



Baltimore County Public Schools

Retiree Benefits Guide

Effective January 1, 2024 – December 31, 2024



ENGAGE.EMPOWER.EXCEL



October 2023

Dear Baltimore County Public Schools' Retiree,

I am pleased to share the 2024 Benefits Enrollment Guide. Ensuring the health and well-being of our staff is essential to our success and we are pleased to be able to continue to offer a competitive benefits package for you and your family.

The Retiree Benefits Guide provides details of your 2024 benefit plan options as well as information about how to enroll in coverage or make changes to existing coverage. Every effort has been made to ensure that the information presented in this Guide is accurate; however, if there are any discrepancies, the summary plan documents and actual contract for each plan will govern. Copies of these and other plan materials are available electronically on the webpage for the Office of Benefits and Retirement, or from the insurance carriers.

Retirees under age 65

Our employer-sponsored health plans meet or exceed the Minimum Essential Coverage and the Affordable and Minimum Value requirements under the Affordable Care Act. Retirees are encouraged to assess their own circumstances when making benefit election decisions. Retirees under age 65 may view their options for enrolling in medical plans offered through the Health Care Exchange by visiting www.healthcare.gov.

Medicare-eligible retirees

Enrollment in Medicare Parts A and B are still required in order for retirees to participate in our Medicare-supplement health plans. Retirees are encouraged to assess their own circumstances when making benefit elections. Medicare-eligible retirees may also view their options for enrolling in other medical and prescription plans offered by visiting www.medicare.gov or by calling 1-800-Medicare (1-800-633-4227).

Thank you for years of dedication and investment to our students and community. Warm regards,


Dr. Myriam Yarbrough
Superintendent



TABLE OF CONTENTS

Content	Page
Important Resources	2
What's New for 2024?	3
Planning on Retiring?	4-5
Eligibility & Enrollment	6
Medicare & Supplement Overview	7
Medical Insurance	8
Prescription Drug Insurance	9
Dental Insurance	10
Vision Insurance	11
Life Insurance	12
Resources & Other Coverages	13-15
Non-Medicare Monthly Benefit Costs	16-19
Appendix	20

The purpose of the Retiree Guide is to provide information about your options and how to enroll for coverage or make changes to existing coverage. This Guide is only a summary of your choices and does not fully describe each option. Please refer to your carrier Guide or of Coverage for information about the plans.

Every effort has been made to ensure that the information presented in this Guide is accurate; however, if there are any discrepancies, the summary plan documents and actual contract for each plan will govern. Copies of the Guide, plan documents, and other plan materials are available from the insurance carriers.

IMPORTANT RESOURCES

Website: www.bcps.org

Email: cschelp@bcps.org

Benefits and Retirement Representatives are available to help answer your questions and address any concerns you have regarding your BCPS benefits. All benefits information and forms can be found and downloaded from our website.



The Employee and Retiree Customer Service Center provides BCPS employees and retirees with assistance and solutions to questions regarding benefits.

Contact BCPS Customer Service Center (CSC) for benefits and retirement forms, questions, and information. They can be reached by telephone at (443) 809-1000 or email at cschelp@bcps.org.

- Updates to beneficiaries must be handled directly with the pension system and the life insurance companies.
- If you have an address, phone number, or name change, we must receive the change in writing, and you must also notify the pension system.
- If you are calling to report a death, the pension system, Social Security and Medicare, and Life Insurance company (if applicable) must also be notified separately.

Coverage/Service	Phone Number	Website/Email
Office of Retirement—BCPS	(443) 809-8949	bcps.org
Maryland State Retirement Agency (SRA)	(410) 625-5555	sra.state.md.us
Baltimore County Employees Retirement System	(410) 887-8246	baltimorecountymd.gov
Medicare Help Line	(800) 633-4227	Medicare.gov
Social Security Administration	(800) 772-1213	ssa.gov
Non-Medicare Medical—Cigna	(800) 896-0948	myCigna.com
Cigna Home Delivery Pharmacy	(800) 896-0948	myCigna.com
Behavioral Health—Cigna	(800) 896-0948	myCigna.com
Non-Medicare Medical—Kaiser Permanente	(800) 777-7902	kp.org
Behavioral Health—Kaiser Permanente	(800) 777-7904	kp.org
Kaiser Permanente Medicare Advantage (HMO)	(888) 777-5536	kp.org
Dental – CareFirst	(866) 891-2802	member.CareFirst.com
Dental—Cigna	(800) 896-0948	myCigna.com
Vision—National Vision Administration (NVA)	(800) 672-7723	e-nva.com
Cancer Insurance	(877) 372-5916	My.washingtonnational.com
Life Insurance Claims & Beneficiaries—MetLife	(866) 492-6983	metlife.com/mybenefits
Retiree Benefits Billing—Voya	(888) 401-3539	Voya.com
Catastrophic Insurance—CareFirst	(410) 581-3404	N/A

WHAT'S NEW FOR 2024?

CHANGES FOR THIS CALENDAR YEAR | 2024

At a Glance

BCPS Benefits Open Enrollment 2023 for retirees will be held **October 16, 2023 - November 10, 2023**. No action or forms are necessary for retirees who are currently enrolled in any of the benefit plans who wish to maintain their current benefit choices. Your current elections will carry through 2024. Change requests must be received by COB **November 10, 2023**.



Changes ****NEW TO 2024****

You will not have the opportunity to make changes to your coverage until the next open enrollment period, unless there is a qualified life event (marriage, birth/adoption, loss of coverage, etc.).

Benefit Guide

The Retiree Benefits Guide has a new look and layout, with all the same important benefit information. There has been a change to The **Retiree Change of Name/Address form** and the **Retiree Benefits Enrollment/ Change form**, which can be found in the rear of the Guide and on the Office of Benefits and Retirement web page.

Medicare Open Enrollment

The Social Security Administration will hold Medicare Open Enrollment beginning October 15, 2023 through December 7, 2023.

Website

The Office of Benefits and Retirement has a new website! You can find us by visiting www.bcps.org/offices and selecting Office of Benefits and Retirement under the Division of Human Resources.

BCPS Retiree Portal

BCPS has exciting news for our retirees. We are pleased to introduce the voluntary self-service retiree portal that makes it quick and easy to access your current benefits account with BCPS. Enrollment is completed in three easy steps:

1. Contact BCPS Customer Service Center via telephone or email. Contact information is below.
2. Provide your email address to receive enrollment instructions.
3. Sign in to gain access to see your BCPS benefits and rates.

BCPS Customer Service Center

The Customer Service Center (CSC) provides BCPS employees and retirees with assistance and solutions to questions regarding benefits, retirement, leaves, certification, and payroll. The center can be reached at 443-809-1000 or cschelp@bcps.org.

Location: Greenwood Campus 6901 North Charles Street, Building B
Towson, MD 21204

Service hours are Monday, Wednesday, and Friday, from 8:30 a.m. – 4:45 p.m.,
and Tuesday and Thursday, from 8:30 a.m. – 6:30 p.m.

PLANNING ON RETIRING?

Deciding whether to retire is an important decision which requires planning and careful consideration. Employees who are planning to retire should review the pre-retirement checklist appropriate for their pension plan. These can be found on the website for the Office of Benefits and Retirement, or you can request a copy.

Retiree Benefits

Retiree insurance benefits are provided by the Board of Education regardless of the plan from which you receive your pension. Insurance benefits defined here are subject to change in the future for those who retire under agreements in effect at the time of their retirement. Your share of the cost of benefits is based on your BCPS years of service, the insurance plans you choose, and the eligible dependents you enroll. For purposes of determining the Board's share of the cost of benefits, only years of service to BCPS and military service up to five (5) year are credited. Time on unpaid leaves of absence or time worked in a temporary, substitute, or contractual capacity is not credited.

Medical- Non-Medicare and Medicare

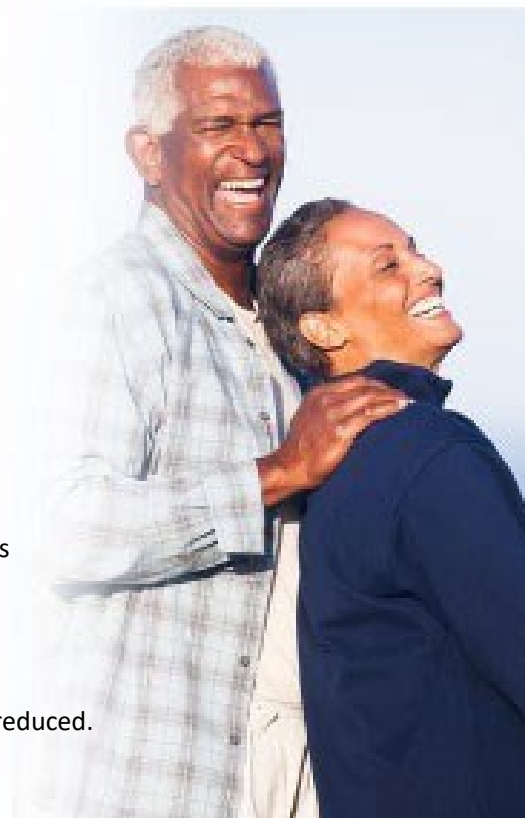
- Retirees are not required to enroll in this benefit immediately upon retirement to preserve the right to enroll later.
- Retirees and their eligible dependents who are ineligible for Medicare will be offered the same medical/prescription plans offered to active employees.
- Retirees and their eligible dependents upon becoming eligible for Medicare will be required to enroll in Medicare Parts A & B to newly enroll or continue enrollment in the Board's plans. They will also be required to change their enrollment to one of the Board's Medicare Supplement plans. Enrollment in a Medicare Supplement plan includes coverage for prescription drugs and is considered creditable coverage.

Dental and Vision

- Retirees are not required to enroll in this benefit immediately upon retirement to preserve the right to enroll later.
- Retirees and their eligible dependents will be offered the same dental and vision plans offered to active employees.
- The Board does not contribute to the cost of these benefits after an employee retires.

Life and Supplemental Life

- Retirees must elect to continue this benefit at the time of retirement. It may not be waived and then elected later.
- Retirees may not elect to continue more than \$50,000 coverage. This includes \$15,000 of Basic Term Life and up to \$35,000 in Supplemental Life Insurance.
- Supplemental Life Insurance will be reduced 10% on the date of retirement and additionally by 10% on the anniversary of retirement for the following 4 years.
- The amount of coverage may never be increased following retirement, only reduced.



PLANNING ON RETIRING?

DEFINED BENEFIT PENSION PLAN

The defined benefit pension plans require you to make contributions of a set percentage while you are working for BCPS. This guarantees you receive a certain amount of money each month once you reach retirement. The amount is based on your salary and creditable years of service. Your job classification and the date you were employed will dictate the pension system in which you are eligible to participate.

Participation in Maryland State Retirement Pension System (MSRPS) is mandatory. Participation in the Baltimore County Employees' Retirement (ERS) is mandatory. Exception: Enrollment is optional if you have reached the age of 55 upon date of hire. Employees who waive participation forfeit the opportunity indefinitely and will not be eligible for Retiree Medical/ Prescription/Dental/Vision/Life Insurance benefits.

Plan	Maryland State Teachers' Pension Plan (Alternate Contributory)	Maryland State Teachers' Pension Plan (Reformed Contributory)	Baltimore County Employees' Retirement Plan	Baltimore County Employees' Retirement Plan
First Employed	Before July 1, 2011	On or After July 1, 2011	Before July 1, 2007	On or After July 1, 2007
Vesting Schedule	5 years	10 years	5 years	10 years
Contribution	7% of salary	7% of salary	7% of salary	7% of salary
Normal Retirement Service Age	After 30 years of service or age 62 with five years, age 63 with 4 years, age 64 with 3 years, age 65 with 2 years	Age 65 with 10 years or at least 90 years of combined age and service (ex. Age 60 with 30 years of service)	After 30 years of service or age 65 with 5 years	After 35 years of service or age 67 with 10 years

SUPPLEMENTAL RETIREMENT & SAVINGS

In addition to the pension plan, employees may also elect to set aside additional money for retirement. Participation is voluntary and you may enroll, disenroll, or change the amount of your contribution at any time. Contributions are deducted from your pay pre-tax, reducing your taxable income, and investment earnings accumulate tax-free. The money is invested in different ways depending on which plan you choose, and which vendor holds your account.

Plan	403(b) Tax-Deferred	403(b)7 Custodial	457(b) Deferred
Maximum Annual Contribution ¹	\$22,500	\$22,500	\$22,500
Minimum Annual Contribution	\$200	\$200	\$200
Catch-Up (age 50+) ²	\$7,500	\$7,500	\$7,500
When Can you Begin Withdrawal	59.5	59.5	Upon Termination
Early Withdrawal Penalty	10%	10%	None

¹ Maximum contribution amounts are subject to change after the Benefit Guide is printed due to IRS release of 2023 limits.

² Annual contribution limits are indexed and may be subject to change employees who are age 50 over at the end of the calendar year can make annual catch-up contributions.

ELIGIBILITY & ENROLLMENT

WHO IS ELIGIBLE FOR BENEFITS?

Retirees

Retirees who, immediately following active employment, begin to receive a monthly pension are eligible to enroll themselves and their eligible dependents in medical/prescription, dental, and vision plans. Life insurance plans may be continued if enrolled while employed. **Retirees who do not qualify for a pension or who have elected to defer pension benefits are ineligible to participate in BCPS retiree benefits.**

BCPS will continue to require that as soon as a retiree, spouse or dependent of a retiree is eligible for Medicare that they accept Medicare as their primary health insurance and enroll in Medicare parts A & B. Prescription plans are bundled with both plan options, so retirees do NOT need to enroll in Part D prescription Plan.

Dependents

- Eligible dependents are defined below:
- Spouse: a person to whom you are legally married by ceremony.
- Dependent Children: Your or your spouse's biological, adopted, legal dependents (including grandchildren for whom you have legal custody) up to age 26 regardless of student, financial, residential, or marital status. Dependent coverage terminates at the end of the month in which they turn 26.
- Acceptable dependent verification includes a marriage certificate, birth certificates, signed federal tax return, court orders, and adoption papers.

Rehired Non-Medicare Retirees

Retirees who are re-hired are only eligible to enroll in the retiree benefit programs offered. They may **not** enroll in benefits as a new employee. Prior to accepting any employment (with BCPS or elsewhere), retirees should contact their pension plan to determine what effect, if any, employment will have on the amount of their pension.

- Maryland State Retirement Pension System (MSRPS) retirees who are rehired into non-MSRPS eligible positions may be eligible to participate in the Baltimore County Employees' Retirement System (ERS) pension plan.
- MSRPS retirees rehired into MSRPS eligible positions are subject to an earnings limitation cap. Please direct questions to MSRPS.
- ERS retirees rehired into ERS eligible positions can be hired as a temporary employee one time for a maximum of 6 months, regardless of the number of hours worked. Exception: retirees with a service retirement may work as a school bus driver without an earnings restriction.
- If a person is receiving a pension from MSRPS, they cannot participate in MSRPS while employed with BCPS.

Domestic Partner

As of July 1, 2019, BCPS has eliminated eligibility for new enrollment of domestic partners on the benefit plans. However, retirees who had a domestic partner enrolled prior to July 1, 2019, will have their eligibility grandfathered. Retirees covering a domestic partner who have previously declared their domestic partner as a tax-dependent will be required to recertify and provide supporting documentation.

Surviving Spouse/Children

Upon a retiree's death, if the spouse/dependent children have been covered under a BCPS health care plan, they will have the option to continue coverage. The Board will contribute to the cost of health care based on the retiree's years of service for a period of one year after the retiree's death. After one year, coverage may continue at the full cost. A surviving spouse may not add dependents or additional benefits.

MEDICARE & SUPPLEMENT OVERVIEW

WHAT IS MEDICARE?

Medicare is the federal health insurance program for people who are age 65 or older and certain younger people with disabilities. There are three parts to Medicare:

- Medicare part A is hospital insurance which covers hospital stays, care in a skilled nursing facility, hospice care, and some home health care. Enrollment is automatic upon turning age 65.
- Medicare part B is medical insurance which covers doctors' service, outpatient care, medical supplies, and preventive care.
- Medicare part D is prescription coverage.

MEDICARE SUPPLEMENT PLAN OPTIONS

BCPS will continue to require that as soon as a retiree, spouse, or dependent of a retiree is eligible for Medicare that they accept Medicare as their primary health carrier and enroll in Medicare parts A&B, to continue BCPS medical benefits. Prescription plans are bundled with plan options, so retirees do NOT need to enroll in a Part D prescription plan.

For Medicare and prescription plan information, contact Retiree First at (443) 290-3114, Monday-Friday, from 9:00 a.m. until 5:00 p.m. EST.

Additional Advocacy and Support

BCPS has partnered with Retiree First, a Retiree Benefit Administrator and Advocacy Company that specializes in retiree healthcare for Unions and government entities, to help BCPS's Medicare eligible retirees and their Medicare eligible dependents evaluate the alternative health care choice on an individual retiree basis to see if the plan is beneficial for you. Retiree First advocates go far beyond just enrolling members. Retiree First Advocates dedicated to BCPS will be able to assist retirees with claims, billing, appeals, card replacements, payment support, and any other situations that arise related to the BCPS Medicare supplement and prescription plans.



MEDICAL INSURANCE

Plan Name	Cigna Open Access Plus In-Network (OAPIN)	Cigna Open Access Plus In and Out-of-Network (OAP)		Kaiser Permanente HMO Select
Group Number	3216080	3216080		7434-6
Network	Nationwide	Nationwide		Regional (MD/DC/NoVA)
Plan Features	In-Network Only	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible	Individual: None Family: None	Individual: \$200 Family: \$400	Individual: \$300 Family: \$600	Individual: None Family: None
Calendar Year Out-of-Pocket Maximum (Medical Services)	Individual: \$1,100 Family: \$3,600	Individual: \$1,000 Family: \$2,000	Individual: \$1,500 Family: \$3,000	Individual: \$3,500 Family: \$9,400
Coinsurance	100% (after applicable Copay)	85%	75%	100% (after applicable Copay)
PCP Required?	No	No		Yes
Referrals Required for Specialist?	No	No		Yes
Deductible/OOP Max Accrual	Embedded	Embedded		Embedded
Preventative Care Services	In-Network Only	In-Network	Out-of-Network	In-Network Only
Adult Physicals & Well Child Visits	No Charge	No Charge	25% (AD) ³	No Charge
Immunizations	No Charge	No Charge	25% (AD)	No Charge
Mammogram, PAP, & PSA Tests	No Charge	No Charge	No Charge	No Charge
Office Visits, Labs & Testing	In-Network Only	In-Network	Out-of-Network	In-Network Only
Office Visits	PCP: \$15 Copay Specialist: \$25 Copay	PCP: \$20 Copay Specialist: \$30 Copay	25% (AD)	PCP: \$5 Copay Specialist: \$5 Copay
Laboratory Tests & X-Rays	No Charge ⁴	No Charge	25% (AD)	No Charge
Advanced Imaging (CT, MRI, PET)	No Charge ²	No Charge	25% (AD)	No Charge
Physical/Speech/Occupational Therapy	\$25 Copay ⁵	\$30 Copay	25% (AD)	\$5 Copay
Emergency Care, Urgent Care, & Hospital Services				
Urgent Care Center	\$25 Copay	\$30 Copay		\$5 Copay
Emergency room (Waived if Admitted)	\$100 Copay	\$100 Copay		\$35 Copay
Inpatient Facility Services	\$100 Copay	15% (AD)	25% (AD)	No charge
Outpatient Facility Services	No charge	15% (AD)	25% (AD)	\$5 Copay

³ (AD) refers to After Deductible

⁴ Subject to PCP or Specialist Copay if performed at the physician's office

⁵ Number of approved visits per plan year may vary

PRESCRIPTION DRUG INSURANCE

Plan Name	Cigna Open Access Plus In-Network (OAPIN)	Cigna Open Access Plus In and Out-of-Network (OAP)		Kaiser Permanente HMO Select
Prescription Drug Coverage	In-Network Only	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible (RX)	Individual: None	Individual: None	Individual: None	Calendar Year Deductible (RX)
Calendar Year Out-of-Pocket Maximum (RX)	Individual: \$5,500 Family: \$9,600	Individual: \$5,600 Family: \$11,200	Combined with Medical	Calendar Year Out-of-Pocket Maximum (RX)
OOP Max Accrual	Embedded	Embedded	Embedded	OOP Max Accrual
Retail 30 Day Supply	In-Network Only	In-Network	Out-of-Network	In-Network Only
Generic (Tier 1)	\$10 Copay	\$10 Copay		\$12 Copay ⁶
Preferred Brand (Tier 2)	\$20 Copay	\$20 Copay		\$30 Copay ⁵
Non-Preferred Brand (Tier 3)	\$35 Copay	\$35 Copay		\$45 Copay ⁵
Retail 90 Day Supply	In-Network Only	In-Network	Out-of-Network	In-Network Only
Generic (Tier 1)	\$30 Copay	\$30 Copay		\$5 Copay ⁵
Preferred Brand (Tier 2)	\$60 Copay	\$60 Copay		\$60 Copay ⁵
Non-Preferred Brand (Tier 3)	\$105 Copay	\$105 Copay		\$90 Copay ⁵
Mail-Order 90 Day Supply	In-Network Only	In-Network	Out-of-Network	In-Network Only
Generic (Tier 1)	\$20 Copay	\$20 Copay		\$24 Copay ⁵
Preferred Brand (Tier 2)	\$40 Copay	\$40 Copay		\$60 Copay ⁵
Non-Preferred Brand (Tier 3)	\$70 Copay	\$70 Copay		\$90 Copay ⁵

⁶ Copay applies to prescriptions at a Kaiser Permanente Medical Center. Copays will be higher when visiting a participating community pharmacy; \$15 for generic, \$45 for brand drugs, and \$60 for brand-name, non-formulary 30-day supply.

DENTAL INSURANCE

Plan Name	CareFirst Regional Dental PPO		CareFirst Regional Dental Traditional		Cigna Dental Care Access DHMO ⁶
Group Number	7J91		7J91		10013509
Network	Nationwide		Nationwide		Nationwide
Plan Features	In-Network	Out-of-Network ⁷	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible	Individual: \$10 Family: \$20	Individual: \$25 Family: \$50	Individual: \$10 Family: \$25		None
Maximum Benefit Per Calendar Year	\$1,500 Per Person		\$1,250 Per Person		Unlimited
Service	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Preventative & Diagnostic Services	No Charge	20% ⁶	No Charge	No Charge	No Charge
Basic Services	20% (AD)	40% (AD) ⁶	20% (AD)	20% (AD)	\$0-\$220 Copay
Major Services Surgical	50% (AD)	70% (AD)	50% (AD)	50% (AD)	\$15-\$335 Copay
Major Services Restorative	50% (AD)	70% (AD)	50% (AD)	50% (AD)	\$15-\$335 Copay
Dentures & Bridges	50% (AD)	70% (AD)	50% (AD)	50% (AD)	\$15-\$335 Copay
Orthodontia Lifetime Maximum Benefit	\$1,500 Per Person	\$1,500 Per Person	\$1,200 Per Person		24 Months
Orthodontia	50% ⁸	50% ⁷	50% ⁷	50% ⁷	See Fee Schedule
Implants	50%	50%	50%	50%	Not Covered

Summary of Exclusions: Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

⁷ CareFirst payments for Out-of-Network services are based on the Allowable Benefit. Non-participating providers may balance bill for the difference

⁸ Orthodontia is only available to dependent children up to age 19 if you select one of the CareFirst Options

Prevention First!

Make sure you take advantage of your preventive dental visits. Preventive care services are not subject to any deductible and all three plans cover 100% of the cost when you visit an in-network provider.

Need to Locate a Participating Provider?

CareFirst

Visit www.CareFirst.com. Click on "Find a Doctor" and then "Continue as Guest". Select "Dental" and then either "Preferred Dental PPO" or "Traditional dental".

Providers in the Traditional Dental network who do not also participate in the Preferred Dental PPO network, will accept the insurance for members enrolled in the Regional Dental PPO and the coverage will be paid at the out-of-network level. The Traditional provider however, may not balance billed.

Cigna

Visit www.myCigna.com. Click on "Find a Doctor, Dentist or Facility" and then "For plans offered through work or school". Enter your zip code and select Cigna Dental Care HMO - Cigna Dental Care Access.

VISION INSURANCE

NVA

NVA offers a vast national network of providers at national, regional, and local chains or in private practice and provides 24/7/365 customer service. With NVA, you'll receive more choices and access to the NVA Smart Buyer® program; designed to help members understand the choices and related costs they will face when purchasing eyewear. Fixed pricing on expensive items like lens options ensure a uniform pricing regardless of selected in-network provider for NVA members. Discounts are also provided on LASIK, contact lenses and hearing aids, and additional eyewear discounts are available even after the benefit is exhausted (when allowable by law). The result is lower member out-of-pocket costs.

Vision Benefit Plan Features

NVA Standard Network		
Plan Features	In-Network	Out-of-Network ⁹
Eye Exams (Once Every 12 Months)	\$20 Copay	Covered up to \$35
Spectacle Lenses (Once Every 24 Months)		
Single Vision	\$20 Copay	Covered up to \$25
Lined Bifocal	\$20 Copay	Covered up to \$40
Line Trifocal	\$20 Copay	Covered up to \$55
Lenticular	\$20 Copay	Covered up to \$80
Frames (Once Every 24 Months)		
Tower Collection	Covered up to \$130	Covered up to \$35
Non-Tower Frames	Yes	N/A
Contact Lenses (Once Every 24 Months)		
Elective (In Lieu of Lenses and Frames)	Covered up to \$130	Covered up to \$130
Medically Necessary ¹⁰	\$0 Copay	Covered up to \$725

Enhance Your Eyeglasses

Lens Options (add to spectacle lens prices) ¹¹	
Transition Lenses	\$0 Copay
Photochromic Lenses	\$0 Copay
Scratch-Resistant Coating	\$35 Copay
Anti-Reflective Coating (AR)	\$48 Copay
Ultraviolet Coating	\$60 Copay
Premium Progressive Lenses	\$0 Copay



⁹ Medically necessary contacts through LensCrafters are covered at 100% in-network once every 24 months. The out-of-network benefit is covered up to \$210.

¹⁰ Discount not applicable when visiting LensCrafters Locations

¹¹ Listed lens copays apply to in-network benefits only. See the NVA Schedule of Benefits for details regarding out-of-network coverages.

LIFE INSURANCE



ENROLLMENT

A personalized life insurance election form will be provided to you by the Office of Benefits and Retirement. Continuation is optional. If you do not elect to continue this benefit at the time of retirement, you will forfeit your eligibility indefinitely. The life insurance election form must be completed and returned within thirty days of the effect date of your retirement. Please Note: Only the amount of coverage as an active employee can be continued into retirement. (No Exceptions)

Benefit Amount & Reduction Schedule

Retirees may not elect to continue more than \$50,000 in coverage. This includes \$15,000 of Basic Term Life Insurance and up to \$35,000 in Supplemental Life Insurance.

Reduction Schedule

Supplemental Life Insurance coverage immediately reduces by 10% on the date of retirement. **Therefore, the maximum amount of total Life Insurance on the date of retirement is \$46,500.** Following retirement, the Supplemental Life Insurance will be reduced by the same dollar amount on each of the following four anniversaries of your retirement date. The cost of Life Insurance is paid entirely by the retiree. Premiums are deducted from your pension check. Coverage terminated for non-payment of premium cannot be reinstated.

See example below:

	Date	Supplemental Coverage	Basic Coverage	Total Coverage
Active	June 1, 2024	\$65,000	\$15,000	\$80,000
Retired	July 1, 2024	\$31,500	\$15,000	\$46,500
1st Year	July 1, 2025	\$28,000	\$15,000	\$43,000
2nd Year	July 1, 2026	\$24,500	\$15,000	\$39,500
3rd Year	July 1, 2027	\$21,000	\$15,000	\$36,000
4th Year	July 1, 2028	\$17,500	\$15,000	\$32,500

Cost of Coverage

Employees who retire at age 65 who elect to continue the Basic Term Life and the maximum amount of Supplemental Life Insurance will pay \$58.61 per month for \$46,5000 in total benefit.

Monthly Cost for Basic Term Life Insurance					
Retired Prior to 1/1/20005			\$9.15 (for \$7,380 of coverage)		
Retired After 1/1/2005			\$18.60 (for \$15,000 of coverage)		
Monthly Rate per \$1,000 of Supplemental Life Insurance					
Age	50-54	55-59	60-64	65-69	70+
Rate	.23	.43	.66	1.27	2.06
Ages 25-49 contact the Office of Benefits, Leaves and Retirement for rates					

Canceling Life Insurance

Retirees may cancel their Basic Term Life and/or Supplemental Life Insurance Coverage at any time. Coverage which has been canceled cannot be reinstated.

Rates can change based on the negotiations with Baltimore County Public Schools and Life insurance carriers.



DON'T FORGET TO DESIGNATE A BENEFICIARY!

Choosing who will receive your Life Insurance benefit is an important decision. Please make sure your beneficiary is up to date.

RESOURCES & OTHER COVERAGES

CANCER INSURANCE

This benefit is no longer offered to current employees or new hires after 7/1/2007.

If you are currently enrolled in cancer insurance at the time of your retirement, you may elect to continue to pay the premiums to keep the coverage into retirement. If you wish to cancel this insurance, you must notify the Office of Benefits and Retirement in writing. Coverage that is canceled cannot be reinstated.

This policy is through **Washington National Insurance Co. (Conseco) (877) 372-5916.**

CATASTROPHIC INSURANCE

The insurance coverage has been billed by CareFirst BlueCross BlueShield for many years. Any billing or coverage questions should be addressed to CareFirst directly (410) 581-3404.

BALTIMORE COUNTY RETIRED SCHOOL PERSONNEL ASSOCIATION (BCRSPA)

If you are looking for a way to stay informed about your benefits and the education community in Baltimore County and the State of Maryland, contact BCRSPA 443-793-5867 or online at www.bcrspa.org for details.

MARYLAND RETIRED SCHOOL PERSONNEL ASSOCIATION (MRSPA)

Retiree dental, vision, and long-term care insurance plans are available to purchase through the Maryland Retired School Personnel Association. Contact the MRSPA directly at (410) 551-1517 or online at www.mrspa.org for more details about eligibility guidelines and costs for these plans.

TABCO- RETIRED

Plans are available through TABCO-Retired, an affiliate of TABCO. MSEA and NEA

Retiree dental, vision, life, long-term care, and Medicare supplement are available with membership, through NEA Benefits. Contact TABCO-Retired at (410) 828-6403 or online at <https://tabco.org/aboutus/tabco-retired/>.

FREQUENTLY ASKED QUESTIONS

I turn 65 soon, do I need to sign up for Medicare?

- If you want to continue your health insurance coverage under BCPS, you must enroll in Medicare parts A&B when you first become eligible. You do not need to enroll in Medicare part D because all Medicare plans offered through BCPS are bundled with prescription drug coverage. If you choose to cancel your health coverage through BCPS, we must receive notification in writing.

How do I change my name/address/phone number?

- Personal and/or demographic changes must be received in writing. Please use the form in the back of the guide. We cannot update your information over the phone.

Can I make changes to my plan?

- Retirees can only make changes during the annual open enrollment period, unless there is a qualified life event (marriage, birth/adoption, loss of coverage, etc.)

How do I add my spouse/dependents to my benefits?

- Retirees may add a spouse or dependent if there is a qualifying life change event (marriage, adoption, loss of other coverage, etc.) by completing the retiree Enrollment/Change form in the back of the guide. Proof of the qualifying event must accompany the form when submitted for processing.

RESOURCES & OTHER COVERAGES

FREQUENTLY ASKED QUESTIONS (CONTINUED)

Can I take a loan against my retirement?

- Hardship withdrawals and loans are only available to employees who are contributing to either a 403(b) or 457(b) supplemental retirement account. Loans may not be taken against your pension retirement account.

How do I get a new insurance ID card?

- ID cards for medical, prescription, dental, and vision benefits must be requested from the insurance companies directly. Contact numbers can be found on page 2 of this guide. Temporary cards can be downloaded electronically by setting up a personal online account on the insurance company's website.

How do I report the death of a spouse or dependent?

- If the spouse or dependent of a retiree passes away and they had coverage under any of the BCPS benefit plans, please contact the Office of Benefits and Retirement as soon as possible and forward a copy of the death certificate so they can be removed from coverage.

How do I report the death of the retiree?

- If the retiree has coverage under any of the BCPS benefit plans, including life insurance, please contact the Benefits and Retirement Office as soon as possible and forward a copy of the death certificate so they can be removed from coverage. If the retiree had life insurance, BCPS will forward a copy of the death certificate to MetLife to begin the claims process. If they retired prior to January 1, 2005, they may also have a paid-up MetLife life insurance policy. MetLife would have to be contacted directly (866) 492-6983.
- The death of the retiree must be reported separately to Social Security Administration and their pension system. BCPS do not communicate with those entities.
- Surviving Spouse Benefit: Upon a retiree's death if they had a spouse or dependents covered under a BCPS health plan, the spouse and dependents have the option to continue coverage. For one year following the retiree's death coverage may be continued and will include the contribution from the Board of Education. A surviving spouse may not add dependents who were not previously covered or additional benefits.

Who is my beneficiary and how do I change my beneficiary?

- Beneficiary information is not held by BCPS. If you are unsure who your beneficiaries are or you would like to change your current designation, you must contact the life insurance companies and the applicable pension system directly.



RESOURCES & OTHER COVERAGES

GLOSSARY

Out-of-Pocket (OOP) Maximum—The most a member would have to pay for covered services in a plan year including copays, deductibles, and coinsurance. After you have spent this amount, the medical plan pays 100% of the costs of covered benefits. Cigna medical plans have a separate OOP maximum for prescription benefits. All BCPS medical plans have embedded OOP accruals meaning that when the employee has family coverage, one member of the family will pay no more than the individual amount.

Annual Benefit Maximum—The most the dental plan has to pay towards covered services in a plan year. After the annual benefit maximum has been exhausted, the dental plan will not contribute anything additional towards covered services. Cigna DHMO does not have an annual benefit maximum.

Allowed Amount—The contracted amount a participating provider is allowed to charge for a covered service.

Balance Billing—A non-participating provider may bill you for the difference between the allowed amount for covered services and their charge. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. Participating providers may not balance bill.

Formulary—A list of prescription drugs covered by a prescription plan that are preferred. These drugs can be generic or brand name. Formulary drugs are chosen for their cost, effectiveness, and safety and will typically have a lower cost to the member.



MONTHLY BENEFIT COSTS

Non-Medicare

DENTAL & VISION

CareFirst Regional Dental PPO	
Individual	\$30.39
Parent/Child or Two Adults	\$65.84
Family	\$99.82
CareFirst Regional Dental Traditional	
Individual	\$34.58
Parent/Child or Two Adults	\$72.50
Family	\$121.78
Cigna Dental Care Access DHMO	
Individual	\$39.57
Parent/Child or Two Adults	\$75.86
Family	\$114.04
National Vision Administrators (NVA)	
Individual	\$2.09
Parent/Child, Two Adults, Family	\$8.01

A retiree's monthly premium for selected health insurance coverage depends on the following factors:

1. Years of service employed with BCPS at the time of retirement. Eligible military service may be added to your BCPS years. BCPS years do not include contractual, temporary, or substitute assignments
2. The health plan chosen. The Board of Education's contribution to the cost of coverage may differ between plans.
3. The level of coverage selected (i.e., Individual, Family, etc.)

Monthly premium for dental and vision coverage depends on:

1. The plan chosen. The Board of Education does not contribute to the cost of these coverages. Retirees are responsible for the full cost at the COBRA equivalent rate.
2. The level of coverage selected.

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired on or after January 1, 2021

Years of Service	Total Premium (\$)	30 Years	29 Years	28 Years	27 Years
Retiree % Share		15.0/25.0	20.0/28.5	24.8/31.8	28.1/35.1
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$117.40	\$156.54	\$194.11	\$219.94
Parent/Child	\$1,550.77	\$232.62	\$310.15	\$384.59	\$435.77
Two Adults	\$1,867.82	\$280.17	\$373.56	\$463.22	\$524.86
Family	\$2,105.92	\$315.89	\$421.18	\$522.27	\$591.76
Kaiser Permanente HMO					
Individual	\$879.64	\$131.95	\$175.93	\$218.15	\$247.18
Parent/Child(ren)	\$1,742.73	\$261.41	\$348.55	\$432.20	\$489.71
Two Adults	\$2,099.07	\$314.86	\$419.81	\$520.57	\$589.84
Family	\$2,366.66	\$355.00	\$473.33	\$586.93	\$665.03
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$222.11	\$253.20	\$282.52	\$311.84
Parent/Child	\$1,760.21	\$440.05	\$501.66	\$559.75	\$617.83
Two Adults	\$2,120.09	\$530.02	\$604.23	\$674.19	\$744.15
Family	\$2,390.32	\$597.58	\$681.24	\$760.12	\$839.00

Years of Service	Total Premium (\$)	26 Years	25 Years	24 Years	23 Years
Retiree % Share		31.4/38.4	34.7/41.7	38.0/45.0	40.9/47.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$245.76	\$271.59	\$297.42	\$320.12
Parent/Child	\$1,550.77	\$486.94	\$538.12	\$589.29	\$634.26
Two Adults	\$1,867.82	\$586.50	\$648.13	\$709.77	\$763.94
Family	\$2,105.92	\$661.26	\$730.75	\$800.25	\$861.32
Kaiser Permanente HMO					
Individual	\$879.64	\$276.21	\$305.24	\$334.26	\$359.77
Parent/Child(ren)	\$1,742.73	\$547.22	\$604.73	\$662.24	\$712.78
Two Adults	\$2,099.07	\$659.11	\$728.38	\$797.65	\$858.52
Family	\$2,366.66	\$743.13	\$821.23	\$899.33	\$967.96
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$341.16	\$370.48	\$399.79	\$422.00
Parent/Child	\$1,760.21	\$675.92	\$734.01	\$792.09	\$836.10
Two Adults	\$2,120.09	\$814.11	\$884.08	\$954.04	\$1,007.04
Family	\$2,390.32	\$917.88	\$996.76	\$1,075.64	\$1,135.40

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired on or after January 1, 2021

Years of Service	Total Premium (\$)	22 Years	21 Years	20 Years	19 Years
Retiree % Share		43.8/50.0	46.7/52.5	49.6/55.0	52.5/57.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$342.82	\$365.52	\$388.21	\$410.91
Parent/Child	\$1,550.77	\$679.24	\$724.21	\$769.18	\$814.15
Two Adults	\$1,867.82	\$818.11	\$872.27	\$926.44	\$980.61
Family	\$2,105.92	\$922.39	\$983.46	\$1,044.54	\$1,105.61
Kaiser Permanente HMO					
Individual	\$879.64	\$385.28	\$410.79	\$436.30	\$461.81
Parent/Child(ren)	\$1,742.73	\$763.32	\$813.85	\$864.39	\$914.93
Two Adults	\$2,099.07	\$919.39	\$980.27	\$1,041.14	\$1,102.01
Family	\$2,366.66	\$1,036.60	\$1,105.23	\$1,173.86	\$1,242.50
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$444.22	\$466.43	\$488.64	\$510.85
Parent/Child	\$1,760.21	\$880.11	\$924.11	\$968.12	\$1,012.12
Two Adults	\$2,120.09	\$1,060.05	\$1,113.05	\$1,166.05	\$1,219.05
Family	\$2,390.32	\$1,195.16	\$1,254.92	\$1,314.68	\$1,374.43

Years of Service	Total Premium (\$)	18 Years	17 Years	16 Years	15 Years
Retiree % Share		55.0/60.0	57.5/62.5	60.0/65.0	62.5/67.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$430.48	\$450.05	\$469.61	\$489.18
Parent/Child	\$1,550.77	\$852.92	\$891.69	\$930.46	\$969.23
Two Adults	\$1,867.82	\$1,027.30	\$1,074.00	\$1,120.69	\$1,167.39
Family	\$2,105.92	\$1,158.26	\$1,210.90	\$1,263.55	\$1,316.20
Kaiser Permanente HMO					
Individual	\$879.64	\$483.80	\$505.79	\$527.78	\$549.78
Parent/Child(ren)	\$1,742.73	\$958.50	\$1,002.07	\$1,045.64	\$1,089.21
Two Adults	\$2,099.07	\$1,154.49	\$1,206.97	\$1,259.44	\$1,311.92
Family	\$2,366.66	\$1,301.66	\$1,360.83	\$1,420.00	\$1,479.16
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$533.06	\$555.27	\$577.48	\$599.69
Parent/Child	\$1,760.21	\$1,056.13	\$1,100.13	\$1,144.14	\$1,188.14
Two Adults	\$2,120.09	\$1,272.05	\$1,325.06	\$1,378.06	\$1,431.06
Family	\$2,390.32	\$1,434.19	\$1,493.95	\$1,553.71	\$1,613.47

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired on or after January 1, 2021

Years of Service	Total Premium (\$)	14 Years	13 Years	12 Years	11 Years
Retiree % Share		65.0/70.0	67.5/72.5	70.0/75.0	72.5/77.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$508.75	\$528.32	\$547.88	\$567.45
Parent/Child	\$1,550.77	\$1,008.00	\$1,046.77	\$1,085.54	\$1,124.31
Two Adults	\$1,867.82	\$1,214.08	\$1,260.78	\$1,307.47	\$1,354.17
Family	\$2,105.92	\$1,368.85	\$1,421.50	\$1,474.14	\$1,526.79
Kaiser Permanente HMO					
Individual	\$879.64	\$571.77	\$593.76	\$615.75	\$637.74
Parent/Child(ren)	\$1,742.73	\$1,132.77	\$1,176.34	\$1,219.91	\$1,263.48
Two Adults	\$2,099.07	\$1,364.40	\$1,416.87	\$1,469.35	\$1,521.83
Family	\$2,366.66	\$1,538.33	\$1,597.50	\$1,656.66	\$1,715.83
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$621.90	\$644.11	\$666.32	\$688.53
Parent/Child	\$1,760.21	\$1,232.15	\$1,276.15	\$1,320.16	\$1,364.16
Two Adults	\$2,120.09	\$1,484.06	\$1,537.07	\$1,590.07	\$1,643.07
Family	\$2,390.32	\$1,673.22	\$1,732.98	\$1,792.74	\$1,852.50

Years of Service	Total Premium (\$)	10 Years	9 Years	8 Years	0-7 Years
Retiree % Share		75.0/80.0	100	100	100
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$587.02	\$782.69	\$782.69	\$782.69
Parent/Child	\$1,550.77	\$1,163.08	\$1,550.77	\$1,550.77	\$1,550.77
Two Adults	\$1,867.82	\$1,400.87	\$1,867.82	\$1,867.82	\$1,867.82
Family	\$2,105.92	\$1,579.44	\$2,105.92	\$2,105.92	\$2,105.92
Kaiser Permanente HMO					
Individual	\$879.64	\$659.73	\$879.64	\$879.64	\$879.64
Parent/Child(ren)	\$1,742.73	\$1,307.05	\$1,742.73	\$1,742.73	\$1,742.73
Two Adults	\$2,099.07	\$1,574.30	\$2,099.07	\$2,099.07	\$2,099.07
Family	\$2,366.66	\$1,775.00	\$2,366.66	\$2,366.66	\$2,366.66
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$710.74	\$888.43	\$888.43	\$888.43
Parent/Child	\$1,760.21	\$1,408.17	\$1,760.21	\$1,760.21	\$1,760.21
Two Adults	\$2,120.09	\$1,696.07	\$2,120.09	\$2,120.09	\$2,120.09
Family	\$2,390.32	\$1,912.26	\$2,390.32	\$2,390.32	\$2,390.32

APPENDIX



MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2020 – December 31, 2020

Years of Service	Total Premium (\$)	30 Years	29 Years	28 Years	27 Years
Retiree % Share		15.0/24.0	20.0/27.5	24.8/30.8	28.1/34.1
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$117.40	\$156.54	\$194.11	\$219.94
Parent/Child	\$1,550.77	\$232.62	\$310.15	\$384.59	\$435.77
Two Adults	\$1,867.82	\$280.17	\$373.56	\$463.22	\$524.86
Family	\$2,105.92	\$315.89	\$421.18	\$522.27	\$591.76
Kaiser Permanente HMO					
Individual	\$879.64	\$131.95	\$175.93	\$218.15	\$247.18
Parent/Child(ren)	\$1,742.73	\$261.41	\$348.55	\$432.20	\$489.71
Two Adults	\$2,099.07	\$314.86	\$419.81	\$520.57	\$589.84
Family	\$2,366.66	\$355.00	\$473.33	\$586.93	\$665.03
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$213.22	\$244.32	\$273.64	\$302.95
Parent/Child	\$1,760.21	\$422.45	\$484.06	\$542.14	\$600.23
Two Adults	\$2,120.09	\$508.82	\$583.02	\$652.99	\$722.95
Family	\$2,390.32	\$573.68	\$657.34	\$736.22	\$815.10

Years of Service	Total Premium (\$)	26 Years	25 Years	24 Years	23 Years
Retiree % Share		31.4/37.4	34.7/40.7	38.0/44.0	40.9/46.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$245.76	\$271.59	\$297.42	\$320.12
Parent/Child	\$1,550.77	\$486.94	\$538.12	\$589.29	\$634.26
Two Adults	\$1,867.82	\$586.50	\$648.13	\$709.77	\$763.94
Family	\$2,105.92	\$661.26	\$730.75	\$800.25	\$861.32
Kaiser Permanente HMO					
Individual	\$879.64	\$276.21	\$305.24	\$334.26	\$359.77
Parent/Child(ren)	\$1,742.73	\$547.22	\$604.73	\$662.24	\$712.78
Two Adults	\$2,099.07	\$659.11	\$728.38	\$797.65	\$858.52
Family	\$2,366.66	\$743.13	\$821.23	\$899.33	\$967.96
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$332.27	\$361.59	\$390.91	\$413.12
Parent/Child	\$1,760.21	\$658.32	\$716.41	\$774.49	\$818.50
Two Adults	\$2,120.09	\$792.91	\$862.88	\$932.84	\$985.84
Family	\$2,390.32	\$893.98	\$972.86	\$1,051.74	\$1,111.50

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2020 – December 31, 2020

Years of Service	Total Premium (\$)	22 Years	21 Years	20 Years	19 Years
Retiree % Share		43.8/49.0	46.7/51.5	49.6/54.0	52.5/56.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$342.82	\$365.52	\$388.21	\$410.91
Parent/Child	\$1,550.77	\$679.24	\$724.21	\$769.18	\$814.15
Two Adults	\$1,867.82	\$818.11	\$872.27	\$926.44	\$980.61
Family	\$2,105.92	\$922.39	\$983.46	\$1,044.54	\$1,105.61
Kaiser Permanente HMO					
Individual	\$879.64	\$385.28	\$410.79	\$436.30	\$461.81
Parent/Child(ren)	\$1,742.73	\$763.32	\$813.85	\$864.39	\$914.93
Two Adults	\$2,099.07	\$919.39	\$980.27	\$1,041.14	\$1,102.01
Family	\$2,366.66	\$1,036.60	\$1,105.23	\$1,173.86	\$1,242.50
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$435.33	\$457.54	\$479.75	\$501.96
Parent/Child	\$1,760.21	\$862.50	\$906.51	\$950.51	\$994.52
Two Adults	\$2,120.09	\$1,038.84	\$1,091.85	\$1,144.85	\$1,197.85
Family	\$2,390.32	\$1,171.26	\$1,231.01	\$1,290.77	\$1,350.53

Years of Service	Total Premium (\$)	18 Years	17 Years	16 Years	15 Years
Retiree % Share		55.0/59.0	57.5/61.5	60.0/64.0	62.5/66.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$430.48	\$450.05	\$469.61	\$489.18
Parent/Child	\$1,550.77	\$852.92	\$891.69	\$930.46	\$969.23
Two Adults	\$1,867.82	\$1,027.30	\$1,074.00	\$1,120.69	\$1,167.39
Family	\$2,105.92	\$1,158.26	\$1,210.90	\$1,263.55	\$1,316.20
Kaiser Permanente HMO					
Individual	\$879.64	\$483.80	\$505.79	\$527.78	\$549.78
Parent/Child(ren)	\$1,742.73	\$958.50	\$1,002.07	\$1,045.64	\$1,089.21
Two Adults	\$2,099.07	\$1,154.49	\$1,206.97	\$1,259.44	\$1,311.92
Family	\$2,366.66	\$1,301.66	\$1,360.83	\$1,420.00	\$1,479.16
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$524.17	\$546.38	\$568.60	\$590.81
Parent/Child	\$1,760.21	\$1,038.52	\$1,082.53	\$1,126.53	\$1,170.54
Two Adults	\$2,120.09	\$1,250.85	\$1,303.86	\$1,356.86	\$1,409.86
Family	\$2,390.32	\$1,410.29	\$1,470.05	\$1,529.80	\$1,589.56

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2020 – December 31, 2020

Years of Service	Total Premium (\$)	14 Years	13 Years	12 Years	11 Years
Retiree % Share		65.0/69.0	67.5/71.5	70.0/74.0	72.5/76.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$508.75	\$528.32	\$547.88	\$567.45
Parent/Child	\$1,550.77	\$1,008.00	\$1,046.77	\$1,085.54	\$1,124.31
Two Adults	\$1,867.82	\$1,214.08	\$1,260.78	\$1,307.47	\$1,354.17
Family	\$2,105.92	\$1,368.85	\$1,421.50	\$1,474.14	\$1,526.79
Kaiser Permanente HMO					
Individual	\$879.64	\$571.77	\$593.76	\$615.75	\$637.74
Parent/Child(ren)	\$1,742.73	\$1,132.77	\$1,176.34	\$1,219.91	\$1,263.48
Two Adults	\$2,099.07	\$1,364.40	\$1,416.87	\$1,469.35	\$1,521.83
Family	\$2,366.66	\$1,538.33	\$1,597.50	\$1,656.66	\$1,715.83
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$613.02	\$635.23	\$657.44	\$679.65
Parent/Child	\$1,760.21	\$1,214.54	\$1,258.55	\$1,302.56	\$1,346.56
Two Adults	\$2,120.09	\$1,462.86	\$1,515.86	\$1,568.87	\$1,621.87
Family	\$2,390.32	\$1,649.32	\$1,709.08	\$1,768.84	\$1,828.59

Years of Service	Total Premium (\$)	10 Years	9 Years	8 Years	0-7 Years
Retiree % Share		75.0/79.0	100	100	100
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$587.02	\$782.69	\$782.69	\$782.69
Parent/Child	\$1,550.77	\$1,163.08	\$1,550.77	\$1,550.77	\$1,550.77
Two Adults	\$1,867.82	\$1,400.87	\$1,867.82	\$1,867.82	\$1,867.82
Family	\$2,105.92	\$1,579.44	\$2,105.92	\$2,105.92	\$2,105.92
Kaiser Permanente HMO					
Individual	\$879.64	\$659.73	\$879.64	\$879.64	\$879.64
Parent/Child(ren)	\$1,742.73	\$1,307.05	\$1,742.73	\$1,742.73	\$1,742.73
Two Adults	\$2,099.07	\$1,574.30	\$2,099.07	\$2,099.07	\$2,099.07
Family	\$2,366.66	\$1,775.00	\$2,366.66	\$2,366.66	\$2,366.66
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$701.86	\$888.43	\$888.43	\$888.43
Parent/Child	\$1,760.21	\$1,390.57	\$1,760.21	\$1,760.21	\$1,760.21
Two Adults	\$2,120.09	\$1,674.87	\$2,120.09	\$2,120.09	\$2,120.09
Family	\$2,390.32	\$1,888.35	\$2,390.32	\$2,390.32	\$2,390.32

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2019 – December 31, 2019

Years of Service	Total Premium (\$)	30 Years	29 Years	28 Years	27 Years
Retiree % Share		15.0/22.0	20.0/25.5	24.8/28.8	28.1/32.1
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$117.40	\$156.54	\$194.11	\$219.94
Parent/Child	\$1,550.77	\$232.62	\$310.15	\$384.59	\$435.77
Two Adults	\$1,867.82	\$280.17	\$373.56	\$463.22	\$524.86
Family	\$2,105.92	\$315.89	\$421.18	\$522.27	\$591.76
Kaiser Permanente HMO					
Individual	\$879.64	\$131.95	\$175.93	\$218.15	\$247.18
Parent/Child(ren)	\$1,742.73	\$261.41	\$348.55	\$432.20	\$489.71
Two Adults	\$2,099.07	\$314.86	\$419.81	\$520.57	\$589.84
Family	\$2,366.66	\$355.00	\$473.33	\$586.93	\$665.03
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$195.45	\$226.55	\$255.87	\$285.19
Parent/Child	\$1,760.21	\$387.25	\$448.85	\$506.94	\$565.03
Two Adults	\$2,120.09	\$466.42	\$540.62	\$610.59	\$680.55
Family	\$2,390.32	\$525.87	\$609.53	\$688.41	\$767.29

Years of Service	Total Premium (\$)	26 Years	25 Years	24 Years	23 Years
Retiree % Share		31.4/35.4	34.7/38.7	38.0/42.0	40.9/44.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$245.76	\$271.59	\$297.42	\$320.12
Parent/Child	\$1,550.77	\$486.94	\$538.12	\$589.29	\$634.26
Two Adults	\$1,867.82	\$586.50	\$648.13	\$709.77	\$763.94
Family	\$2,105.92	\$661.26	\$730.75	\$800.25	\$861.32
Kaiser Permanente HMO					
Individual	\$879.64	\$276.21	\$305.24	\$334.26	\$359.77
Parent/Child(ren)	\$1,742.73	\$547.22	\$604.73	\$662.24	\$712.78
Two Adults	\$2,099.07	\$659.11	\$728.38	\$797.65	\$858.52
Family	\$2,366.66	\$743.13	\$821.23	\$899.33	\$967.96
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$314.50	\$343.82	\$373.14	\$395.35
Parent/Child	\$1,760.21	\$623.11	\$681.20	\$739.29	\$783.29
Two Adults	\$2,120.09	\$750.51	\$820.47	\$890.44	\$943.44
Family	\$2,390.32	\$846.17	\$925.05	\$1,003.93	\$1,063.69

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2019 – December 31, 2019

Years of Service	Total Premium (\$)	22 Years	21 Years	20 Years	19 Years
Retiree % Share		43.8/47.0	46.7/49.5	49.6/52.0	52.5/54.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$342.82	\$365.52	\$388.21	\$410.91
Parent/Child	\$1,550.77	\$679.24	\$724.21	\$769.18	\$814.15
Two Adults	\$1,867.82	\$818.11	\$872.27	\$926.44	\$980.61
Family	\$2,105.92	\$922.39	\$983.46	\$1,044.54	\$1,105.61
Kaiser Permanente HMO					
Individual	\$879.64	\$385.28	\$410.79	\$436.30	\$461.81
Parent/Child(ren)	\$1,742.73	\$763.32	\$813.85	\$864.39	\$914.93
Two Adults	\$2,099.07	\$919.39	\$980.27	\$1,041.14	\$1,102.01
Family	\$2,366.66	\$1,036.60	\$1,105.23	\$1,173.86	\$1,242.50
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$417.56	\$439.77	\$461.98	\$484.19
Parent/Child	\$1,760.21	\$827.30	\$871.30	\$915.31	\$959.31
Two Adults	\$2,120.09	\$996.44	\$1,049.44	\$1,102.45	\$1,155.45
Family	\$2,390.32	\$1,123.45	\$1,183.21	\$1,242.97	\$1,302.72

Years of Service	Total Premium (\$)	18 Years	17 Years	16 Years	15 Years
Retiree % Share		55.0/57.0	57.5/59.5	60.0/62.0	62.5/64.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$430.48	\$450.05	\$469.61	\$489.18
Parent/Child	\$1,550.77	\$852.92	\$891.69	\$930.46	\$969.23
Two Adults	\$1,867.82	\$1,027.30	\$1,074.00	\$1,120.69	\$1,167.39
Family	\$2,105.92	\$1,158.26	\$1,210.90	\$1,263.55	\$1,316.20
Kaiser Permanente HMO					
Individual	\$879.64	\$483.80	\$505.79	\$527.78	\$549.78
Parent/Child(ren)	\$1,742.73	\$958.50	\$1,002.07	\$1,045.64	\$1,089.21
Two Adults	\$2,099.07	\$1,154.49	\$1,206.97	\$1,259.44	\$1,311.92
Family	\$2,366.66	\$1,301.66	\$1,360.83	\$1,420.00	\$1,479.16
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$506.41	\$528.62	\$550.83	\$573.04
Parent/Child	\$1,760.21	\$1,003.32	\$1,047.32	\$1,091.33	\$1,135.34
Two Adults	\$2,120.09	\$1,208.45	\$1,261.45	\$1,314.46	\$1,367.46
Family	\$2,390.32	\$1,362.48	\$1,422.24	\$1,482.00	\$1,541.76

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2019 – December 31, 2019

Years of Service	Total Premium (\$)	14 Years	13 Years	12 Years	11 Years
Retiree % Share		65.0/67.0	67.5/69.5	70.0/72.0	72.5/74.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$508.75	\$528.32	\$547.88	\$567.45
Parent/Child	\$1,550.77	\$1,008.00	\$1,046.77	\$1,085.54	\$1,124.31
Two Adults	\$1,867.82	\$1,214.08	\$1,260.78	\$1,307.47	\$1,354.17
Family	\$2,105.92	\$1,368.85	\$1,421.50	\$1,474.14	\$1,526.79
Kaiser Permanente HMO					
Individual	\$879.64	\$571.77	\$593.76	\$615.75	\$637.74
Parent/Child(ren)	\$1,742.73	\$1,132.77	\$1,176.34	\$1,219.91	\$1,263.48
Two Adults	\$2,099.07	\$1,364.40	\$1,416.87	\$1,469.35	\$1,521.83
Family	\$2,366.66	\$1,538.33	\$1,597.50	\$1,656.66	\$1,715.83
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$595.25	\$617.46	\$639.67	\$661.88
Parent/Child	\$1,760.21	\$1,179.34	\$1,223.35	\$1,267.35	\$1,311.36
Two Adults	\$2,120.09	\$1,420.46	\$1,473.46	\$1,526.46	\$1,579.47
Family	\$2,390.32	\$1,601.51	\$1,661.27	\$1,721.03	\$1,780.79

Years of Service	Total Premium (\$)	10 Years	9 Years	8 Years	0-7 Years
Retiree % Share		75.0/77.0	100	100	100
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$587.02	\$782.69	\$782.69	\$782.69
Parent/Child	\$1,550.77	\$1,163.08	\$1,550.77	\$1,550.77	\$1,550.77
Two Adults	\$1,867.82	\$1,400.87	\$1,867.82	\$1,867.82	\$1,867.82
Family	\$2,105.92	\$1,579.44	\$2,105.92	\$2,105.92	\$2,105.92
Kaiser Permanente HMO					
Individual	\$879.64	\$659.73	\$879.64	\$879.64	\$879.64
Parent/Child(ren)	\$1,742.73	\$1,307.05	\$1,742.73	\$1,742.73	\$1,742.73
Two Adults	\$2,099.07	\$1,574.30	\$2,099.07	\$2,099.07	\$2,099.07
Family	\$2,366.66	\$1,775.00	\$2,366.66	\$2,366.66	\$2,366.66
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$684.09	\$888.43	\$888.43	\$888.43
Parent/Child	\$1,760.21	\$1,355.36	\$1,760.21	\$1,760.21	\$1,760.21
Two Adults	\$2,120.09	\$1,632.47	\$2,120.09	\$2,120.09	\$2,120.09
Family	\$2,390.32	\$1,840.55	\$2,390.32	\$2,390.32	\$2,390.32

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2018 – December 31, 2018

Years of Service	Total Premium (\$)	30 Years	29 Years	28 Years	27 Years
Retiree % Share		15.0/20.0	20.0/23.5	24.8/26.8	28.1/30.1
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$117.40	\$156.54	\$194.11	\$219.94
Parent/Child	\$1,550.77	\$232.62	\$310.15	\$384.59	\$435.77
Two Adults	\$1,867.82	\$280.17	\$373.56	\$463.22	\$524.86
Family	\$2,105.92	\$315.89	\$421.18	\$522.27	\$591.76
Kaiser Permanente HMO					
Individual	\$879.64	\$131.95	\$175.93	\$218.15	\$247.18
Parent/Child(ren)	\$1,742.73	\$261.41	\$348.55	\$432.20	\$489.71
Two Adults	\$2,099.07	\$314.86	\$419.81	\$520.57	\$589.84
Family	\$2,366.66	\$355.00	\$473.33	\$586.93	\$665.03
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$177.69	\$208.78	\$238.10	\$267.42
Parent/Child	\$1,760.21	\$352.04	\$413.65	\$471.74	\$529.82
Two Adults	\$2,120.09	\$424.02	\$498.22	\$568.18	\$638.15
Family	\$2,390.32	\$478.06	\$561.73	\$640.61	\$719.49

Years of Service	Total Premium (\$)	26 Years	25 Years	24 Years	23 Years
Retiree % Share		31.4/33.4	34.7/36.7	38.0/40.0	40.9/42.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$245.76	\$271.59	\$297.42	\$320.12
Parent/Child	\$1,550.77	\$486.94	\$538.12	\$589.29	\$634.26
Two Adults	\$1,867.82	\$586.50	\$648.13	\$709.77	\$763.94
Family	\$2,105.92	\$661.26	\$730.75	\$800.25	\$861.32
Kaiser Permanente HMO					
Individual	\$879.64	\$276.21	\$305.24	\$334.26	\$359.77
Parent/Child(ren)	\$1,742.73	\$547.22	\$604.73	\$662.24	\$712.78
Two Adults	\$2,099.07	\$659.11	\$728.38	\$797.65	\$858.52
Family	\$2,366.66	\$743.13	\$821.23	\$899.33	\$967.96
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$296.74	\$326.05	\$355.37	\$377.58
Parent/Child	\$1,760.21	\$587.91	\$646.00	\$704.08	\$748.09
Two Adults	\$2,120.09	\$708.11	\$778.07	\$848.04	\$901.04
Family	\$2,390.32	\$798.37	\$877.25	\$956.13	\$1,015.89

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2018 – December 31, 2018

Years of Service	Total Premium (\$)	22 Years	21 Years	20 Years	19 Years
Retiree % Share		43.8/45.0	46.7/47.5	49.6/50.0	52.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$342.82	\$365.52	\$388.21	\$410.91
Parent/Child	\$1,550.77	\$679.24	\$724.21	\$769.18	\$814.15
Two Adults	\$1,867.82	\$818.11	\$872.27	\$926.44	\$980.61
Family	\$2,105.92	\$922.39	\$983.46	\$1,044.54	\$1,105.61
Kaiser Permanente HMO					
Individual	\$879.64	\$385.28	\$410.79	\$436.30	\$461.81
Parent/Child(ren)	\$1,742.73	\$763.32	\$813.85	\$864.39	\$914.93
Two Adults	\$2,099.07	\$919.39	\$980.27	\$1,041.14	\$1,102.01
Family	\$2,366.66	\$1,036.60	\$1,105.23	\$1,173.86	\$1,242.50
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$399.79	\$422.00	\$444.22	\$466.43
Parent/Child	\$1,760.21	\$792.09	\$836.10	\$880.11	\$924.11
Two Adults	\$2,120.09	\$954.04	\$1,007.04	\$1,060.05	\$1,113.05
Family	\$2,390.32	\$1,075.64	\$1,135.40	\$1,195.16	\$1,254.92

Years of Service	Total Premium (\$)	18 Years	17 Years	16 Years	15 Years
Retiree % Share		55	57.5	60	62.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$430.48	\$450.05	\$469.61	\$489.18
Parent/Child	\$1,550.77	\$852.92	\$891.69	\$930.46	\$969.23
Two Adults	\$1,867.82	\$1,027.30	\$1,074.00	\$1,120.69	\$1,167.39
Family	\$2,105.92	\$1,158.26	\$1,210.90	\$1,263.55	\$1,316.20
Kaiser Permanente HMO					
Individual	\$879.64	\$483.80	\$505.79	\$527.78	\$549.78
Parent/Child(ren)	\$1,742.73	\$958.50	\$1,002.07	\$1,045.64	\$1,089.21
Two Adults	\$2,099.07	\$1,154.49	\$1,206.97	\$1,259.44	\$1,311.92
Family	\$2,366.66	\$1,301.66	\$1,360.83	\$1,420.00	\$1,479.16
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$488.64	\$510.85	\$533.06	\$555.27
Parent/Child	\$1,760.21	\$968.12	\$1,012.12	\$1,056.13	\$1,100.13
Two Adults	\$2,120.09	\$1,166.05	\$1,219.05	\$1,272.05	\$1,325.06
Family	\$2,390.32	\$1,314.68	\$1,374.43	\$1,434.19	\$1,493.95

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2018 – December 31, 2018

Years of Service	Total Premium (\$)	14 Years	13 Years	12 Years	11 Years
Retiree % Share		65	67.5	70	72.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$508.75	\$528.32	\$547.88	\$567.45
Parent/Child	\$1,550.77	\$1,008.00	\$1,046.77	\$1,085.54	\$1,124.31
Two Adults	\$1,867.82	\$1,214.08	\$1,260.78	\$1,307.47	\$1,354.17
Family	\$2,105.92	\$1,368.85	\$1,421.50	\$1,474.14	\$1,526.79
Kaiser Permanente HMO					
Individual	\$879.64	\$571.77	\$593.76	\$615.75	\$637.74
Parent/Child(ren)	\$1,742.73	\$1,132.77	\$1,176.34	\$1,219.91	\$1,263.48
Two Adults	\$2,099.07	\$1,364.40	\$1,416.87	\$1,469.35	\$1,521.83
Family	\$2,366.66	\$1,538.33	\$1,597.50	\$1,656.66	\$1,715.83
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$577.48	\$599.69	\$621.90	\$644.11
Parent/Child	\$1,760.21	\$1,144.14	\$1,188.14	\$1,232.15	\$1,276.15
Two Adults	\$2,120.09	\$1,378.06	\$1,431.06	\$1,484.06	\$1,537.07
Family	\$2,390.32	\$1,553.71	\$1,613.47	\$1,673.22	\$1,732.98

Years of Service	Total Premium (\$)	10 Years	9 Years	8 Years	0-7 Years
Retiree % Share		75	100	100	100
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$587.02	\$782.69	\$782.69	\$782.69
Parent/Child	\$1,550.77	\$1,163.08	\$1,550.77	\$1,550.77	\$1,550.77
Two Adults	\$1,867.82	\$1,400.87	\$1,867.82	\$1,867.82	\$1,867.82
Family	\$2,105.92	\$1,579.44	\$2,105.92	\$2,105.92	\$2,105.92
Kaiser Permanente HMO					
Individual	\$879.64	\$659.73	\$879.64	\$879.64	\$879.64
Parent/Child(ren)	\$1,742.73	\$1,307.05	\$1,742.73	\$1,742.73	\$1,742.73
Two Adults	\$2,099.07	\$1,574.30	\$2,099.07	\$2,099.07	\$2,099.07
Family	\$2,366.66	\$1,775.00	\$2,366.66	\$2,366.66	\$2,366.66
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$666.32	\$888.43	\$888.43	\$888.43
Parent/Child	\$1,760.21	\$1,320.16	\$1,760.21	\$1,760.21	\$1,760.21
Two Adults	\$2,120.09	\$1,590.07	\$2,120.09	\$2,120.09	\$2,120.09
Family	\$2,390.32	\$1,792.74	\$2,390.32	\$2,390.32	\$2,390.32

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2017 – December 31, 2017

Years of Service	Total Premium (\$)	30 Years	29 Years	28 Years	27 Years
Retiree % Share		15.0/20.0	20.0/23.5	24.8/26.8	28.1/30.1
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$117.40	\$156.54	\$194.11	\$219.94
Parent/Child	\$1,550.77	\$232.62	\$310.15	\$384.59	\$435.77
Two Adults	\$1,867.82	\$280.17	\$373.56	\$463.22	\$524.86
Family	\$2,105.92	\$315.89	\$421.18	\$522.27	\$591.76
Kaiser Permanente HMO					
Individual	\$879.64	\$131.95	\$175.93	\$218.15	\$247.18
Parent/Child(ren)	\$1,742.73	\$261.41	\$348.55	\$432.20	\$489.71
Two Adults	\$2,099.07	\$314.86	\$419.81	\$520.57	\$589.84
Family	\$2,366.66	\$355.00	\$473.33	\$586.93	\$665.03
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$177.69	\$208.78	\$238.10	\$267.42
Parent/Child	\$1,760.21	\$352.04	\$413.65	\$471.74	\$529.82
Two Adults	\$2,120.09	\$424.02	\$498.22	\$568.18	\$638.15
Family	\$2,390.32	\$478.06	\$561.73	\$640.61	\$719.49

Years of Service	Total Premium (\$)	26 Years	25 Years	24 Years	23 Years
Retiree % Share		31.4/33.4	34.7/36.7	38.0/40.0	40.9/42.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$245.76	\$271.59	\$297.42	\$320.12
Parent/Child	\$1,550.77	\$486.94	\$538.12	\$589.29	\$634.26
Two Adults	\$1,867.82	\$586.50	\$648.13	\$709.77	\$763.94
Family	\$2,105.92	\$661.26	\$730.75	\$800.25	\$861.32
Kaiser Permanente HMO					
Individual	\$879.64	\$276.21	\$305.24	\$334.26	\$359.77
Parent/Child(ren)	\$1,742.73	\$547.22	\$604.73	\$662.24	\$712.78
Two Adults	\$2,099.07	\$659.11	\$728.38	\$797.65	\$858.52
Family	\$2,366.66	\$743.13	\$821.23	\$899.33	\$967.96
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$296.74	\$326.05	\$355.37	\$377.58
Parent/Child	\$1,760.21	\$587.91	\$646.00	\$704.08	\$748.09
Two Adults	\$2,120.09	\$708.11	\$778.07	\$848.04	\$901.04
Family	\$2,390.32	\$798.37	\$877.25	\$956.13	\$1,015.89

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2017 – December 31, 2017

Years of Service	Total Premium (\$)	22 Years	21 Years	20 Years	19 Years
Retiree % Share		43.8/45.0	46.7/47.5	49.6/50.0	52.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$342.82	\$365.52	\$388.21	\$410.91
Parent/Child	\$1,550.77	\$679.24	\$724.21	\$769.18	\$814.15
Two Adults	\$1,867.82	\$818.11	\$872.27	\$926.44	\$980.61
Family	\$2,105.92	\$922.39	\$983.46	\$1,044.54	\$1,105.61
Kaiser Permanente HMO					
Individual	\$879.64	\$385.28	\$410.79	\$436.30	\$461.81
Parent/Child(ren)	\$1,742.73	\$763.32	\$813.85	\$864.39	\$914.93
Two Adults	\$2,099.07	\$919.39	\$980.27	\$1,041.14	\$1,102.01
Family	\$2,366.66	\$1,036.60	\$1,105.23	\$1,173.86	\$1,242.50
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$399.79	\$422.00	\$444.22	\$466.43
Parent/Child	\$1,760.21	\$792.09	\$836.10	\$880.11	\$924.11
Two Adults	\$2,120.09	\$954.04	\$1,007.04	\$1,060.05	\$1,113.05
Family	\$2,390.32	\$1,075.64	\$1,135.40	\$1,195.16	\$1,254.92

Years of Service	Total Premium (\$)	18 Years	17 Years	16 Years	15 Years
Retiree % Share		55	57.5	60	62.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$430.48	\$450.05	\$469.61	\$489.18
Parent/Child	\$1,550.77	\$852.92	\$891.69	\$930.46	\$969.23
Two Adults	\$1,867.82	\$1,027.30	\$1,074.00	\$1,120.69	\$1,167.39
Family	\$2,105.92	\$1,158.26	\$1,210.90	\$1,263.55	\$1,316.20
Kaiser Permanente HMO					
Individual	\$879.64	\$483.80	\$505.79	\$527.78	\$549.78
Parent/Child(ren)	\$1,742.73	\$958.50	\$1,002.07	\$1,045.64	\$1,089.21
Two Adults	\$2,099.07	\$1,154.49	\$1,206.97	\$1,259.44	\$1,311.92
Family	\$2,366.66	\$1,301.66	\$1,360.83	\$1,420.00	\$1,479.16
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$488.64	\$510.85	\$533.06	\$555.27
Parent/Child	\$1,760.21	\$968.12	\$1,012.12	\$1,056.13	\$1,100.13
Two Adults	\$2,120.09	\$1,166.05	\$1,219.05	\$1,272.05	\$1,325.06
Family	\$2,390.32	\$1,314.68	\$1,374.43	\$1,434.19	\$1,493.95

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2017 – December 31, 2017

Years of Service	Total Premium (\$)	14 Years	13 Years	12 Years	11 Years
Retiree % Share		65	67.5	70	72.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$508.75	\$528.32	\$547.88	\$567.45
Parent/Child	\$1,550.77	\$1,008.00	\$1,046.77	\$1,085.54	\$1,124.31
Two Adults	\$1,867.82	\$1,214.08	\$1,260.78	\$1,307.47	\$1,354.17
Family	\$2,105.92	\$1,368.85	\$1,421.50	\$1,474.14	\$1,526.79
Kaiser Permanente HMO					
Individual	\$879.64	\$571.77	\$593.76	\$615.75	\$637.74
Parent/Child(ren)	\$1,742.73	\$1,132.77	\$1,176.34	\$1,219.91	\$1,263.48
Two Adults	\$2,099.07	\$1,364.40	\$1,416.87	\$1,469.35	\$1,521.83
Family	\$2,366.66	\$1,538.33	\$1,597.50	\$1,656.66	\$1,715.83
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$577.48	\$599.69	\$621.90	\$644.11
Parent/Child	\$1,760.21	\$1,144.14	\$1,188.14	\$1,232.15	\$1,276.15
Two Adults	\$2,120.09	\$1,378.06	\$1,431.06	\$1,484.06	\$1,537.07
Family	\$2,390.32	\$1,553.71	\$1,613.47	\$1,673.22	\$1,732.98

Years of Service	Total Premium (\$)	10 Years	9 Years	8 Years	0-7 Years
Retiree % Share		75	100	100	100
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$587.02	\$782.69	\$782.69	\$782.69
Parent/Child	\$1,550.77	\$1,163.08	\$1,550.77	\$1,550.77	\$1,550.77
Two Adults	\$1,867.82	\$1,400.87	\$1,867.82	\$1,867.82	\$1,867.82
Family	\$2,105.92	\$1,579.44	\$2,105.92	\$2,105.92	\$2,105.92
Kaiser Permanente HMO					
Individual	\$879.64	\$659.73	\$879.64	\$879.64	\$879.64
Parent/Child(ren)	\$1,742.73	\$1,307.05	\$1,742.73	\$1,742.73	\$1,742.73
Two Adults	\$2,099.07	\$1,574.30	\$2,099.07	\$2,099.07	\$2,099.07
Family	\$2,366.66	\$1,775.00	\$2,366.66	\$2,366.66	\$2,366.66
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$666.32	\$888.43	\$888.43	\$888.43
Parent/Child	\$1,760.21	\$1,320.16	\$1,760.21	\$1,760.21	\$1,760.21
Two Adults	\$2,120.09	\$1,590.07	\$2,120.09	\$2,120.09	\$2,120.09
Family	\$2,390.32	\$1,792.74	\$2,390.32	\$2,390.32	\$2,390.32

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2016 – December 31, 2016

Years of Service	Total Premium (\$)	30 Years	29 Years	28 Years	27 Years
Retiree % Share		14.0/19.0	20.0/23.5	24.8/26.8	28.1/30.1
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$109.58	\$156.54	\$194.11	\$219.94
Parent/Child	\$1,550.77	\$217.11	\$310.15	\$384.59	\$435.77
Two Adults	\$1,867.82	\$261.49	\$373.56	\$463.22	\$524.86
Family	\$2,105.92	\$294.83	\$421.18	\$522.27	\$591.76
Kaiser Permanente HMO					
Individual	\$879.64	\$123.15	\$175.93	\$218.15	\$247.18
Parent/Child(ren)	\$1,742.73	\$243.98	\$348.55	\$432.20	\$489.71
Two Adults	\$2,099.07	\$293.87	\$419.81	\$520.57	\$589.84
Family	\$2,366.66	\$331.33	\$473.33	\$586.93	\$665.03
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$168.80	\$208.78	\$238.10	\$267.42
Parent/Child	\$1,760.21	\$334.44	\$413.65	\$471.74	\$529.82
Two Adults	\$2,120.09	\$402.82	\$498.22	\$568.18	\$638.15
Family	\$2,390.32	\$454.16	\$561.73	\$640.61	\$719.49

Years of Service	Total Premium (\$)	26 Years	25 Years	24 Years	23 Years
Retiree % Share		31.4/33.4	34.7/36.7	38.0/40.0	40.9/42.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$245.76	\$271.59	\$297.42	\$320.12
Parent/Child	\$1,550.77	\$486.94	\$538.12	\$589.29	\$634.26
Two Adults	\$1,867.82	\$586.50	\$648.13	\$709.77	\$763.94
Family	\$2,105.92	\$661.26	\$730.75	\$800.25	\$861.32
Kaiser Permanente HMO					
Individual	\$879.64	\$276.21	\$305.24	\$334.26	\$359.77
Parent/Child(ren)	\$1,742.73	\$547.22	\$604.73	\$662.24	\$712.78
Two Adults	\$2,099.07	\$659.11	\$728.38	\$797.65	\$858.52
Family	\$2,366.66	\$743.13	\$821.23	\$899.33	\$967.96
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$296.74	\$326.05	\$355.37	\$377.58
Parent/Child	\$1,760.21	\$587.91	\$646.00	\$704.08	\$748.09
Two Adults	\$2,120.09	\$708.11	\$778.07	\$848.04	\$901.04
Family	\$2,390.32	\$798.37	\$877.25	\$956.13	\$1,015.89

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2016 – December 31, 2016

Years of Service	Total Premium (\$)	20-22 Years	19 Years	18 Years	17 Years
Retiree % Share		43.8/45.0	52.5	55	57.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$342.82	\$410.91	\$430.48	\$450.05
Parent/Child	\$1,550.77	\$679.24	\$814.15	\$852.92	\$891.69
Two Adults	\$1,867.82	\$818.11	\$980.61	\$1,027.30	\$1,074.00
Family	\$2,105.92	\$922.39	\$1,105.61	\$1,158.26	\$1,210.90
Kaiser Permanente HMO					
Individual	\$879.64	\$385.28	\$461.81	\$483.80	\$505.79
Parent/Child(ren)	\$1,742.73	\$763.32	\$914.93	\$958.50	\$1,002.07
Two Adults	\$2,099.07	\$919.39	\$1,102.01	\$1,154.49	\$1,206.97
Family	\$2,366.66	\$1,036.60	\$1,242.50	\$1,301.66	\$1,360.83
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$399.79	\$466.43	\$488.64	\$510.85
Parent/Child	\$1,760.21	\$792.09	\$924.11	\$968.12	\$1,012.12
Two Adults	\$2,120.09	\$954.04	\$1,113.05	\$1,166.05	\$1,219.05
Family	\$2,390.32	\$1,075.64	\$1,254.92	\$1,314.68	\$1,374.43

Years of Service	Total Premium (\$)	16 Years	15 Years	14 Years	13 Years
Retiree % Share		60	62.5	65	67.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$469.61	\$489.18	\$508.75	\$528.32
Parent/Child	\$1,550.77	\$930.46	\$969.23	\$1,008.00	\$1,046.77
Two Adults	\$1,867.82	\$1,120.69	\$1,167.39	\$1,214.08	\$1,260.78
Family	\$2,105.92	\$1,263.55	\$1,316.20	\$1,368.85	\$1,421.50
Kaiser Permanente HMO					
Individual	\$879.64	\$527.78	\$549.78	\$571.77	\$593.76
Parent/Child(ren)	\$1,742.73	\$1,045.64	\$1,089.21	\$1,132.77	\$1,176.34
Two Adults	\$2,099.07	\$1,259.44	\$1,311.92	\$1,364.40	\$1,416.87
Family	\$2,366.66	\$1,420.00	\$1,479.16	\$1,538.33	\$1,597.50
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$533.06	\$555.27	\$577.48	\$599.69
Parent/Child	\$1,760.21	\$1,056.13	\$1,100.13	\$1,144.14	\$1,188.14
Two Adults	\$2,120.09	\$1,272.05	\$1,325.06	\$1,378.06	\$1,431.06
Family	\$2,390.32	\$1,434.19	\$1,493.95	\$1,553.71	\$1,613.47

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2016 – December 31, 2016

Years of Service	Total Premium (\$)	10-12 Years	9 Years	8 Years	0-7 Years
Retiree % Share		70	100	100	100
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$547.88	\$782.69	\$782.69	\$782.69
Parent/Child	\$1,550.77	\$1,085.54	\$1,550.77	\$1,550.77	\$1,550.77
Two Adults	\$1,867.82	\$1,307.47	\$1,867.82	\$1,867.82	\$1,867.82
Family	\$2,105.92	\$1,474.14	\$2,105.92	\$2,105.92	\$2,105.92
Kaiser Permanente HMO					
Individual	\$879.64	\$615.75	\$879.64	\$879.64	\$879.64
Parent/Child(ren)	\$1,742.73	\$1,219.91	\$1,742.73	\$1,742.73	\$1,742.73
Two Adults	\$2,099.07	\$1,469.35	\$2,099.07	\$2,099.07	\$2,099.07
Family	\$2,366.66	\$1,656.66	\$2,366.66	\$2,366.66	\$2,366.66
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$621.90	\$888.43	\$888.43	\$888.43
Parent/Child	\$1,760.21	\$1,232.15	\$1,760.21	\$1,760.21	\$1,760.21
Two Adults	\$2,120.09	\$1,484.06	\$2,120.09	\$2,120.09	\$2,120.09
Family	\$2,390.32	\$1,673.22	\$2,390.32	\$2,390.32	\$2,390.32

Retired January 1, 2015 – December 31, 2015

Years of Service	Total Premium (\$)	30 Years	29 Years	28 Years	27 Years
Retiree % Share		13.0/17.0	20.0/23.5	24.8/26.8	28.1/30.1
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$101.75	\$156.54	\$194.11	\$219.94
Parent/Child	\$1,550.77	\$201.60	\$310.15	\$384.59	\$435.77
Two Adults	\$1,867.82	\$242.82	\$373.56	\$463.22	\$524.86
Family	\$2,105.92	\$273.77	\$421.18	\$522.27	\$591.76
Kaiser Permanente HMO					
Individual	\$879.64	\$114.35	\$175.93	\$218.15	\$247.18
Parent/Child(ren)	\$1,742.73	\$226.55	\$348.55	\$432.20	\$489.71
Two Adults	\$2,099.07	\$272.88	\$419.81	\$520.57	\$589.84
Family	\$2,366.66	\$307.67	\$473.33	\$586.93	\$665.03
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$151.03	\$208.78	\$238.10	\$267.42
Parent/Child	\$1,760.21	\$299.24	\$413.65	\$471.74	\$529.82
Two Adults	\$2,120.09	\$360.42	\$498.22	\$568.18	\$638.15
Family	\$2,390.32	\$406.35	\$561.73	\$640.61	\$719.49

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2015 – December 31, 2015

Years of Service	Total Premium (\$)	26 Years	25 Years	20-24 Years	19 Years
Retiree % Share		31.4/33.4	34.7/36.7	38.0/40.0	52.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$245.76	\$271.59	\$297.42	\$410.91
Parent/Child	\$1,550.77	\$486.94	\$538.12	\$589.29	\$814.15
Two Adults	\$1,867.82	\$586.50	\$648.13	\$709.77	\$980.61
Family	\$2,105.92	\$661.26	\$730.75	\$800.25	\$1,105.61
Kaiser Permanente HMO					
Individual	\$879.64	\$276.21	\$305.24	\$334.26	\$461.81
Parent/Child(ren)	\$1,742.73	\$547.22	\$604.73	\$662.24	\$914.93
Two Adults	\$2,099.07	\$659.11	\$728.38	\$797.65	\$1,102.01
Family	\$2,366.66	\$743.13	\$821.23	\$899.33	\$1,242.50
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$296.74	\$326.05	\$355.37	\$466.43
Parent/Child	\$1,760.21	\$587.91	\$646.00	\$704.08	\$924.11
Two Adults	\$2,120.09	\$708.11	\$778.07	\$848.04	\$1,113.05
Family	\$2,390.32	\$798.37	\$877.25	\$956.13	\$1,254.92

Years of Service	Total Premium (\$)	18 Years	17 Years	16 Years	15 Years
Retiree % Share		55	57.5	60	62.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$430.48	\$450.05	\$469.61	\$489.18
Parent/Child	\$1,550.77	\$852.92	\$891.69	\$930.46	\$969.23
Two Adults	\$1,867.82	\$1,027.30	\$1,074.00	\$1,120.69	\$1,167.39
Family	\$2,105.92	\$1,158.26	\$1,210.90	\$1,263.55	\$1,316.20
Kaiser Permanente HMO					
Individual	\$879.64	\$483.80	\$505.79	\$527.78	\$549.78
Parent/Child(ren)	\$1,742.73	\$958.50	\$1,002.07	\$1,045.64	\$1,089.21
Two Adults	\$2,099.07	\$1,154.49	\$1,206.97	\$1,259.44	\$1,311.92
Family	\$2,366.66	\$1,301.66	\$1,360.83	\$1,420.00	\$1,479.16
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$488.64	\$510.85	\$533.06	\$555.27
Parent/Child	\$1,760.21	\$968.12	\$1,012.12	\$1,056.13	\$1,100.13
Two Adults	\$2,120.09	\$1,166.05	\$1,219.05	\$1,272.05	\$1,325.06
Family	\$2,390.32	\$1,314.68	\$1,374.43	\$1,434.19	\$1,493.95

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2015 – December 31, 2015

Years of Service	Total Premium (\$)	10-14 Years	9 Years	8 Years	0-7 Years
Retiree % Share		65	100	100	100
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$508.75	\$782.69	\$782.69	\$782.69
Parent/Child	\$1,550.77	\$1,008.00	\$1,550.77	\$1,550.77	\$1,550.77
Two Adults	\$1,867.82	\$1,214.08	\$1,867.82	\$1,867.82	\$1,867.82
Family	\$2,105.92	\$1,368.85	\$2,105.92	\$2,105.92	\$2,105.92
Kaiser Permanente HMO					
Individual	\$879.64	\$571.77	\$879.64	\$879.64	\$879.64
Parent/Child(ren)	\$1,742.73	\$1,132.77	\$1,742.73	\$1,742.73	\$1,742.73
Two Adults	\$2,099.07	\$1,364.40	\$2,099.07	\$2,099.07	\$2,099.07
Family	\$2,366.66	\$1,538.33	\$2,366.66	\$2,366.66	\$2,366.66
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$577.48	\$888.43	\$888.43	\$888.43
Parent/Child	\$1,760.21	\$1,144.14	\$1,760.21	\$1,760.21	\$1,760.21
Two Adults	\$2,120.09	\$1,378.06	\$2,120.09	\$2,120.09	\$2,120.09
Family	\$2,390.32	\$1,553.71	\$2,390.32	\$2,390.32	\$2,390.32

Retired January 1, 2014 – December 31, 2014

Years of Service	Total Premium (\$)	30 Years	29 Years	28 Years	27 Years
Retiree % Share		12.0/15.0	20.0/23.5	24.0/26.8	26.0/30.1
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$93.92	\$156.54	\$187.85	\$203.50
Parent/Child	\$1,550.77	\$186.09	\$310.15	\$372.18	\$403.20
Two Adults	\$1,867.82	\$224.14	\$373.56	\$448.28	\$485.63
Family	\$2,105.92	\$252.71	\$421.18	\$505.42	\$547.54
Kaiser Permanente HMO					
Individual	\$879.64	\$105.56	\$175.93	\$211.11	\$228.71
Parent/Child(ren)	\$1,742.73	\$209.13	\$348.55	\$418.26	\$453.11
Two Adults	\$2,099.07	\$251.89	\$419.81	\$503.78	\$545.76
Family	\$2,366.66	\$284.00	\$473.33	\$568.00	\$615.33
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$133.26	\$208.78	\$238.10	\$267.42
Parent/Child	\$1,760.21	\$264.03	\$413.65	\$471.74	\$529.82
Two Adults	\$2,120.09	\$318.01	\$498.22	\$568.18	\$638.15
Family	\$2,390.32	\$358.55	\$561.73	\$640.61	\$719.49

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2014 – December 31, 2014

Years of Service	Total Premium (\$)	20-26 Years	19 Years	18 Years	17 Years
Retiree % Share		31.4/33.4	52.5	55	57.5
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$245.76	\$410.91	\$430.48	\$450.05
Parent/Child	\$1,550.77	\$486.94	\$814.15	\$852.92	\$891.69
Two Adults	\$1,867.82	\$586.50	\$980.61	\$1,027.30	\$1,074.00
Family	\$2,105.92	\$661.26	\$1,105.61	\$1,158.26	\$1,210.90
Kaiser Permanente HMO					
Individual	\$879.64	\$276.21	\$461.81	\$483.80	\$505.79
Parent/Child(ren)	\$1,742.73	\$547.22	\$914.93	\$958.50	\$1,002.07
Two Adults	\$2,099.07	\$659.11	\$1,102.01	\$1,154.49	\$1,206.97
Family	\$2,366.66	\$743.13	\$1,242.50	\$1,301.66	\$1,360.83
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$296.74	\$466.43	\$488.64	\$510.85
Parent/Child	\$1,760.21	\$587.91	\$924.11	\$968.12	\$1,012.12
Two Adults	\$2,120.09	\$708.11	\$1,113.05	\$1,166.05	\$1,219.05
Family	\$2,390.32	\$798.37	\$1,254.92	\$1,314.68	\$1,374.43

Years of Service	Total Premium (\$)	10-16 Years	9 Years	8 Years	0-7 Years
Retiree % Share		60	100	100	100
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$469.61	\$782.69	\$782.69	\$782.69
Parent/Child	\$1,550.77	\$930.46	\$1,550.77	\$1,550.77	\$1,550.77
Two Adults	\$1,867.82	\$1,120.69	\$1,867.82	\$1,867.82	\$1,867.82
Family	\$2,105.92	\$1,263.55	\$2,105.92	\$2,105.92	\$2,105.92
Kaiser Permanente HMO					
Individual	\$879.64	\$527.78	\$879.64	\$879.64	\$879.64
Parent/Child(ren)	\$1,742.73	\$1,045.64	\$1,742.73	\$1,742.73	\$1,742.73
Two Adults	\$2,099.07	\$1,259.44	\$2,099.07	\$2,099.07	\$2,099.07
Family	\$2,366.66	\$1,420.00	\$2,366.66	\$2,366.66	\$2,366.66
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$533.06	\$888.43	\$888.43	\$888.43
Parent/Child	\$1,760.21	\$1,056.13	\$1,760.21	\$1,760.21	\$1,760.21
Two Adults	\$2,120.09	\$1,272.05	\$2,120.09	\$2,120.09	\$2,120.09
Family	\$2,390.32	\$1,434.19	\$2,390.32	\$2,390.32	\$2,390.32

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired January 1, 2013 – December 31, 2013

Years of Service	Total Premium (\$)	30 Years	29 Years	28 Years	27 Years
Retiree % Share		11.0/12.0	20.0/23.5	23.0/26.8	25.0/26.8
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$86.10	\$156.54	\$180.02	\$195.67
Parent/Child	\$1,550.77	\$170.58	\$310.15	\$356.68	\$387.69
Two Adults	\$1,867.82	\$205.46	\$373.56	\$429.60	\$466.96
Family	\$2,105.92	\$231.65	\$421.18	\$484.36	\$526.48
Kaiser Permanente HMO					
Individual	\$879.64	\$96.76	\$175.93	\$202.32	\$219.91
Parent/Child(ren)	\$1,742.73	\$191.70	\$348.55	\$400.83	\$435.68
Two Adults	\$2,099.07	\$230.90	\$419.81	\$482.79	\$524.77
Family	\$2,366.66	\$260.33	\$473.33	\$544.33	\$591.67
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$106.61	\$208.78	\$238.10	\$238.10
Parent/Child	\$1,760.21	\$211.23	\$413.65	\$471.74	\$471.74
Two Adults	\$2,120.09	\$254.41	\$498.22	\$568.18	\$568.18
Family	\$2,390.32	\$286.84	\$561.73	\$640.61	\$640.61

Years of Service	Total Premium (\$)	20-26 Years	19 Years	10-18 Years	0-9 Years
Retiree % Share		26.8	52.5	55	100
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$209.76	\$410.91	\$430.48	\$782.69
Parent/Child	\$1,550.77	\$415.61	\$814.15	\$852.92	\$1,550.77
Two Adults	\$1,867.82	\$500.58	\$980.61	\$1,027.30	\$1,867.82
Family	\$2,105.92	\$564.39	\$1,105.61	\$1,158.26	\$2,105.92
Kaiser Permanente HMO					
Individual	\$879.64	\$235.74	\$461.81	\$483.80	\$879.64
Parent/Child(ren)	\$1,742.73	\$467.05	\$914.93	\$958.50	\$1,742.73
Two Adults	\$2,099.07	\$562.55	\$1,102.01	\$1,154.49	\$2,099.07
Family	\$2,366.66	\$634.26	\$1,242.50	\$1,301.66	\$2,366.66
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$238.10	\$466.43	\$488.64	\$888.43
Parent/Child	\$1,760.21	\$471.74	\$924.11	\$968.12	\$1,760.21
Two Adults	\$2,120.09	\$568.18	\$1,113.05	\$1,166.05	\$2,120.09
Family	\$2,390.32	\$640.61	\$1,254.92	\$1,314.68	\$2,390.32

MONTHLY BENEFIT COSTS

Non-Medicare

MEDICAL PLANS

Retired on or Before December 31, 2012

Years of Service	Total Premium (\$)	30 Years	20-29 Years	10-19 Years	0-9 Years
Retiree % Share		10	25	50	100
Cigna Open-Access Plus In-Network (OAPIN)					
Individual	\$782.69	\$78.27	\$195.67	\$391.35	\$782.69
Parent/Child	\$1,550.77	\$155.08	\$387.69	\$775.39	\$1,550.77
Two Adults	\$1,867.82	\$186.78	\$466.96	\$933.91	\$1,867.82
Family	\$2,105.92	\$210.59	\$526.48	\$1,052.96	\$2,105.92
Kaiser Permanente HMO					
Individual	\$879.64	\$87.96	\$219.91	\$439.82	\$879.64
Parent/Child(ren)	\$1,742.73	\$174.27	\$435.68	\$871.37	\$1,742.73
Two Adults	\$2,099.07	\$209.91	\$524.77	\$1,049.54	\$2,099.07
Family	\$2,366.66	\$236.67	\$591.67	\$1,183.33	\$2,366.66
Cigna Open-Access Plus In and Out-of-Network (OAP)					
Individual	\$888.43	\$88.84	\$222.11	\$444.22	\$888.43
Parent/Child	\$1,760.21	\$176.02	\$440.05	\$880.11	\$1,760.21
Two Adults	\$2,120.09	\$212.01	\$530.02	\$1,060.05	\$2,120.09
Family	\$2,390.32	\$239.03	\$597.58	\$1,195.16	\$2,390.32



BALTIMORE COUNTY PUBLIC SCHOOLS
2023 BENEFITS ENROLLMENT/CHANGE APPLICATION

RETIREES

RETURN COMPLETED FORM TO: Baltimore County Public Schools, Office of Employee Benefits and Retirement, 6901 N. Charles Street, Building B, Towson, MD 21204
SCAN AND E-MAIL FORM TO: Retirement@bcps.org FAX TO: (410) 887-8950

1. PERSONAL INFORMATION			
NAME	SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	
STREET ADDRESS	RETIREE NAME (IF SPOUSE IS APPLICANT)		
CITY, STATE, ZIP CODE	DATE OF BIRTH	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	DATE OF MARRIAGE/DIVORCE
2. TYPE OF REQUEST			
<input type="checkbox"/> New Enrollment/Adding Dependent(s)			
<input type="checkbox"/> Marriage			
<input type="checkbox"/> Open Enrollment			
<input type="checkbox"/> Birth/Adoption of a child(ren)			
<input type="checkbox"/> Other _____			
*Reminder: If you are enrolling a spouse/child(ren) whom have not previously been covered by a BCPS benefit plan, you must also include proof of relationship (marriage certificate, birth certificate). Requests are effective on the first of the month following receipt of the request and supporting documentation. Please allow 7-14 business days for processing.			
3. ELECTION OF BENEFITS – Refer to the Benefits Enrollment and Reference Guide for Details			
Medical	Vision	Dental	Basic & Optional Life
<input type="checkbox"/> Cigna OAP/IN (in network only)	<input type="checkbox"/> National Vision Administrators (NVA)	<input type="checkbox"/> CareFirst BCBS Dental PPO	<input type="checkbox"/> Cancer Insurance
<input type="checkbox"/> Kaiser Permanente HMO	<input type="checkbox"/> Cigna OAP (in/out network)	<input type="checkbox"/> CareFirst BCBS Dental Traditional	<input type="checkbox"/> Washington National Insurance Company
Coverage Level	Coverage Level	Coverage Level	<input type="checkbox"/> I elect Cancer Insurance
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual	<input type="checkbox"/> I cancel/waive Cancer Insurance
<input type="checkbox"/> Parent & Child	<input type="checkbox"/> Family	<input type="checkbox"/> Parent & Child	
<input type="checkbox"/> Parent & Children (children for Kaiser only)	<input type="checkbox"/> I cancel/waive Vision Insurance	<input type="checkbox"/> Parent & Children (children for Cigna only)	
<input type="checkbox"/> Two Adults	<input type="checkbox"/> Two Adults	<input type="checkbox"/> Two Adults	
<input type="checkbox"/> Family	<input type="checkbox"/> Family	<input type="checkbox"/> Family	
<input type="checkbox"/> I cancel/waive Medical Insurance	<input type="checkbox"/> I cancel/waive Dental Insurance	<input type="checkbox"/> I cancel/waive Dental Insurance	
Individuals Age 65 and Over. Contact RetireeFirst for BCPS Medicare Supplement plans Phone: (443) 290-3114 Email: members@retireefirst.com Web: www.retireefirst.com			
4. COVERED RETIREE AND DEPENDENT(S) INFORMATION			
NAME	RELATIONSHIP	GENDER	DATE OF BIRTH
RETIREE			
SPOUSE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
CHILD	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
CHILD	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
CHILD	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
CHILD	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
		SOCIAL SECURITY NUMBER	KAISER MEDICAL FACILITY/PRIMARY CARE PHYSICIAN INFORMATION
			DHMO FACILITY #

If you have any questions concerning the benefits and services that are provided by or excluded under the agreement, please contact the applicable plan's membership services representative before signing the application form. I hereby apply for myself, and any dependents listed on this application for the coverage indicated and authorize Baltimore County Public Schools to debit from my pension or bill me for the amount required to participate in the elected plans. I understand that the elections that I make on this form will remain in effect until a new request is submitted to BCPS. I also understand that the elections I make on this form are subject to modification by Baltimore County Public Schools to ensure that the Plan complies with applicable laws or to reflect increases in the cost of the elected coverage(s) that occur during the Plan Year. I hereby consent for myself and for all individuals covered by the Plan through me, to any investigations or inquiries into medical condition that are deemed necessary or appropriate by the Plan Administrator and to any disclosures of medical records by anyone deemed necessary or appropriate by the Plan Administrator. The statements are true and complete and are representations made to induce the issuance of the subscription agreement(s) for which I have applied. I have carefully read this application and agree to its terms by typing/signing my name below.

RETIREE/APPLICANTS SIGNATURE _____ DATE _____

RETAIN A COPY FOR YOUR RECORDS



Department of Human Resources Administration and Compliance
Office of Benefits and Retirement

6901 N. Charles Street, Building B
Towson, Maryland 21204
Ph: 443-809-8949 Fax: 410-887-8950

RETIREE - FORM TO CHANGE NAME, ADDRESS, EMAIL, OR PHONE #

I am reporting a (check as applicable): ☐ New Name ☐ New Address ☐ New Email Address or phone

To change your name, the Social Security Administration requires that we verify your new name using your new Social Security Card. If you are reporting a name change, please attach a copy of your new Social Security card to this form.

CURRENT NAME	LAST	FIRST	MIDDLE
FORMER NAME	LAST	FIRST	MIDDLE
SOCIAL SECURITY #	RETIREE EMAIL ADDRESS		

	OLD ADDRESS	NEW ADDRESS
NUMBER & STREET		
CITY		
STATE		
ZIP		
TELEPHONE		

SPOUSE AND/OR DEPENDENTS

Is the address change applicable to your spouse and/or dependents? ☐ Yes ☐ No, complete next section for spouse/dependents with a different address than the retiree.

Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:

NOTE: BCPS will not report changes to the pension systems. Please contact your pension system directly.

- ♦ Maryland State Retirement: 410-625-5555 or 1-800-492-5909
- ♦ Baltimore County Employees' Retirement System: 410-887-8246

Please complete this form in its entirety, then submit it to the Office of Benefits and Retirement by email to retirement@bcps.org or by fax to 410-887-8950.

PRINT NAME

SIGNATURE

DATE





The Department of Human Resources
Office of Benefits and Retirement
6901 N. Charles Street, Building B,
Towson, MD 21204
www.bcps.org