



**St. Mary's County Public Schools  
Department of Fiscal Services**

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Leonardtown, Maryland 20650

**Ms. Tammy McCourt**  
Assistant Superintendent

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**Health Insurance Open Enrollment**

**To:** All **EASMC/SMASA** Benefit-Eligible Employees  
**From:** Heather Huff, Insurance Specialist  
**VIA:** Tammy McCourt, Assistant Superintendent  
**Re:** Open Enrollment and Health Insurance Rates Effective July 1, 2024

- **SMCPS will hold online open enrollment for health insurance benefits starting May 1, 2024 for all benefit-eligible employees.**
- To enroll or continue participation in one of the SMCPS health insurance plans it is **MANDATORY** that you enroll online by May 31, 2024. If you do not re-enroll, your current benefits **will not** continue for the next fiscal year (July 1, 2024 – June 30, 2025).
- In order to comply with the 2010 Patient Protection and Affordable Care Act, all employees waiving health insurance for the 2024-2025 school year are also required to go online to waive benefits.

This year every employee will be required to complete enrollment online. The Insurance Office will no longer be able to enroll employees in benefits.

During the period of May 1, 2024 through May 31, 2024 employees **must** enroll or waive health insurance benefits by accessing either:

- a) the Benefitfocus website: [www.smcps.hrntouch.com](http://www.smcps.hrntouch.com), or
- b) the Benefitplace mobile app available on your phone or SMCPS iPad

You will be required to enter your username and password:

- **Username:** Your first name, the first initial of your last name, and the last 4 digits of your social security number in all capital letters (example: HEATHERH1234).
- **Password:** Your social security number without the dashes. You will be asked to change your password once you have logged on.

Employees will be able to view their current plan coverage and make changes as needed. You may change coverage, add or drop dependents, and update personal information. **Please note: all employees will be required to provide supporting documentation for all new dependents added to their plans. This information should be sent to the Insurance Office as soon as possible.**

The following resources are available for assistance with enrolling in benefits:

- **Step-by-Step Instructions & Screen Shots:** Instructions for navigating the benefits enrollment platform will be sent to all employees prior to the start of Open Enrollment.
- **Zoom/Phone/In-Person Appointments:** The Insurance Office is available to help with health insurance and enrollment questions. Contact [insurance@smcps.org](mailto:insurance@smcps.org) or call Heather Huff (x32182) or Brynn Cosner (x32264). Book an appointment online [here](#).

- **Saturday Help Session:** May 18<sup>th</sup> from 9:00am – 1:00pm in the Board of Education Meeting Room at Central Office

The employee health insurance premiums shown below are based upon SMCPs employment status. Your first July paycheck will reflect the new health insurance premium rate changes. Contact Heather Huff, Insurance Specialist at [insurance@smcps.org](mailto:insurance@smcps.org) or 301-475-5511, ext. 32182 if you have any questions or need assistance with enrollment.

<b>Type of Coverage</b>	<b>Monthly Premium Effective July 1, 2024</b>	<b>Full-Time Employee Semi-Monthly Premium</b>	<b>Part-Time Employee Semi-Monthly Premium</b>
<b>BlueChoice HMO I with Deductible</b>	<b><u>Monthly Premium</u></b>	<b><u>10%</u></b>	<b><u>55%</u></b>
Individual	\$ 840.42	\$ 42.02	\$231.12
Parent/Child	\$1,498.29	\$ 74.91	\$412.03
Subscriber/Spouse	\$1,920.33	\$ 96.02	\$528.09
Family	\$2,501.81	\$125.09	\$688.00
<b>BlueChoice HMO II</b>	<b><u>Monthly Premium</u></b>	<b><u>15%</u></b>	<b><u>57.5%</u></b>
Individual	\$ 867.62	\$ 65.07	\$249.44
Parent/Child	\$1,547.52	\$116.06	\$444.91
Subscriber/Spouse	\$1,983.22	\$148.74	\$570.18
Family	\$2,583.69	\$193.78	\$742.81
<b>BlueChoice Triple Option I with Deductible</b>	<b><u>Monthly Premium</u></b>	<b><u>20%</u></b>	<b><u>60%</u></b>
Individual	\$1,022.48	\$102.25	\$306.74
Parent/Child	\$1,693.56	\$169.36	\$508.07
Subscriber/Spouse	\$2,134.94	\$213.49	\$640.48
Family	\$2,855.45	\$285.55	\$856.64
<b>BlueChoice Triple Option II</b>	<b><u>Monthly Premium</u></b>	<b><u>25%</u></b>	<b><u>62.5%</u></b>
Individual	\$1,092.27	\$136.53	\$341.33
Parent/Child	\$1,804.77	\$225.60	\$563.99
Subscriber/Spouse	\$2,277.37	\$284.67	\$711.68
Family	\$3,045.66	\$380.71	\$951.77