240	
CONTACT LENSES		
Medically Necessary*	\$230	In lieu of lenses and frames
Standard or Disposable	\$80	

**Contact lenses are covered up to \$230 only if they are prescribed after cataract surgery or when needed to restore the visual acuity of the person's healthier eye to 20/70 or better, and if this cannot be accomplished with regular glasses. Otherwise, they are covered at \$80 in lieu of glasses.*

COVERAGE LIMITATIONS

Benefits are not provided for—

- More than one eye examination, including refraction, and two lenses per person during any consecutive 12-month period.
- More than one set of frames per person during any consecutive 12-month period.
- Services and materials related to special procedures (such as orthoptics and vision training) or medical or surgical treatment of the eye.
- Prescription or non-prescription sunglasses.
- Replacement of lost, stolen, or broken lenses or frames provided under this benefit.
- Employer-required eye examinations as a condition of employment when the employer is responsible for providing the examination under a labor agreement or government regulation.

- Eye care services or supplies covered under another benefit of the health plan, such as treatment for eye infections or eye surgery.

VALUE-ADDED FEATURES

- **REPLACEMENT CONTACT LENSES:** Order online through www.DavisVisionContacts.com after using your initial benefit.
- **LASIK DISCOUNTS:** Save up to 25 percent on participating provider fees (or 5 percent off advertised specials, whichever is lower). Call 1-800-783-5602 to locate participating LASIK providers.

OUT-OF-NETWORK SERVICES

- If you use a non-participating provider, pay the provider at the time of service and submit a claim to Davis Vision for reimbursement based on your out-of-network benefits.

NEED MORE INFORMATION?

Visit www.carefirst.com/mcps to access the Davis Vision website or call 1-800-783-5302. Hours of operation are—

- Monday–Friday, 8:00 a.m.–8:00 p.m.
- Saturday, 9:00 a.m.–4:00 p.m.

ADDITIONAL PLAN INFORMATION IS AVAILABLE AT

www.montgomeryschoolsmd.org/departments/ersc/employees/benefits/health/vision/.

Kaiser Permanente Vision Plan

Kaiser Permanente medical and prescription coverage includes a vision program within the plan premium. This program offers in-network-only benefits. Vision benefits are provided by Vision Essentials. There are 18 Vision Essentials locations in the MCPS service area. For more information and a list of the Vision Essentials locations near you, visit kp2020.org.

For full vision plan details, visit www.montgomeryschoolsmd.org/departments/ersc/employees/benefits/health/medical/kaiser.aspx and select **Evidence of Coverage**.

The in-network benefits include the following:

KAISER PERMANENTE VISION PLAN	COPAYS
EXAMS	
Optometrist	\$10 per visit
Ophthalmologist	\$20 per visit
LENSES AND FRAMES	
(Limited to a select group)	\$75 discount off retail price combined for lenses and frames purchased at KP Optical
CONTACT LENSES	
(Limited to a select group)	\$25 discount off the retail price for contact lenses purchased at KP Optical
MEDICALLY NECESSARY CONTACT LENSES:	
(Limited to a select group)	No charge, limited to two pair per eye, per year
LOW VISION AIDS	
(Unlimited low vision aids from available supply)	No charge

PRESCRIPTION DRUG COVERAGE

Two prescription drug plans are offered to MCPS employees. Eligibility for a plan depends on which medical plan you choose. If you enroll in a Cigna medical plan or if you decline medical coverage, you are eligible to enroll in the CVS/Caremark prescription drug plan. If you enroll in the Kaiser Permanente HMO, you must enroll in the Kaiser Permanente prescription drug plan to receive a prescription drug benefit.

■ **Plan Eligibility**

- **CIGNA MEDICAL OR NO COVERAGE:** Eligible for the CVS/Caremark prescription plan.
- **KAISER PERMANENTE HMO:** Must use the Kaiser Permanente prescription plan.

■ **CVS/Caremark Prescription Plan**

SHORT-TERM AND LONG-TERM MAINTENANCE RULES

- **SHORT-TERM MEDICATIONS (FOR COLDS, FLU, ETC.):** Maximum 30-day supply. Fill at any participating retail pharmacy using your card.
- **LONG-TERM MAINTENANCE MEDICATIONS (FOR CHRONIC CONDITIONS):** Must be filled in 90-day increments (maximum of three refills) to avoid penalty fees.
 - » **THE 1-2 RULE:** You are allowed one initial fill and one refill (up to 30 days) at any retail pharmacy.
 - » **MANDATORY SHIFTING:** After the second fill, you must use a CVS retail pharmacy or the CVS/Caremark Mail Service.
 - » **PENALTY:** If you continue using a non-CVS retail pharmacy after the second fill, you must pay the retail copay plus the difference between the mail-order and retail prescription cost.

MAIL SERVICE, PHARMACY NETWORK, AND DIABETIC SUPPLIES

To use CVS/Caremark Mail Service Pharmacy or CVS retail—

- **MAIL ORDER FILL:** Obtain a 90-day prescription (maximum of three refills) from your doctor. Mail it, along with a CVS/Caremark Mail Service Pharmacy Order Form to CVS/Caremark. Allow 10–14 business days. Refills may be ordered online at caremark.com or by calling the automated refill line at 1-800-378-7558.
- The mail service order form is available at www.montgomeryschoolsmd.org/departments/ersc/employees/forms/
- **CVS RETAIL FILL:** Submit a 90-day prescription directly to a CVS pharmacist.
- **COPAYS:** The copay for a 90-day supply of maintenance medication is the same whether purchased from a CVS retail pharmacy or from the CVS/Caremark Mail Service.
- **SWITCHING DELIVERY METHOD:** To switch an active long-term prescription from mail service to a CVS retail pharmacy, you must call Customer Care at 1-800-378-7558.

NONPARTICIPATING PHARMACIES

Most major pharmacies are in-network. If you use an out-of-network pharmacy, you must pay 100 percent of the cost upfront and may submit a paper claim form to ERSC/CVS. Reimbursement is limited to the network price minus your copay.

	RETAIL (UP TO 30-DAY SUPPLY)	CVS CAREMARK MAIL SERVICE PHARMACY OR CVS RETAIL PHARMACY (UP TO 90-DAY SUPPLY)
Generic	\$10 copay One refill allowed for maintenance medications	\$10 copay
Preferred Brand Name (no generic equivalent)*	\$25 copay One refill allowed for maintenance medications	\$25 copay
Non-preferred Brand Name**	\$40 copay One refill allowed for maintenance medications	\$40 copay***
*Detailed information is available on the CVS/Caremark website. **If you purchase a brand name drug when a generic equivalent exists, you pay the generic drug copay plus the difference between the non-preferred brand name drug and generic drug cost. Example: Generic drug cost is \$100, non-preferred brand name drug cost is \$200, and your copay is \$110. ***There is no penalty for purchasing a brand name drug that has a generic equivalent if a letter of medical necessity is filed. See details on following page.		

MEDICALLY NECESSARY BRAND EXCEPTIONS

You can pay the brand-name copay with no penalty (mail order only) if your doctor proves the brand-name drug is medically necessary.

- **REQUIREMENTS:** Your doctor must submit a detailed medical justification on official letterhead (not written on the prescription) matching FDA-approved criteria. Simply stating that the brand-name drug is preferred is not sufficient.
- **REQUIRES:** yearly medical necessity updates.
- **SUBMIT LETTER TO:** CVS/Caremark, Inc., Department of Appeals, MC109, P.O. Box 52084, Phoenix, AZ 85072-2084 | Fax: 1-866-689-3092.

EXCLUSIONS, RESTRICTIONS, AND PRIOR AUTHORIZATION

- **COVERAGE EXCLUSIONS (100 PERCENT MEMBER COST):** Over-the-counter drugs, cosmetic drugs, experimental drugs, and vitamins are excluded from coverage. (They can be purchased at the network's discounted rate.)
- **COMPOUND DRUGS:** Preauthorization from Caremark is required if the cost is \$300 or more.
- **OPIOIDS:** Total dosage is limited based on the Centers for Disease Control (CDC) Morphine Milligram Equivalent (MME) guidelines. Prescribers must call 1-800-294-5979 if a prescription exceeds the allowed limits.
- **QUANTITY LIMITS:** Erectile dysfunction drugs are limited to 6 doses per month.
- **DRUGS REQUIRING PRIOR AUTHORIZATION:** Anabolic steroids, some acne treatments, Botox, growth hormones, and fungal infection medications.
 - » Doctors must call 1-800-626-3046 with a diagnosis. Approved prior authorizations are valid for the life of the prescription (maximum of 1 year).

- **PROGRAM PARTICIPATION REQUIRED:** Smoking cessation and weight loss medications require participation in corresponding programs.

SPECIALIZED MEDICATION MANAGEMENT

- Glucagon-like Peptide 1 Agonists (GLP-1)
 - » **MEDICATION MANAGEMENT:** GLP-1 management prevents off-label use for weight loss.
 - » **SMART LOGIC (AUTO-APPROVAL):** Automatically covered without disruption if claims history shows—
 - ~ An ICD-10 code for type 2 diabetes,
 - ~ Prior paid claims for Metformin, and
 - ~ Prior paid claims for diabetes meds/supplies.
 - » **PRIOR AUTHORIZATION REVIEW:** If the patient does not meet Smart Logic requirements, a prior authorization case review and diagnostic documentation are required.
- **SPECIALTY DRUG COVERAGE:** Specialty drugs treat conditions like multiple sclerosis, cancer, allergic asthma, growth hormone disorders, hepatitis C, psoriasis, rheumatoid arthritis, and respiratory syncytial virus (RSV).
 - » **SPECIALTY GUIDELINE MANAGEMENT:** Your doctor must coordinate directly with CVS/Caremark to obtain approval for these prescriptions. (Call the number on your ID card or visit [caremark.com](https://www.caremark.com) to ask if your medication is a specialty drug.)

PRESCRIPTION PLAN MANAGEMENT

- **GENERIC DRUG STEP THERAPY:** To manage costs, you may be required to try a generic alternative before certain brand-name drugs are covered. View a list of affected drugs at [caremark.com](https://www.caremark.com).
- **PRUDENTRX PROGRAM:** Certain specialty medications carry a 30 percent coinsurance. The PrudentRx program covers this coinsurance and waives any copay by securing drug manufacturer copay assistance.
 - » **ENROLLMENT:** Enrollment is automatic when you fill or pick up an eligible drug at CVS.
 - » **PRUDENTRX SPECIALTY DRUG LIST:** Lists medications covered under PrudentRx; available at www.prudentrx.com/prudentes/.
 - » **NON-PRUDENTRX SPECIALTY DRUGS:** Standard preferred (\$25) or non-preferred (\$40) brand copays apply.
 - » **OPT OUT:** To opt out of the program, call PrudentRx at 1-800-578-4403.
- **DIABETIC SUPPLIES:** Diabetic supplies are considered maintenance drugs and must follow the 90-day maintenance supply rules.
 - » Supply limits—
 - ~ Up to 600 strips, swabs, and lancets every 90 days, or
 - ~ 200 test strips, 200 alcohol swabs, and 200 lancets every 30 days
 - » **DEVICE LIMIT:** One lancet device per 180 days.

- **DURABLE MEDICAL EQUIPMENT (DME):** Insulin pumps and their associated supplies are covered under your medical plan's DME provisions, not under your prescription plan.

■ Kaiser Permanente Prescription Plan

The Kaiser Permanente prescription plan pays for prescriptions you fill at either Kaiser Medical Center pharmacies, participating Kaiser network pharmacies (see list at kp.org), or through the Kaiser mail order pharmacy.

MEDICATION SUPPLY COVERAGE

- **SHORT-TERM MEDICATIONS (FOR COLDS, INFECTIONS, ETC.):** Up to a 60-day supply at a Kaiser Medical Center pharmacy or a participating network pharmacy.
- **LONG-TERM MAINTENANCE MEDICATIONS (HIGH BLOOD PRESSURE, DIABETES, ETC.):** Up to a 90-day supply via the Kaiser mail order program.

MAIL ORDER RULES

- **FIRST-FILL RULE:** Fill your first maintenance prescription at a Kaiser Medical Center pharmacy—in order to consult with a pharmacist—before switching to mail order.

COPAY STRUCTURE

Refer to the chart below for information about your prescription costs under the plan.

	KAISER MEDICAL CENTER PHARMACY (up to 60-day supply)	KAISER MEDICAL PHARMACY (up to 60-day supply)	MAIL ORDER (up to 90-day supply)
Kaiser Generic	\$10 copay	\$15 copay	\$10 copay
Kaiser Brand Name <i>(only when no generic equivalent is available)</i>	\$15 copay	\$20 copay	\$15 copay

EXCLUSIONS AND SPECIAL RULES

- **EXCLUSIONS:** Over-the-counter cosmetics, experimental drugs, and vitamins are not covered.
- **DENTAL PRESCRIPTION:** Covered only when prescribed for antibiotics or pain medications. For any other dental prescriptions, you must contact your Kaiser physician first to receive benefits.
- **INSULIN:** Standard prescription coverage and copays apply to insulin.

LIFE INSURANCE

■ Employee Term Life Insurance

BASIC EMPLOYEE TERM LIFE INSURANCE

- **ENROLLMENT:** Automatic on the first day of the month following your hire date (has no cash value)
- **DECLINING/CANCELING:** Decline online via Hub+ during initial benefits enrollment. You may cancel at any time. If declined or cancelled, you can only enroll during annual Open Enrollment, and you must provide evidence of insurability.
- **COVERAGE CALCULATION:** Annual salary (excluding overtime, stipends, and non-guaranteed pay) rounded to the closest \$1,000, then multiplied by two. For example: An employee with a salary of \$52,300 would have \$104,600 of employee basic term life coverage (\$52,300 x 2).
- **BENEFIT CAP:** \$550,000 maximum
- **COST SHARING:** You pay 19 percent via payroll; MCPS pays 81 percent.
- **TAX IMPUTATION:** Under Internal Revenue Service (IRS) rules, the value of employer-paid premiums for coverage exceeding \$50,000 is taxed as imputed income. This appears on your Pay Statement as Exs Life (Excess Life Insurance).
- **BENEFICIARIES:** Update online any time via Hub+ (**Me** tab > **Benefits** tile). Under Quick actions, click the **Designate Life Insurance Beneficiary(ies)** link to complete the online form.
- **ACCELERATED DEATH BENEFIT—**
 - » Applies only to employee plans (not dependent plans)
 - » Pays up to 80 percent of your life insurance benefit if your life expectancy is 12 months or less (payment can be used for any purpose). Any remaining benefits will be paid to your beneficiary(ies).
 - » To apply, you and your doctor must complete and submit two accelerated death benefit claim forms to ERSC. The forms are available in one link at www.montgomeryschoolsmd.org/siteassets/district/departments/ersc/employees/benefits/life-insurance/accelerated_death_benefit_employee_claim_form.pdf

OPTIONAL EMPLOYEE TERM LIFE INSURANCE

- **ELIGIBILITY:** You must be enrolled in Basic Employee Term Life.
- **COVERAGE AMOUNT:** Equal to one times your annual salary (rounded down to the nearest \$1,000)
- **BENEFIT CAP:** \$300,000 maximum
- **COST:** Based on age; employee pays 100 percent via payroll deduction (see rate chart at back of current *Employee Benefit Summary*)
- **EVIDENCE OF INSURABILITY:** Waived if you enroll within 30 days of hire via Hub+. Otherwise, it is required if enrolling during a future annual Open Enrollment.

■ Dependent Term Life Insurance

Eligible employees may choose two levels of life insurance for their eligible dependents. The following pertains to both plans:

- **ELIGIBILITY:** Must be enrolled in Basic Employee Term Life. Employee is always the beneficiary.
- **MCPS SPOUSE RESTRICTION:** If your spouse works for MCPS, neither employee can elect dependent life coverage for their spouse.
- **AGE LIMITS FOR CHILDREN:** Eligible until September 30 following their 23rd birthday. Employees must notify ERSC when a child reaches age 23 to stop deductions.
- **IN THE EVENT OF DEATH:** Employee must notify ERSC by phone or email to receive vendor claim forms.

BASIC DEPENDENT TERM LIFE INSURANCE

- **ENROLLMENT:** Automatic at no cost (MCPS pays 100 percent.)
- **COVERAGE:** \$2,000 for your spouse; \$1,000 for each eligible child

OPTIONAL DEPENDENT TERM LIFE INSURANCE

- **ENROLLMENT:** Must have Basic Employee Term Life to enroll. Plan covers spouse and all eligible children.
- **COVERAGE:** An additional \$10,000 per dependent
- **COST:** Employee pays 100 percent at a flat rate, regardless of the number of dependents.
- **ENROLLMENT DEADLINE—**
 - » Enrolling during a qualifying life event (marriage, birth, etc.) must be done within 30 days via Hub+ (**Me > Benefits > Report a Life Event**) or by submitting MCPS Form 450-2, *Optional Dependent Term Life Insurance Enrollment/Cancellation Form*, at ww2.montgomeryschoolsmd.org/departments/forms/pdf/450-2.pdf.
 - » Missing the 30-day window means waiting until Open Enrollment to enroll. Dependents age 19 or older will then require evidence of insurability and insurer approval.

FLEXIBLE SPENDING ACCOUNTS (FSA)

MCPS offers two FSA options, medical and dependent care FSAs, which provide you with tax-saving opportunities. See the table below for details on each FSA provided. MCPS does not match any FSA contribution.

FSA PLANS OFFERED	CONTRIBUTION LIMITS	ELIGIBLE EXPENSES
Medical Flexible Spending Account	\$3,400 per year (\$100 annual minimum)	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 Expenses must be for you and your dependents (those who qualify as dependents on your tax return). For a complete list of expenses please visit: www.montgomeryschoolsmd.org/siteassets/district/departments/ersc/employees/benefits/fsa/fsa_eligible_expense_list_current.pdf
Dependent Care Flexible Spending Account	\$3,750 per year, if married and filing separate income tax returns \$7,500 per year, if single or married and filing joint income tax returns (\$100 annual minimum)	Licensed day care, in-home care, elder care, day camp and nursery school, as long as expenses are for dependents children under the age of 13. Expenses must be for care that is provided to enable you to be at work. For a complete list of eligible dependent care expenses visit: www.montgomeryschoolsmd.org/siteassets/district/departments/ersc/employees/benefits/fsa/fsa_eligible_expense_list_current.pdf

■ Eligibility and Administration

- **ELIGIBLE EMPLOYEES:** MCPS permanent employees working at least 20 hours per week (even if not enrolled in MCPS health coverage).
- **ADMINISTRATOR:** VOYA administers MCPS FSAs. Register online through the VOYA account access web page at <https://login.voya.com/voyassoui/index.html?domain=myhealthaccountsolutions.voya.com#/login-pweb>.

■ Enrollment Windows and Rules

- **NEW HIRES:** Must enroll via Hub+ within 30 days of hire.
- **EXISTING EMPLOYEES:** Must re-enroll every year during the annual fall Open Enrollment. Elections do not carry over from year to year.
- **ACCOUNT LIMITS:** You can choose a medical FSA, a dependent care FSA, or both. There is a \$100 annual minimum per account.
- **MID-YEAR CHANGES:** IRS rules forbid mid-year election modifications unless you experience a qualifying life event (e.g., marriage/divorce, adding a dependent, death, spouse gaining/losing full-time work or coverage, or returning from long-term leave). You have 30 days from the event to modify your plan via Hub+.

■ Plan Mechanics: Use It or Lose It

- **CONTRIBUTE BY CALENDAR YEAR:** Contributions are deducted in equal, pretax installments from January 1 through December 31.

- **INCUR CLAIMS BY PLAN YEAR:** Expenses are incurred from January 1 through March 15 of the following year (includes an IRS-approved 2.5-month grace period extension).
- **STRICT FORFEITURE RULES—**
 - » Money cannot be transferred between medical and dependent care accounts.
 - » Any remaining balance after the extension period is permanently forfeited.
- **CROSS-OVER PERIOD:** Expenses incurred between January 1 of the plan year and March 15 of the next year can be reimbursed from either the old or new plan year accounts (not from both).

■ Key 2026–2027 Dates

- **DATES ELIGIBLE EXPENSES MAY BE INCURRED:** Between January 1, 2026–March 15, 2027
- **CLAIM SUBMISSION DEADLINE:** Claims must be received by VOYA no later than April 30, 2027.
- **APPEALS DEADLINE:** Submit appeals directly to VOYA within 90 days following April 30.

■ Reimbursement Options

- **MASTERCARD DEBIT CARD**
 - » **DEBIT CARD RECEIVED AUTOMATICALLY:** Valid for three consecutive years if you re-enroll annually.
 - » **IMMEDIATE ACCESS FOR MEDICAL:** Provides immediate access to medical FSA funds at checkout (no claim forms required).
 - » **DELAYED ACCESS FOR DEPENDENT CARE:** Can be used for dependent care only after you have contributed enough payroll funds to cover the specific cost.
 - » **AUDIT WARNING:** All debit card expenditures are subject to audit. You must retain all receipts.
- **MANUAL CLAIMS**
 - » **PRINTABLE REIMBURSEMENT FORM AVAILABLE:** Download the reimbursement form from the ERSC website at www.montgomeryschoolsmd.org/siteassets/district/departments/ersc/employees/benefits/fsa/fsa_medical_claim_form.pdf.
 - » **SUBMISSION INSTRUCTIONS:** Mail or fax your claim to VOYA as instructed on the form, along with the Explanation of Benefits (EOB), billing statement, and receipts.

■ Impact of Leave, Termination, or Retirement

- **LONG-TERM LEAVE (MORE THAN 30 DUTY DAYS):** FSA participation stops. Your FSA is canceled as of your last payroll deduction.
 - » You can only claim expenses incurred before your leave began.
 - » When you return to work, you have 30 days to re-enroll via Hub+ (re-enrollment restores your previous election; you cannot change election amounts).
- **TERMINATION AND RETIREMENT:** Coverage stops on your departure date. Only expenses incurred prior to your separation date are eligible for reimbursement.
- **DEADLINE:** For leave, termination, or retirement, you still have until April 30 following the plan year to submit claim receipts.

403(B) TAX SHELTERED SAVINGS AND 457(B) DEFERRED COMPENSATION PLANS

(Defined Contribution Plans)

■ Plan Overview and Contributions

MCPS offers two voluntary defined contribution plans administered by Fidelity Investments to all employees to supplement your retirement savings. You can enroll in one or both plans.

- 403(b) Tax Sheltered Savings Plan
- 457(b) Deferred Compensation Plan

■ Your elected contributions are deducted from your paycheck on a—

- **PRETAX BASIS:** Contributions are made with before-tax dollars, reducing your current taxable income; you will pay taxes when funds are withdrawn.
- **ROTH (AFTER-TAX) BASIS:** Contributions are made with after-tax dollars and do not reduce current taxable income; your qualified withdrawals are generally tax-free.

Contributions are invested in investment options that you select from the MCPS Investment menu.

■ Managing Your Account

- **FLEXIBILITY:** You can start, change, or stop your contributions at any time.
- **TIMELINE:** Changes take one to two pay periods to go into effect.
- **HOW TO MANAGE:** Log in to the Fidelity website at www.netbenefits.com/mcps or call Fidelity at 1-800-343-0860.
- **LIMITS:** Your total annual contributions are subject to IRS calendar-year limits.
- **BENEFICIARY(IES):** Update by contacting Fidelity Investments directly.

■ Withdrawal and Distribution Rules

Funds are intended for retirement. The rules and regulations of the plans are governed by the IRS rules and the plan documents.

- **403(B) PLAN:** Withdrawals can begin while employed at age 59½. If you separate from service, IRS penalties apply to withdrawals made before age 59½ (exceptions apply; see www.irs.gov).
- **457(B) PLAN:** Penalty-free withdrawals can begin while employed at age 59½, or upon separation from service at any age.
- **MCPS RE-EMPLOYMENT RULE:** If you separate from service and are re-employed by MCPS in any capacity, penalty-free withdrawals are not allowed if you are under age 59½.

■ Required Minimum Distributions (RMDs)

The IRS requires you to begin taking RMDs when you retire or reach one of the following milestones:

- **AGE 73:** (if you reached age 72 in 2023 or later)
- **AGE 72:** (if you turned 72 in 2022 or earlier)
- **AGE 70½:** (if you turned 70½ in 2019 or earlier)

■ How to Request Distributions

- **FIDELITY ACCOUNTS:** Call 1-800-343-0860.
- **PREVIOUS VENDOR:** Contact the vendor directly. Contact information for legacy vendors is available on the Fidelity website at www.netbenefits.com/mcps. For tax details, consult the IRS website at www.irs.gov.

IMPORTANT: As a plan participant, you are responsible for the review and selection of any and all investment options. You must review them carefully before making any investment decisions. Neither MCPS nor any of its employees has any liability or responsibility for investment options you select.

RETIREMENT BENEFITS

■ Social Security and Medicare

- **ELIGIBILITY:** You pay Social Security and Medicare taxes on your earnings. Earning 40 credits (10 years of work) qualifies you for future retirement benefits.
- **RESOURCES:** For program summaries and benefit estimators, request the free publication “Social Security: Understanding the Benefits” (No. 05-10024) by calling 1-800-772-1213 or visiting the Social Security Administration website.

■ Pension Plans and Health Benefits

- **PENSIONS:** Comprehensive retirement plans are provided. Review details in the online guide *Understanding Your Retirement* at www.montgomeryschoolsmd.org/siteassets/district/departments/ersc/employees/retirement-planning/understanding_your_retirement.pdf.
- **RETIREE HEALTH INSURANCE:** Active employees who are eligible to retire must ensure their surviving spouse elects the spousal continuation pension option to maintain MCPS health benefits in the event of the employee’s death.
- **RULES AND RATES:** Eligibility and cost-sharing breakdowns are found in the *Retiree Benefit Summary*.

■ Wellness Initiatives in Retirement

- **CREDIT RESET:** Wellness Initiative credits earned as an active employee do not carry over into retirement.
- **RE-QUALIFICATION:** To receive credits for the next benefit plan year, you must complete a new biometric health screening and health risk assessment as a retiree.
- **MEDICARE EXCEPTION:** Wellness Initiative credits do not apply if you are already Medicare-eligible at the time of your retirement.

Active Employee Cost - Calendar Year 2027

Healthcare Costs

Completed Neither Health Risk Assessment nor Biometric Health Screening

Base Employee Cost Share*

Effective January 1, 2027

Medical Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans				
Cigna OAP	Individual	19%	101.40	78.00
	Individual + Spouse	19%	202.79	156.00
	Individual + Child	19%	202.79	156.00
	Family (Individual + Spouse + Child(ren))	19%	275.93	212.25
	Family (Individual + Children)	19%	275.93	212.25
Cigna OAP w/o Care Management	Individual	26%	143.23	110.17
	Individual + Spouse	26%	286.45	220.34
	Individual + Child	26%	286.45	220.34
	Family (Individual + Spouse + Child(ren))	26%	389.74	299.80
	Family (Individual + Children)	26%	389.74	299.80
Health Maintenance Organization Plans				
Cigna OAPIN	Individual	14%	55.09	42.37
	Individual + Spouse	14%	103.53	79.64
	Individual + Child	14%	103.53	79.64
	Family (Individual + Spouse + Child(ren))	14%	169.62	130.48
	Family (Individual + Children)	14%	169.62	130.48
Cigna OAPIN w/o Care Management	Individual	21%	85.21	65.55
	Individual + Spouse	21%	160.16	123.20
	Individual + Child	21%	160.16	123.20
	Family (Individual + Spouse + Child(ren))	21%	262.39	201.84
	Family (Individual + Children)	21%	262.39	201.84
Kaiser Permanente HMO	Individual	14%	67.81	52.16
	Individual + Spouse	14%	135.33	104.10
	Individual + Child	14%	135.33	104.10
	Family (Individual + Spouse + Child(ren))	14%	196.09	150.84
	Family (Individual + Children)	14%	196.09	150.84

Supplemental Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	19%	30.52	23.47
	Individual + Spouse	19%	60.97	46.90
	Individual + Child	19%	60.97	46.90
	Family (Individual + Spouse + Child(ren))	19%	75.24	57.88
	Family (Individual + Children)	19%	75.24	57.88
Kaiser Permanente Prescription	Individual	19%	11.69	8.99
	Individual + Spouse	19%	23.32	17.94
	Individual + Child	19%	23.32	17.94
	Family (Individual + Spouse + Child(ren))	19%	33.79	25.99
	Family (Individual + Children)	19%	33.79	25.99
CareFirst Dental PPO	Individual	19%	4.61	3.55
	Individual + Spouse	19%	9.23	7.10
	Individual + Child	19%	9.23	7.10
	Family (Individual + Spouse + Child(ren))	19%	13.55	10.43
	Family (Individual + Children)	19%	13.55	10.43
Aetna Dental DMO	Individual	19%	2.50	1.92
	Individual + Spouse	19%	4.99	3.84
	Individual + Child	19%	4.99	3.84
	Family (Individual + Spouse + Child(ren))	19%	7.34	5.64
	Family (Individual + Children)	19%	7.34	5.64
Davis Vision	Individual	19%	0.24	0.18
	Individual + Spouse	19%	0.44	0.34
	Individual + Child	19%	0.44	0.34
	Family (Individual + Spouse + Child(ren))	19%	0.56	0.43
	Family (Individual + Children)	19%	0.56	0.43

*Your rates may vary based on your participation in the Wellness Initiatives program. Visit the Employee Benefits web page to see all of the rate combinations [Employee Benefits web page](#)

Employee Life Insurance 100% rate = \$.065 per thousand of insurance per month
Based on two times current salary rounded to the nearest \$1,000

Active Employee Cost - Calendar Year 2027
LEAVE RATE SCHEDULE
100% ACTIVE EMPLOYEE RATE
Effective January 1, 2027

		Component Cost	
		MONTHLY	ANNUAL
Cigna OAP	Individual	889.46	10,673.52
	Individual + Spouse	1,778.86	21,346.32
	Individual + Child	1,778.86	21,346.32
	Family (Individual + Spouse + Child(ren))	2,420.36	29,044.32
	Family (Individual + Children)	2,420.36	29,044.32
Cigna OAP w/o Care Management	Individual	918.12	11,017.44
	Individual + Spouse	1,836.18	22,034.16
	Individual + Child	1,836.18	22,034.16
	Family (Individual + Spouse + Child(ren))	2,498.35	29,980.20
	Family (Individual + Children)	2,498.35	29,980.20
Cigna OAPIN	Individual	655.75	7,869.00
	Individual + Spouse	1,232.49	14,789.88
	Individual + Child	1,232.49	14,789.88
	Family (Individual + Spouse + Child(ren))	2,019.24	24,230.88
	Family (Individual + Children)	2,019.24	24,230.88
Cigna OAPIN w/o Care Management	Individual	676.27	8,115.24
	Individual + Spouse	1,271.06	15,252.72
	Individual + Child	1,271.06	15,252.72
	Family (Individual + Spouse + Child(ren))	2,082.43	24,989.16
	Family (Individual + Children)	2,082.43	24,989.16
Kaiser Permanente HMO	Individual	807.26	9,687.12
	Individual + Spouse	1,611.05	19,332.60
	Individual + Child	1,611.05	19,332.60
	Family (Individual + Spouse + Child(ren))	2,334.43	28,013.16
	Family (Individual + Children)	2,334.43	28,013.16
Caremark Prescription	Individual	267.70	3,212.40
	Individual + Spouse	534.85	6,418.20
	Individual + Child	534.85	6,418.20
	Family (Individual + Spouse + Child(ren))	660.03	7,920.36
	Family (Individual + Children)	660.03	7,920.36
Kaiser Permanente Prescription	Individual	102.50	1,230.00
	Individual + Spouse	204.56	2,454.72
	Individual + Child	204.56	2,454.72
	Family (Individual + Spouse + Child(ren))	296.41	3,556.92
	Family (Individual + Children)	296.41	3,556.92
CareFirst PPO Dental	Individual	40.45	485.40
	Individual + Spouse	80.94	971.28
	Individual + Child	80.94	971.28
	Family (Individual + Spouse + Child(ren))	118.90	1,426.80
	Family (Individual + Children)	118.90	1,426.80
Aetna DMO Dental	Individual	21.87	262.44
	Individual + Spouse	43.77	525.24
	Individual + Child	43.77	525.24
	Family (Individual + Spouse + Child(ren))	64.33	771.96
	Family (Individual + Children)	64.33	771.96
Davis Vision	Individual	2.13	25.56
	Individual + Spouse	3.92	47.04
	Individual + Child	3.92	47.04
	Family (Individual + Spouse + Child(ren))	4.97	59.64
	Family (Individual + Children)	4.97	59.64

Active Employee Cost - Calendar Year 2027
Optional Term Life Insurance (Employee and Dependent)
Effective January 1, 2027

Optional Employee Term Life Insurance		
Eligible employees enrolled for basic term life insurance are entitled to purchase additional one times their salary (rounded down to the nearest thousand) in life insurance. The cost of optional life insurance is based on age and is paid entirely by the employee through payroll deductions.		
Age Bracket	Bi-weekly Employee Deductions (per thousand of coverage)	
	10-month	12-month
Under 25	0.014	0.011
25 - 29	0.017	0.013
30 - 34	0.019	0.015
35 - 39	0.023	0.018
40 - 44	0.026	0.020
45 - 49	0.040	0.031
50 - 54	0.057	0.044
55 - 59	0.111	0.085
60 - 64	0.167	0.129
65 - 69	0.319	0.246
70 and over	0.529	0.407
SAMPLE CALCULATION: Optional Term Life Insurance Coverage rates for a 37 year-old, 10-month employee who earns \$46,000 a year.		
Coverage Amount (one times the annual salary)	\$46,000.00	
Thousands of Coverage	46	
Bi-weekly Cost = 46 x .023	\$1.06	

Optional Dependent Term Life Insurance	
You must be enrolled in Basic Employee Term Life coverage to elect Optional Dependent Term Life coverage. Coverage for qualified dependent children will continue until September 30 following their 23 rd birthday.	
Coverage Amount for each qualified dependent spouse and/or dependent child(ren)	\$10,000.00
Bi-weekly payroll deduction for 12-month employees	\$1.15
Bi-weekly payroll deduction for 10-month employees	\$1.50

IMPORTANT WEBSITES AND TELEPHONE NUMBERS

- **Employee and Retiree Service Center** 240-740-8100
www.montgomeryschoolsmd.org/departments/ersc
- **MCPS Help Desk (to reset MCPS ID/password)** 240-740-9000
- **Division of Human Resources and Talent Management** 240-740-7010
www.montgomeryschoolsmd.org/departments/personnel
- **Aetna Dental Plan (DMO)** 1-800-843-3661
www.aetna.com
- **American Fidelity** 1-800-662-1113
<https://americanfidelity.com/>
- **Cigna Open Access Plus Plan**
Cigna Open Access Plus In-network HMO Plan
Cigna Indemnity Plan 1-800-Cigna24
www.MyCigna.com
- **CareFirst Preferred Dental (PPO) In-network** 1-888-755-2657
www.carefirst.com/mcps
- **CVS Caremark Prescription Plan:** 1-800-378-7558
www.caremark.com
- **Davis Vision/Blue Vision Plus (provided through CareFirst):** 1-800-783-5602
www.carefirst.com/mcps
- **Department of Controller/MCPS iPayment Business Center** 240-740-7510
www.montgomeryschoolsmd.org/departments/accounting
- **Kaiser Permanente HMO and Prescription Plans:** 1-800-777-7902
www.kp.org
- **Maryland State Retirement Agency** 1-800-492-5909
sra.maryland.gov
- **Maryland State Retirement Agency—Local Member Services:** 410-625-5555
- **MCAAP (Administrators Union)** 301-762-8174
- **MCBOA (Noncertified Supervisors Union).** 301-762-8174
- **MCEA (Teachers Union)** 301-294-6232
www.mceane.org
- **MCPS 403(b)/457(b) Plans Fidelity Investments** 1-800-343-0830
www.netbenefits.com/mcps
- **MetLife:** 1-800-638-6420
www.metlife.com/mybenefits
- **SEIU Local 500** 301-740-7100
www.seiu500.org
- **VOYA (COBRA)** 1-888-401-3539
- **VOYA Flexible Spending Accounts.** 1-888-401-3539
<https://login.voya.com/voyassoui/index.html?domain=myhealthaccountsolutions.voya.com#/login-pweb>



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