How do I request an ID card?

ID cards for medical, prescription, dental, and/or vision benefits may be requested electronically through your personal online accounts with Cigna, Kaiser Permanente, CareFirst, or NVA. Temporary cards may also be downloaded from these portals. You may also call the insurance company directly.

How do I add my newborn to my coverage?

Complete an enrollment/change form with the new baby's name, gender, and date of birth within 30 days following the birth (social security number can be updated once received). Please submit proof of birth along with the form. The baby's coverage will be retroactive to the date of birth.

How do I add my new spouse to my coverage?

Complete an enrollment/change form with your spouse's information within 30 days following the date of marriage. Please submit a copy of the marriage certificate along with the form. Your spouse's benefits will be effective on the first of the month following receipt of completed paperwork.

Will I have coverage during my approved leave of absence?

As long as you have paid leave available, benefit deductions will continue. When your accrued leave is exhausted or you cease to be paid by BCPS, you must contact the Office of Benefits & Retirement to make arrangements to continue payment of your benefits to ensure continued coverage.

I turn 65 soon, but I am still working. Do I need to sign up for Medicare?

As long as you remain an active employee, you can defer enrollment in Medicare Part B.

Where can I get an estimate of what my pension check would be when I retire?

Employees should contact the appropriate retirement system, State or County, for this information.

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 change my name/address?

Name and address changes are handled by the Office of Payroll (443) 809-4240. Once updated, benefits information is also updated. You may also make changes through Employee Self Service (ESS).

When does coverage end?

If your employment ends, or your unpaid board leave starts, after the last day of the school year but before the beginning of the next school year, then your medical, prescription, dental and vision will remain active through August 31st. If your employment ends during the school year, benefits terminate on the last day of the month in which you are in active pay status.

Glossary

Out-of-Pocket 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.