



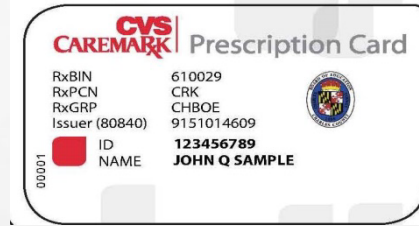
BENEFITS

MEDICAL, LIFE, SUPPLEMENTAL, PENSION

**CCPS
ORIENTATION**



“EMPLOYEE BENEFITS”



CCPS ORIENTATION

BENEFITS

MEDICAL, LIFE, RETIREMENT, SUPPLEMENTAL PLANS

OPTIONS
Health
Prescription
Dental
Vision
Accidental Death and Dismemberment (AD&D)
Life Insurance
Retirement
Supplemental Insurance Plans

MEDICAL PLAN COMPARISON

Preferred Provider (PPO/PPN)	Blue Choice Opt-Out Plus Open Access
No referrals required, no gatekeeper, no pre-existing condition restrictions	Primary Care Physician <i>required</i>
National Plan	Members can see Blue Choice providers without a referral
Member is responsible for knowing if their provider is In-Network and Out-of-Network before services are rendered	Has access to BCBS providers in the Washington Metro Area with a referral

Both Plans include the Pharmacy (CVS/Caremark), Preferred Dental and Davis Vision

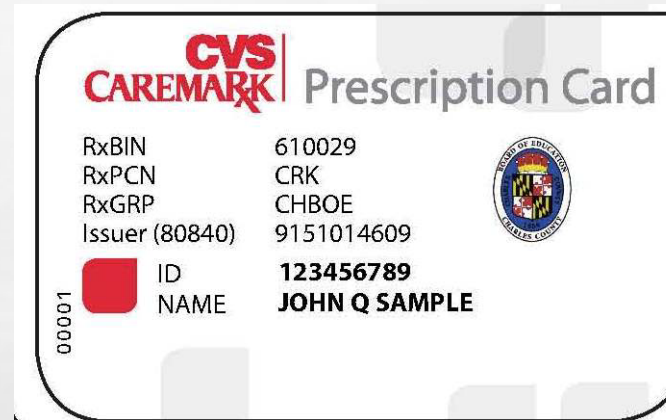
CCPS ORIENTATION

PHARMACY BENEFITS

Welcome Packet Includes:

- Cards
- Listing of participating pharmacies near you
- Enrollment form
- Mail Order
- Preferred Drug List

WWW.CAREMARK.COM



ONLINE TOOLS

Go to: www.carefirst.com	Go to: www.caremark.com
Find a doctor/urgent care	Find a local Pharmacy
My Account – Check claims	Refill a prescription
Options Program – Get discounts	Mail – order forms

LIFE AND ACCIDENT DEATH INSURANCE (AD&D)

- Life Insurance and Accidental Death and Dismemberment (AD&D) is equal to your basic annual salary, rounded up to the next higher \$1,000
- Deductions for Life and AD&D are pre-tax
- To determine your cost, $(\text{ANNUAL SALARY} \times .158 / 2) / 1000$
Example: $\$20,000.00 (\text{Annual Salary}) \times .158 / 2 / 1000$
 $= \$1.58 \text{ per pay}$
- Life Insurance benefits are paid to your beneficiary if you die while you are a covered employee
- AD&D benefits are payable to you

SUPPLEMENTAL GROUP TERM LIFE INSURANCE

The Group Life Plan offers supplemental life insurance of \$20,000 to \$500,000 in \$10,000 increments.

Must elect Basic Life

New Hires can elect up to \$250,000 in coverage without providing any evidence of insurability or completing a health questionnaire.

Employees who sign up for the supplemental life insurance can also add benefits for their spouse and children.

- Employee and Spouse premiums are age banded.
- Coverage for Spouse: available in increments of \$10,000 up to a maximum of \$50,000.
- Coverage for Children: with a benefit of either \$5,000 or \$10,000.

FLEXIBLE SPENDING ACCOUNTS

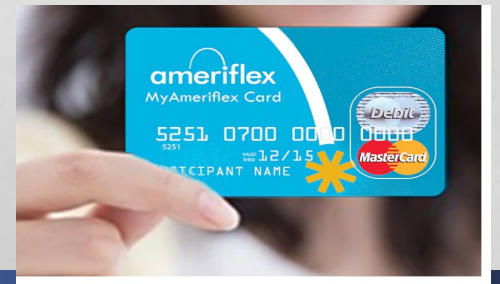
HEALTH CARE

- Employee contributes money out of their bi-weekly salary on a pre-tax basis
- Can contribute up to \$2,400 annually
- Must re-enroll each year
- Plan carefully!
- Use it or Lose it rule

<https://myameriflex.com/open-enrollment/videos/fsa-presentation-2/>

DEPENDENT CARE

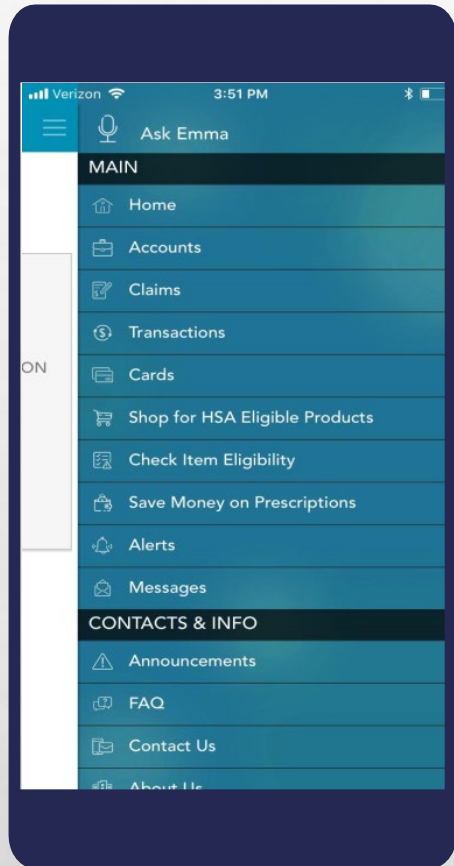
- Employee can contribute up to \$5,000 annually from their pay on a pre-tax basis
- Must re-enroll each year
- Contributions can also be used to pay for elderly day care
- Use it or Lose it rule



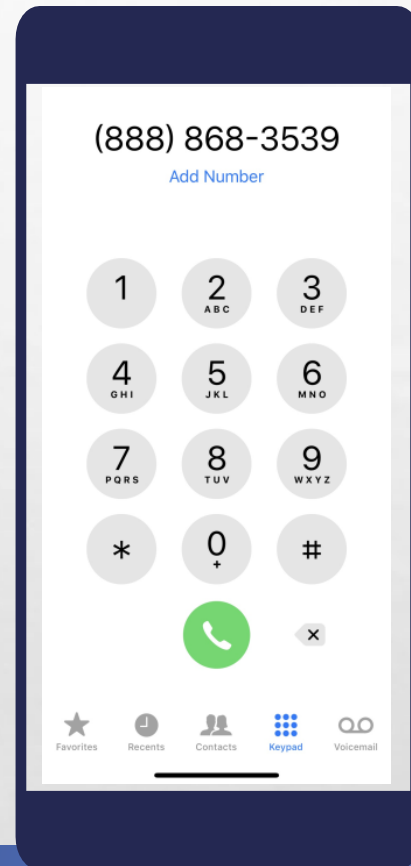
FLEXIBLE SPENDING ACCOUNTS EXAMPLE

	Without an FSA	With an FSA
Medical FSA contribution	\$0	\$1,200
Dependent care FSA contribution	\$0	\$5,000
The Garcia's estimated taxes ¹	\$22,000	\$20,450
Health care expenses	\$1,200	\$1,200
Dependent care expenses	\$5,000	\$5,000
Health care FSA	\$0	\$1,200
Dependent care FSA	\$5,000	\$5,000
The Garcia's tax savings	\$0	\$1,550
Net disposable income	\$59,800	\$61,350

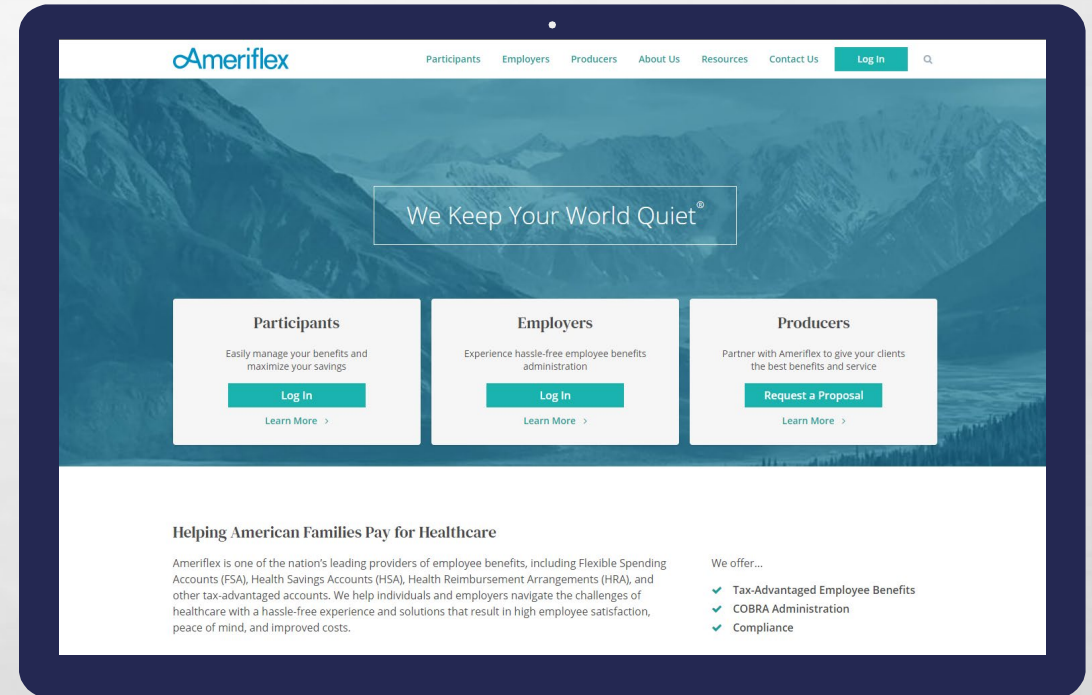
Ameriflex Support



Download the
Mobile App



Call Us at
888.868.3539



Visit
www.myameriflex.com

ENROLLMENT PROCEDURES

YOU ARE RESPONSIBLE FOR ACCESSING:

IN ORACLE; UNDER "ME", "BENEFITS"

WITHIN 31 DAYS OF HIRE DATE *(START DATE)*

- ✓ When adding a spouse/child you must provide a copy of marriage certificate/birth certificate and Dependent Status Affidavit
- ✓ Forms provided in Benefits Packet or on the enrollment website
- ✓ Coverage begins the first of the month following your hire date

SUPPLEMENTAL INSURANCE POLICIES

- Disability/Sickness
- AD&D
- Cancer Policies
- Term Life
- Long-Term Care
- Universal Life
- Dependent Life Insurance



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employees can contact a ComPsych counselor anytime,
24 hours/day, 7 days a week

For additional information or a referral to a provider located
nearest you please call
1-877-465-0865

Online tools are available at:
<https://www.guidanceresources.com>

App: Guidance Resources Now
Web Id: CCPSEAP

COMPSYCH®
GuidanceResources® Worldwide

CCPS ORIENTATION

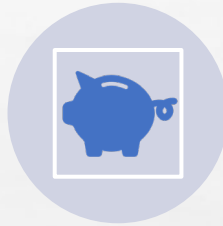
THE BOARD OF EDUCATION CHARLES COUNTY PENSION PLAN

- Mandatory enrollment in Pension System
- Defined Benefit Plan – Retirement based upon formula.
- 5 percent mandatory contributions
- Vesting after 10 years of continuous service (if hired after 7/1/2011)
- Benefits available to CCPS employees who are employed in the category of operations, maintenance, food service or technical scale and not enrolled in the State of Maryland Retirement System.

STATE OF MARYLAND RETIREMENT SYSTEM



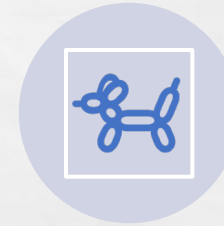
**MANDATORY
ENROLLMENT IN
MARYLAND STATE
PENSION SYSTEM**



**DEFINED BENEFIT PLAN
– RETIREMENT BASED
UPON FORMULA.**



**7 PERCENT
MANDATORY
CONTRIBUTIONS**



**VESTING IN 10 YEARS
(NEW MEMBERS ONLY)**



CCPS ORIENTATION

SUPPLEMENTAL RETIREMENT ANNUITIES

- Experts say that you need to replace 70 to 80 percent of salary at retirement in order to maintain standard of living
- Social Security will replace about 25 percent
- At best State Pension System will replace 40 percent
- In order to meet minimum income requirements, additional retirement resources must come from personal savings
- SRAs are an easy way to do this: done through payroll deduction
- Deductions are pre-tax so you are saving on tax payments as well as saving for retirement

SUPPLEMENTAL RETIREMENT ANNUITIES

- Allows employees to contribute up to \$23,000 annually from their paycheck on a pre-tax basis (\$10.00 per pay or more)
- Employees over age 50 can contribute an additional \$7,500
- May open account at anytime and can change amount being deposited as often as you like
- May open a 403(b) or 457(b) maximums apply to both
- Three companies to choose from: Empower (formerly Prudential), Corebridge (formally AIG/VALIC), and TIAA-CREF

FAMILY MEDICAL LEAVE ACT (FMLA)

FMLA is a federal law requiring employers to provide eligible employees* up to 12 weeks (60 days) of unpaid leave with job protection and benefit protection for qualified medical and family reasons. Qualified medical and family reasons include:

- personal or family illness,
- family military leave,
- pregnancy,
- adoption, or the foster care placement of a child.

Accrued sick leave can be used for FMLA. Contact the Office of Fiscal Services- Employee Benefits to request and file the required FMLA application.

*To be eligible, employee must have worked 1,250 hours and been employed for one year.

ENROLLMENT CHECKLIST

- ✓ Review and compare medical plans to determine which Plan offers the coverage that best meets your needs
- ✓ Submit copies of the required dependent (spouse and/or child) documentation (marriage certificate and birth certificate for each child) along with a signed Dependent Affidavit to the Office of Fiscal Services-Employee Benefits for any new members added to the participant's plan
- ✓ Record your elections
- ✓ Contact vendors if you wish to enroll in a supplemental policy or SRA

REMINDER ...

31 DAYS FROM FIRST DAY OF EMPLOYMENT TO ENROLL!

QUESTIONS ABOUT BENEFITS OR PENSION PLANS

Medical and Life Insurance

Supplemental Plans:

*(Examples: AD&D, Short-term disability, LTC and
Retirement/Pension Plans)*

E-mail: employeebenefits@ccboe.com or

Telephone: 301-934-7255, Option #5



CHARLES COUNTY PUBLIC SCHOOLS

5980 Radio Station Road
P.O. Box 2770
La Plata, MD 20646
Main line: 301-932-6610
www.ccboe.com

Maria V. Navarro, Ed.D.
Superintendent of Schools

Karen M. Acton
Chief Financial Officer

Christeda Warner
Benefits Manager

Office of Fiscal Services
301-934-7350

Benefits Department
301-934-7459

To: All Benefits Eligible Employees

From: Christeda Warner-Benefits Manager

Re: Health Insurance Rates for CY2024

Your selection for Medical includes Pharmacy (CVS/Caremark), Dental (Preferred Dental), and Vision (Blue Vision Plus- Davis) coverage, the Board does not offer standalone plans. Enrollment instructions are printed on the reverse side of this memo. The rates are as follows:

Plan Name	Individual		Family	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
CareFirst BluePreferred (PPO/PPN)	\$216.00	\$108.00	\$579.00	\$289.50
Blue Choice Opt-Out Open Access	\$160.00	\$80.00	\$458.00	\$229.00

Group Term Life Insurance for Employee Only –Employee contribution is 25% of the premium Death Benefit – 1 time annual salary

If you have any questions regarding your current health insurance coverage, please contact the Office of Fiscal Services – Benefits at (301) 934-7202, 301-934-7289, or 301-934-7317 EmployeeBenefits@ccboe.com. View your benefit details here [Employee Benefits - Charles County Public Schools \(ccboe.com\)](http://EmployeeBenefits-CharlesCountyPublicSchools.ccboe.com) or by scanning the QR code:



Charles County Public Schools

Health, Life, and Flexible Spending

Online Benefit Enrollment Instructions

Before you enroll:

Familiarize yourself with your options by reading the Benefit Guide. Have the following information available (including your dependents):

- Social Security Number (s)
- Birth Certificates and Marriage Certificates - copies
- Information on any other medical coverage (i.e. Medicare)
- Disability certification form for dependents needing continued coverage.

How to Enroll in your Benefits: Access your account in Oracle.

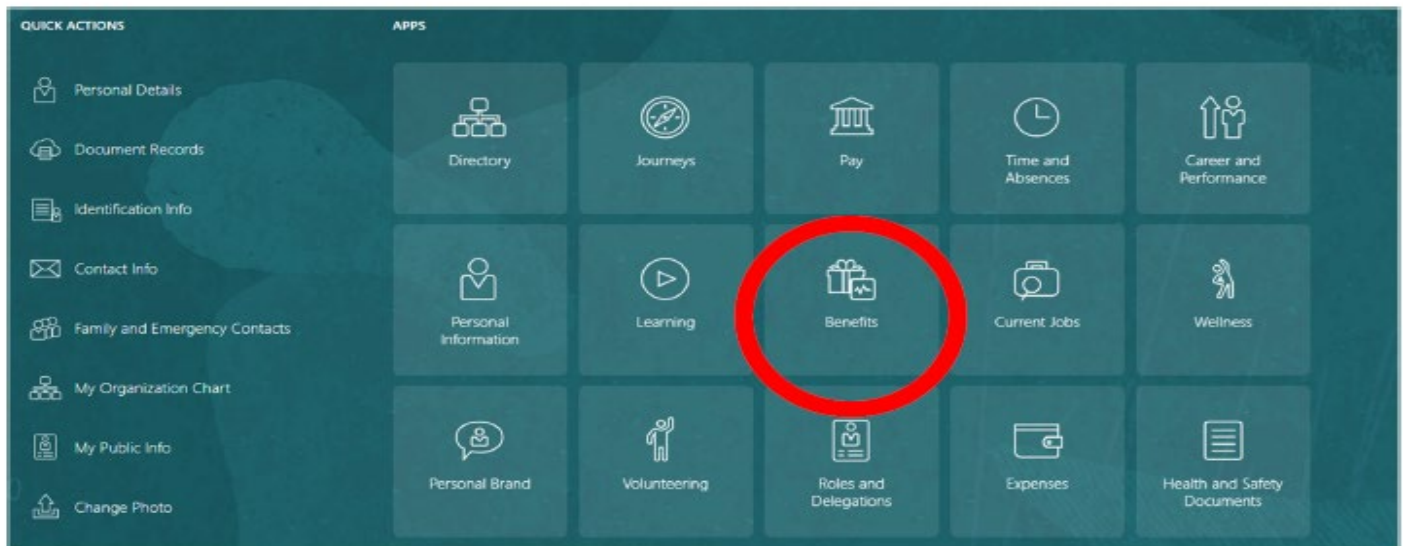
ORACLE
ERP

Oracle Fusion CCPS...

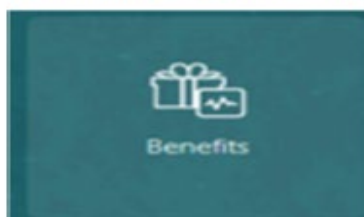
Your log in is the same as your Network Email.

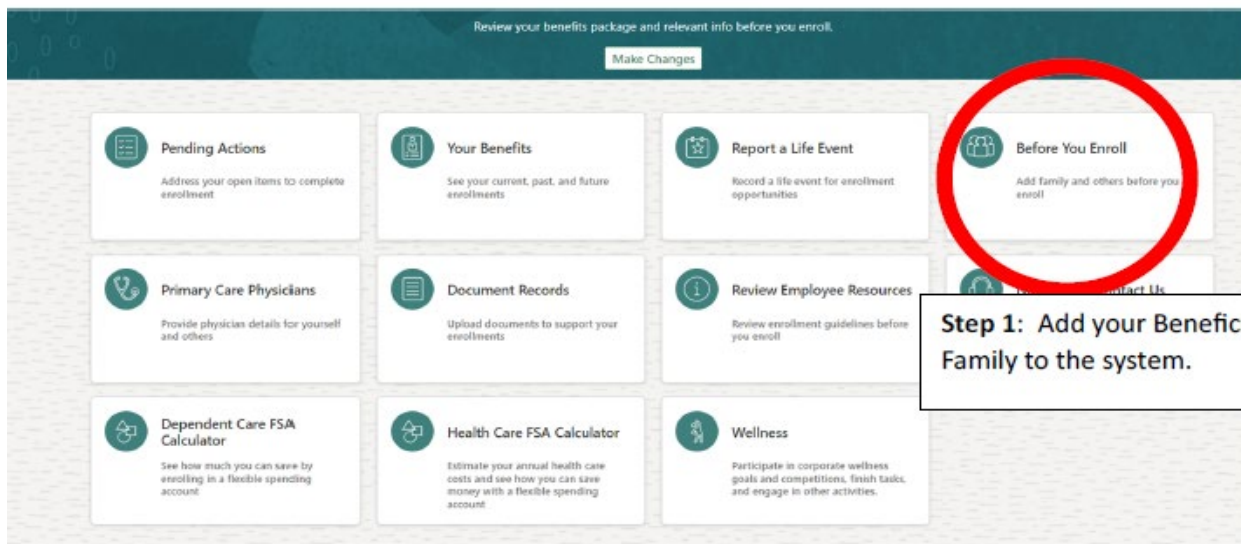
Click on “Me”

Me

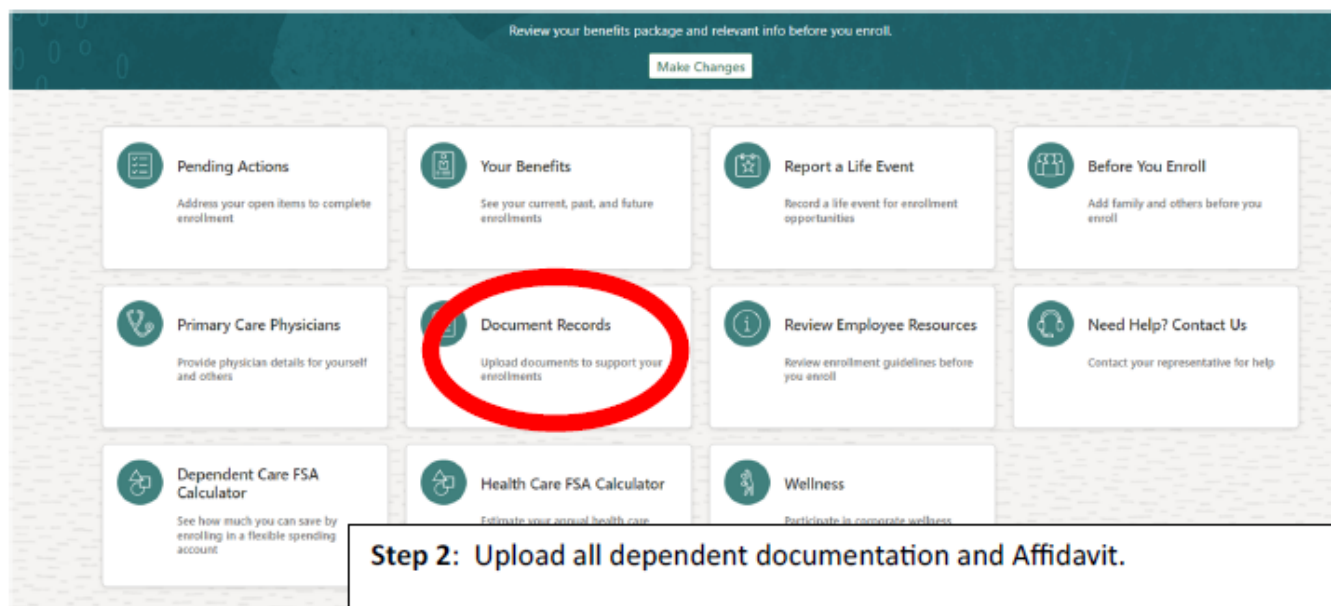


Click on the “Benefits” Icon:

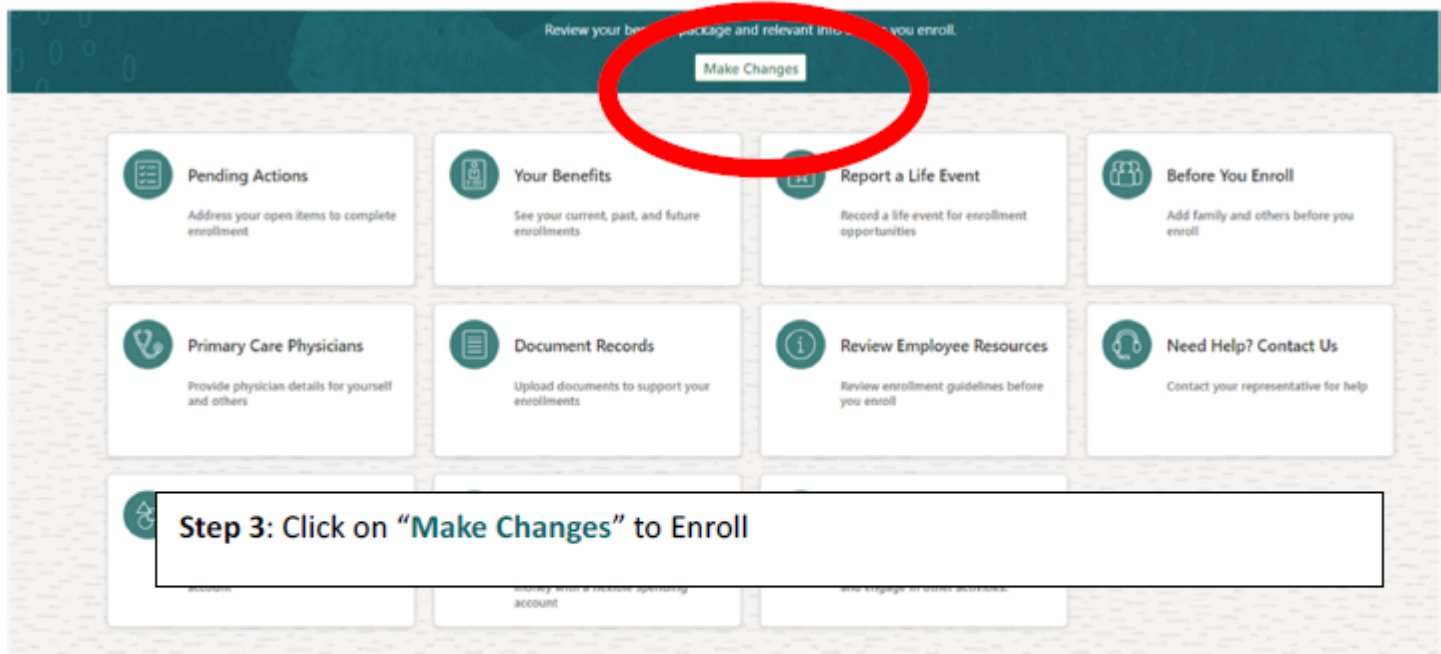




Step 1: Add your Beneficiaries and Family to the system.



Step 2: Upload all dependent documentation and Affidavit.



If you have problems logging in, please contact the Office of Fiscal Services – Benefits at (301) 934-7202, 301-934-7289, 301-934-7317, or EmployeeBenefits@ccboe.com.

Your 2024 New Hire Healthcare Benefit Guide

CHARLES COUNTY PUBLIC SCHOOLS

The CareFirst BlueCross BlueShield PROMISE



A not-for-profit organization
driven by mission



Serving 3.3 million members
in the Mid-Atlantic region



Recognized as one of the
World's Most Ethical Companies®

WELCOME


We're glad you're considering CareFirst BlueCross BlueShield (CareFirst). We know there's a lot of information to review when selecting your health plan. We hope this simplified guide provides information that makes choosing CareFirst an easy decision.


Inside, you'll find information that'll help you select the plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

Ready to explore your 2024 New Hire benefits?


Let's find the best health plan for you. There are two CareFirst plans to choose from.


**BlueChoice Opt-Out
Plus Open Access**

 Higher out-of-pocket
annual maximum

 Lower monthly premium

**Preferred Provider
Organization**

 Lower out-of-pocket
annual maximum

 Higher monthly premium

WHAT'S INSIDE?

- 3 WELCOME
- 4 WHAT'S INSIDE?
- 5 NARROW YOUR CHOICES
- 6 CONSIDER WHAT OTHERS CHOSE
- 7 MEDICAL PLAN HIGHLIGHTS
- 8 DENTAL PLAN HIGHLIGHTS
- 9 PRESCRIPTION PLAN HIGHLIGHTS
- 10 PERKS INCLUDED WITH EVERY PLAN
- 11 VIRTUAL CARE OPTIONS
- 12 CAREFIRST WELLBEING
- 13 FIND A DOCTOR
- 13 MY ACCOUNT BENEFITS
- 13 TREATMENT COST ESTIMATOR
- 14 UNDERSTANDING YOUR OPTIONS FOR CARE
- 14 MENTAL AND BEHAVIORAL HEALTH SUPPORT
- 15 PATIENT-CENTERED MEDICAL HOME
- 16 AWAY FROM HOME CARE®
- 16 BLUECARD & BLUE CROSS BLUE SHIELD GLOBAL® CORE
- 17 COST COMPARISON WORKSHEET
- 18 NEXT STEPS

It helps to understand some key terms

CareFirst member cost: The maximum amount providers can charge CareFirst members for a specific service.

Deductible: Depending on your plan, you'll need to pay for some services on your own until you reach your deductible. Then your plan starts helping with the cost of your care.

Out-of-pocket maximum: The most you'll pay for covered services in a plan year. After you spend this amount on care costs, your plan will pay 100% of the CareFirst member costs for the rest of the plan year.

The personas represented in this decision guide are not real. The personas and quotes are used for illustrative purposes only.

NARROW YOUR CHOICES

To help narrow your choices, answer these questions:

Would you rather save with lower paycheck deductions but have a higher out-of-pocket maximum?

☐ YES

☐ NO

Do you want the security of knowing you will not pay more than \$1,600 for in-network services for your entire family for the plan year?

☐ YES

☐ NO

Do you, or a family member, have a medical condition that requires regular physical therapy visits at an outpatient hospital center?

☐ YES

☐ NO

Would you rather have more deducted from your paycheck but have a lower out-of-pocket maximum?

☐ YES

☐ NO

Does your family make a lot of sick visits to the doctor each year and want the lowest per visit cost?

☐ YES

☐ NO

☐ **BlueChoice Opt-Out Plus Open Access**

If most of the answers you checked are orange, the BlueChoice Opt-Out Plus Open Access plan may be more your style. This is a good plan for people who:

- Are comfortable with a higher out-of-pocket maximum for the year
- Would rather save money per paycheck at the risk of paying more later
- Like having a PCP to coordinate their care

☐ **Preferred Provider Organization**

If most of the answers you checked are blue, the Preferred Provider Organization plan may be the best fit. This plan is good for people who:

- Would rather pay more per paycheck in order to have a lower out-of-pocket maximum
- Like the freedom to see any doctor, any time
- Need coverage for domestic as well as international travel

CONSIDER WHAT OTHERS CHOSE

“My wife and I love exploring national parks. We don’t plan to travel internationally, so we chose the BlueChoice Opt-Out Plus Open Access which gives us coverage wherever we travel in the U.S.”

—Miguel (34), married



“I don’t have a regular primary care provider, and with the Preferred Provider Organization plan, I don’t have to choose one. I like the flexibility this offers.”

—Renata (56), single

“I meet with a therapist once a week for mental health support, so I selected the BlueChoice Opt-Out Plus Open Access plan with lower per visit costs.”

—Jim (41), single



“I chose the Preferred Provider Organization plan because I like knowing that all of my doctor copays are the same, for both primary and specialty care.”

—Matt (29), single

“I feel like every other week my kids need something new for school. I chose the BlueChoice Opt-Out Plus Open Access plan because my family has the coverage we need and I pay less per paycheck, which lets me save a little money.”

—Rose (34), married mom of three



MEDICAL PLAN HIGHLIGHTS

Let’s compare some of your in-network costs for common services with these plans.

	BlueChoice Opt-Out Plus Open Access	Preferred Provider Organization
Costs to consider		
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	\$0	\$0
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	\$2,000 individual/ \$6,000 family	\$800 individual/ \$1,600 family
Plan Includes Out-of-network Coverage	Yes	Yes
Staying healthy		
Annual Physical Exam	\$0 per visit	\$0 per visit
Preventive Screenings and Immunizations	\$0 per visit	\$0 per visit
Feeling under the weather?		
Primary Care Doctor	\$10 per visit	\$15 per visit
Specialist (e.g. Dermatologist)	\$15 per visit	\$15 per visit
Mental Health Professional—Office	\$10 per visit	\$15 per visit
Urgent Care	\$15 per visit	\$15 per visit
Emergency Room	\$100 per visit (this charge waived if admitted)	\$100 per visit (this charge waived if admitted)
Following doctor’s orders?		
Imaging (MRA/MRS, MRI, PET & CT Scans) (non-hospital facility)	\$0 per visit	\$0 per visit
Labs (non-hospital facility)	\$0 per visit	\$0 per visit
X-rays (non-hospital facility)	\$0 per visit	\$0 per visit
Physical, Speech and/or Occupational Therapy	\$15 per visit	\$15 per visit—office; \$30 per visit—hospital
Outpatient Surgery (surgical center)	\$10 PCP/\$15 Specialist per visit; \$0 facility fee	\$15 per visit—office; \$20 per visit—outpatient practitioner plus \$30 per visit outpatient facility
Inpatient Hospitalization (including maternity)	\$0 per visit	\$0 per visit
Artificial and Intrauterine Insemination	50% of CareFirst member cost	\$15 per visit—office; \$20 per visit—outpatient practitioner plus \$30 per visit outpatient facility
In Vitro Fertilization Procedures	50% of CareFirst member cost	\$15 per visit—office; \$20 per visit—outpatient practitioner plus \$30 per visit outpatient facility
Durable Medical Equipment	\$0 copay	\$0 copay

Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and plan details.

DENTAL PLAN HIGHLIGHTS

Let’s review some of your in-network costs for common dental services.

	Preferred Dental
Costs to consider	
Annual Maximum Benefit	\$1,400
Annual In-network Deductible	\$30 individual/\$80 family
Orthodontia Lifetime Maximum	\$1,400
Plan Includes Out-of-network Coverage	Yes
Routine checkups	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	20% of CareFirst Member cost
Basic services	
Fillings, Basic Periodontal Services and Non-surgical Extractions	20% of CareFirst Member cost
Major services	
Major Surgical (root canals, surgical extractions and surgical periodontal services)	20% of CareFirst Member cost
Major Restorative (dentures, crowns, bridges)	20% of CareFirst Member cost
Orthodontia (up to the lifetime max. per members under age 19)	40% of CareFirst Member cost

VISION PLAN HIGHLIGHTS

Let’s review some of your in-network costs for common vision services.

(12-month benefit period)	BlueVision Plus
Routine checkup	
Annual Eye Exam	\$15 per visit
Corrective measures	
Davis Vision Frame Collection	\$0
Other Frames	Plan pays \$45 you pay balance
Spectacle lenses (single-vision, lined bifocal, lined trifocal)	\$0
Medically Necessary Contact Lenses	\$0 with prior approval
Elective Contact Lenses	\$0 Davis Vision Collection; Plan pays \$97 single vision or \$127 bifocal and other lenses

PRESCRIPTION PLAN HIGHLIGHTS

When you enroll in a CareFirst medical plan you receive prescription drug benefits through Caremark.

	BlueChoice Prescription Drug	PPN/Comp Prescription Drug
Annual Out-of-pocket Maximum	\$4,600 Individual/ \$7,200 Family aggregate	\$5,800 Individual/ \$11,600 Family aggregate
Retail benefit		
Generic Drugs		
■ 34-day supply	\$10	\$10
■ 90-day maintenance supply	\$20 (2 copays)	\$10 (1 copay)
Brand Drugs		
■ 34-day supply	\$15	\$15
■ 90-day maintenance supply	\$30 (2 copays)	\$15 (1 copay)
Mail order benefit		
Generic Drugs		
■ 34-day supply	\$10	\$10
■ 90-day maintenance supply	\$5	\$5
Brand Drugs		
■ 34-day supply	\$15	\$15
■ 90-day maintenance supply	\$10	\$10

Starting mail service is easy with FastStart®

Order your prescriptions online, by phone, by mail or ask your doctor to order it for you. Once your prescription is on file, ordering refills online is convenient, fast and a great way to manage your long-term medications! Click on the refill link to get the fastest refills or even select automatic refills and renewals of your common, long-term drugs. CVS Caremark will automatically refill eligible drugs or request a new prescription from your doctor when an eligible prescription expires or runs out of refills.

Log on to Caremark.com to:

- Start a new prescription with FastStart®
- Get the fastest refills
- Sign up for automatic refills and renewals
- Check order status
- Set up alerts

Registration is easy!

1. Go to **Caremark.com/register**
2. Enter the required information and click *Continue*.
3. Create a username and password.

Preferred Dental

Includes access to a national provider network

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)¹ offer Preferred (PPO) Dental coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

- **Freedom of choice, freedom to save**—With Preferred Dental coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page. (Additional coverage for orthodontia is included for children.)
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with more than 95,000 participating dentists throughout the United States. Preferred Dental gives you coverage for the dental services you need, whenever and wherever you need them.

Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you. You are responsible for deductibles and coinsurance.
- **Option 2**—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. Similar to Option 1, there is no balance billing. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.
- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

Frequently asked questions

How do I find a preferred dentist?

You can access an online directory 24 hours a day at carefirst.com/doctor. Click on the *Dental* tab, followed by *Preferred Dental (PPO)*.

How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in- and out-of-network.

Is there a lot of paperwork?

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at: 866-891-2802 between 8:30 am and 5:00 pm ET, Monday–Friday.

¹ The CareFirst BlueChoice Dental Plan is offered in conjunction with Group Hospitalization and Medical Services, Inc., doing business as CareFirst BlueCross BlueShield, which contracts with participating dentists and provides claims processing and administrative services under the Dental Plan.

Summary of Benefits

Services	In-Network You Pay	Out-of-Network You Pay
DEDUCTIBLE (CLASSES II, III & IV)	\$30 Individual / \$80 Family	
CALENDAR YEAR MAXIMUM (CLASSES I-IV)	\$1,400	
LIFETIME MAXIMUM: CLASS V	\$1,400	
PREVENTIVE & DIAGNOSTIC SERVICES		
<ul style="list-style-type: none">Oral Exams (two per benefit period)Prophylaxis (two cleanings per benefit period)Bitewing X-raysFull mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)Palliative emergency treatment	<ul style="list-style-type: none">Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19)Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19)Space maintainers (once per 60 months)	20% of Allowed Benefit ¹ , no deductible
BASIC SERVICES		
<ul style="list-style-type: none">Direct placement fillings using approved materials (one filling per surface per 12 months)	<ul style="list-style-type: none">Periodontal scaling and root planing (once per 24 months, one full mouth treatment)Simple extractions	20% of Allowed Benefit ¹ , after deductible
MAJOR SERVICES—SURGICAL		
<ul style="list-style-type: none">Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)	<ul style="list-style-type: none">Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)General anesthesia rendered for a covered dental service	20% of Allowed Benefit ¹ , after deductible
MAJOR SERVICES—RESTORATIVE		
<ul style="list-style-type: none">Full and/or partial dentures (once per 60 months)Fixed bridges, crowns, inlays and onlays (once per 60 months)Denture adjustments and relining (limits apply for regular and immediate dentures)	<ul style="list-style-type: none">Recementation of crowns, inlays and/or bridges (once per 12 months)Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)Dental implants, subject to medical necessity review (once per 60 months)	20% of Allowed Benefit ¹ , after deductible
ORTHODONTIC SERVICES		
<ul style="list-style-type: none">Benefits for orthodontic services may be available for covered members under age 19 who meet treatment criteria.	40% of Allowed Benefit ¹ , no deductible	40% of Allowed Benefit ¹ , no deductible

¹ CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

You are responsible for having your practitioner submit a plan of treatment for our review. We must approve your plan of treatment before we will pay for any covered services on the plan of treatment.

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.

Benefits issued under policy form numbers: CareFirst of Maryland, Inc.: CFMI/51+/GC (R. 9/11) • CFMI/EOC/D-V (7/09) • CFMI/DENTAL DOCS (R. 9/11) • CFMI/DENTAL SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments

CareFirst of Maryland, Inc.: CFMI/51+/DENTAL RIDER (4/09)

Group Hospitalization and Medical Services, Inc.: MD/CF/GC (R. 9/11) • MD/CF/EOC/D-V (10/08) • MD/CF/DENTAL DOCS (R. 9/11) • MD/CF/DO-SOB (7/03) • MD/CF/ELIG (R. 1/08) • and any amendments.

Group Hospitalization and Medical Services, Inc.: MD/CF/DENTAL RIDER (R. 4/08)

CareFirst BlueChoice, Inc.: MD/BC/DENTAL RIDER (R. 4/08)



Family of health care plans

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

BlueVision Plus

A plan for healthy eyes, healthy lives

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross BlueShield and CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

How the plan works

How do I find a provider?

To find a provider, go to **carefirst.com** and utilize the *Find a Provider* feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueCross BlueShield or CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision Plus does offer an out-of-network allowance schedule as well. In this case, you may see any provider you wish, but you will be responsible for all payments up-front. You will also be responsible for filing the claim with Davis Vision for reimbursement and paying any balances over the allowed benefit to the non-participating provider. You can find the claim form by going to **carefirst.com**, locate *For Members*, then click on *Forms, Vision, Davis Vision*.

Can I get contacts and eyeglasses in the same benefit period?

With BlueVision Plus, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period.

Mail order replacement contact lenses

DavisVisionContacts.com offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.



Need more information?
Visit **carefirst.com** or call
800-783-5602.

Summary of Benefits

(12-month benefit period)

In-Network	You Pay
EYE EXAMINATIONS	
Routine Eye Examination with dilation (per benefit period)	\$15 copay
FRAMES	
Davis Vision Frame Collection	No copay for over 200 frames
Non-Collection Frame	Plan pays up to \$100, you pay balance
SPECTACLE LENSES	
Basic Single Vision (including lenticular lenses)	No copay
Basic Bifocal	No copay
Basic Trifocal	No copay
CONTACT LENSES (INITIAL SUPPLY)	
Medically Necessary Contacts	No copay with prior approval
Davis Vision Contact Lens Collection	No copay with evaluation if Collection lenses are dispensed
Other Single Vision Contact Lenses	Plan pays \$97, you pay balance
Other Bifocal Contact Lenses	Plan pays \$127, you pay balance
LENS OPTIONS¹ (ADD TO SPECTACLE LENS PRICES ABOVE)	
Standard Progressive Lenses	\$50
Premium Progressive Lenses (Varilux®, etc.)	\$90
Ultra Progressive Lenses (digital)	\$140
Polarized Lenses	\$75
High Index Lenses	\$55
Blended Segment Lenses	\$20
Polycarbonate Lenses for children, monocular and high prescription	No copay
Polycarbonate Lenses for all other patients	\$30
Transition Lenses	\$65
Intermediate Vision Lenses	\$30
Photochromic Lenses	\$20
Scratch-Resistant Coating	\$20
Standard Anti-Reflective (AR) Coating	\$35
Premium AR Coating	\$48
Ultra AR Coating	\$60
Ultraviolet (UV) Coating	\$12
Tinting	No copay
Plastic Photosensitive Lenses	\$65
Oversized Lenses	No copay

In-Network	You Pay
CONTACT LENSES¹ (MAIL ORDER)	
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
Laser Vision Correction ¹	Up to 40%-50% off the national average price of traditional LASIK
Out-of-Network	You Pay
Routine Eye Examination with dilation (per benefit period)	Plan pays \$45, you pay balance
Frames	Plan pays \$45, you pay balance
Single Lenses	Plan pays \$52, you pay balance
Bifocal Lenses	Plan pays \$82, you pay balance
Trifocal Lenses	Plan pays \$101, you pay balance
Lenticular (post-cataract) Eyeglass Lenses	Plan pays \$181, you pay balance
Medically Necessary Contacts	Plan pays \$285, you pay balance
Elective Contact Lenses	Plan pays \$97, you pay balance
Elective Bifocal Contact Lenses	Plan pays \$127, you pay balance

¹ These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

Exclusions

The following services are excluded from coverage:

- Diagnostic services, except as listed in *What's Covered* under the Evidence of Coverage.
- Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
- Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
- Services or supplies not specifically approved by the Vision Care Designee where required in *What's Covered* under the Evidence of Coverage.
- Orthoptics, vision training and low vision aids.
- Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
- Non-prescription glasses, sunglasses or contact lenses.
- Vision Care services for cosmetic use.

Benefits issued under policy form numbers: Non-rider/Freestanding: MD: MD/CF/GC (R. 10/07) • MD/CF/EOC/D-V (10/08) • MD/CF/DOCS-V (9/04) • MD/CF/SOB-V (R. 1/06) • MD/CF/ELIG (R. 1/08) • CFMI/51+/GC (R. 7/10) • CFMI/EOC/D-V (7/09) • CFMI/VISION DOCS (7/09) • CFMI/VISION SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments.

DC: DC/CF/GC (R. 1/09) • DC/CF/COC-V (9/04) • DC/CF/DOCS-V (9/04) • DC/CF/SOB-V (R. 1/06) • DC/CF/ELIG (9/04) • VA: VA/CF/GC (R. 1/09) • VA/CF/COC-V (9/04) • VA/CF/DOCS-V (9/04) • VA/CF/SOB-V (R. 1/06) • VA/CF/ELIG (9/04) • as amended

Ridered: CFMI/51+/VISION (4/09) • MD/BCOO/VISION (R. 1/06) • MD/CF/VISION (R. 1/06) • DC/BCOO/VISION (R. 1/06) • DC/CF/VISION (R. 1/06) • VA/BCOO/VISION (R. 1/06) • VA/CF/VISION (R. 1/06).



Family of health care plans

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

PERKS INCLUDED WITH EVERY PLAN



Achieve your well-being goals with the help of programs for weight management, tobacco cessation and more



Enjoy exclusive discounts through our Blue365 program on things like fitness gear, gym memberships, meal delivery services, hotels and travel



Get inspired to be your healthiest by completing fun activities through your well-being program



Pay nothing for annual in-network preventive care and 24-Hour Nurse Advice Line

"I take advantage of the hotel discounts through Blue365."



"I lost 30 lbs. with the help of my coach and the weight loss program."



"I like knowing I can call the 24-hour nurse line at any time."



VIRTUAL CARE OPTIONS

It’s important to be able to get the care you need, when you need it. Our virtual care offerings make it easy to do just that.

24-Hour Nurse Advice Line

Talk to a registered nurse about your symptoms, and the appropriate steps to take, at any time by calling **800-535-9700**.

CloseKnit

CloseKnit, our leading virtual care practice, gives you 24/7 access to the support you deserve—from primary and urgent care to therapy and more* through your desktop or the convenient CloseKnit mobile app.

CloseKnit offers:



Primary Care

Full-service primary care from a dedicated care team.
For adults age 18+.



Urgent Care

The care you need to treat minor injuries and illnesses fast. Average wait time is 30 minutes or less. For adults and children (age 2+).



Behavioral Health Services

Expert help, including therapy for depression, anxiety or other behavioral health diagnoses. Psychiatric services coming soon.



Lactation Support

Assistance for nursing mothers with breastfeeding challenges.



Diet & Nutrition

Guidance and support for healthy eating, weight loss and more.

Learn more and register at **closeknithealth.com**.

** Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.*

CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing telehealth services to CareFirst members.

CAREFIRST WELLBEINGSM

We're pleased to introduce CareFirst WellBeing—your personalized digital connection to your healthiest life. CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

- **RealAge®:** Find out if your healthy habits are truly making an impact by taking the RealAge® health assessment.
- **Health coaching:** Trained clinical professionals provide one-on-one support to help you reach your wellness goals.
- **Weight management programs:** Better understand your relationship with food, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.
- **Tobacco cessation:** Our program's expert guidance, support and online tools make quitting easier than you might think.
- **Financial well-being:** Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, this program can help.



CareFirst WellBeing puts the power of health in your hands. Exciting, personalized programs—from physical fitness and family relationships to stress management and financial health—can help you, and your family, address every aspect of your well-being.

FIND A DOCTOR

CareFirst has one of the world's largest networks of participating providers—over one million in all. Whether you're looking for a primary care physician, a specialist or a care facility, we can help you find one that's right for you. Our simple Find-a-Doctor tool helps you select the right healthcare at the right place.



Try it for yourself. Visit carefirst.com/doctor. You'll be able to search by name, location, specialty and a host of other options. You can even find participating doctors and facilities outside of the U.S.

MY ACCOUNT BENEFITS

Your member portal is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips. With My Account, you can:

- Find in-network doctors, urgent care centers and other care—nationwide
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs
- Send a secure message for members

TREATMENT COST ESTIMATOR

Our Treatment Cost Estimator shows you what you'll pay for procedures, doctor's office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises.



- Receive personalized estimates based on your plan
- Compare costs from different doctors and facilities

UNDERSTANDING YOUR OPTIONS FOR CARE

It's helpful to know where you can go for care before you need it. Becoming familiar with the information below can help you save time and money.



**Seeking advice:
24-Hour Nurse Advice Line**

- General questions about health issues or where to go for care
- Registered nurses are available 24/7 by phone



**Need care soon:
Primary Care Provider**

- Diagnosis & treatment of illness, chronic conditions, check-ups
- Night/weekend hours & some may have 24-hour phone lines



**Want care quickly:
Virtual Urgent Care**

- Treatment for minor illnesses and injuries as well as therapy, and more through CloseKnit
- Highly-credentialed providers available 24/7 by computer or easy-to-use mobile app



**Need care now:
Urgent Care Center**

- Non-life-threatening illness or injury requiring immediate care
- Open 7 days a week



**Emergency:
911 or nearest ER**

- Life-threatening illness or injury
- Open 24/7

MENTAL AND BEHAVIORAL HEALTH SUPPORT

You have 24/7 access to specialized services and programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions. Our support team of professionals is ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

Our Behavioral Health Digital Resource is an online platform that gives you access to trained volunteer listeners, community support and referrals to credentialed physicians in the CareFirst provider network. Learn more about all the free mental and behavioral support available at **carefirst.com/mentalhealth**.



You're never alone. If you or someone you know is in crisis, dial 988 or contact the CareFirst support line at 800-245-7013.

PATIENT-CENTERED MEDICAL HOME

Our Patient-Centered Medical Home (PCMH) program focuses on the relationship between you and your primary care provider (PCP)—whether a physician or nurse practitioner. It’s designed to provide your PCP with a more complete view of your health and of the care you’re receiving from other providers.

With the CareFirst PCMH Program, your PCP will:

- Coordinate your care with all your healthcare providers, including specialists, labs, pharmacies and mental health facilities
- Proactively manage how your care for one condition may impact other health needs or healthcare services that you have
- Help you get access to the most appropriate and affordable care based on your needs
- Review your medications and possible drug interactions with you
- Review your health records for duplicate tests or services already ordered or performed by another provider

The PCMH Program is available only within the CareFirst service area.



“CareFirst offers me so many options for how, when and where I can get the care my family and I need.”

AWAY FROM HOME CARE®

When you're away from home for 90 consecutive days or more, we've got you covered. Whether you're out-of-town on extended business, traveling or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

- You can see any affiliated Blue Cross Blue Shield HMO (Host HMO) provider when you are outside the CareFirst service area.
- You'll be considered a member of the Host HMO and receive care under their plan. Your cost may be different than when you're in the CareFirst service area.
- Once you're enrolled in the program and receive care, you don't have to complete claim forms, so there's no paperwork. And you're only responsible for out-of-pocket costs such as copays, deductibles, coinsurance and the cost of non-covered services.

Away From Home Care program is included with the BlueChoice Opt-Out Plus Open Access plan only.

BLUECARD & BLUE CROSS BLUE SHIELD GLOBAL® CORE

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core), you have access to care in more than 190 countries.

BlueCard

- You'll have access to local Blue Cross Blue Shield Plan doctors and hospitals when you're outside the CareFirst service area.
- You'll be considered a member of the local BCBS plan when you receive care. Your cost may be different than when you're in the CareFirst service area.
- For care received in-network, you don't have to complete claim forms, so there's no paperwork.

BCBS Global® Core

- In most cases, you shouldn't have to pay up front for inpatient care at hospitals in the BCBS Global Core Network.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care and other medical services. You then complete an international claim form for reimbursement.

BlueCard and BCBS Global Core are included with both the BlueChoice Opt-Out Plus Open Access and Preferred Provider Organization plans.


COST COMPARISON WORKSHEET

Use this worksheet to compare plans or to compare this year’s plan to your old plan.

Annual costs to consider	BlueChoice Opt-Out Plus Open Access	Preferred Provider Organization
For each row, fill in the amounts from the benefit summary included in this guide, along with your company’s health insurance paycheck deduction for each plan.		
Annual paycheck deduction	\$_____ per month x 12 months = \$_____	\$_____ per month x 12 months = \$_____
Annual in-network deductible	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family
Are any services covered before the deductible is met?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Annual out-of-pocket maximum	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family

Costs when using your plan	BlueChoice Opt-Out Plus Open Access	Preferred Provider Organization
For each row, estimate how many visits you and your family generally expect to have each year along with the amounts for each service included in this guide.		
About how many times did you visit your primary care doctor (outside of annual wellness visits/physical) in the past year?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
About how many times did you visit specialists in the past year?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
In the past year, how many times did you go to urgent care?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
In the past year, how many times did you go to the emergency room?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
Is there anything coming up in the next 12-18 months that you didn’t have to plan for last year?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If Yes, use this line to estimate the cost for that procedure	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
TOTALS	\$_____	\$_____

NEXT STEPS



I'm choosing the
BlueChoice Opt-Out Plus
Open Access plan



I'm choosing the
Preferred Provider
Organization plan

Ready to enroll?

- Visit <https://ccboe.hrintouch.com>
- Complete the enrollment process
- Look for your member ID cards in the mail

"Be sure to download the CareFirst mobile app to access your plan on-the-go!"

Not ready to choose your plan just yet?

- If you need more detailed plan information, visit <https://ccboe.hrintouch.com>



We're here to help! If you have additional questions, please call 833-630-1167, Monday–Friday 8 a.m. to 9 p.m.



CONNECT WITH US:



The examples provided in this booklet are meant to help you evaluate the benefits we offer. They are not meant to convey the exact terms of any one particular plan and do not create rights not given through the benefit plan. The details of your plan may vary.

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call CareFirst.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-258-6518。

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Contact List

CareFirst Customer Service	1-833-630-1167
Preferred Dental	1-866-891-2802
BlueVision Plus(Davis Vision)	1-800-783-5602
CVS/Caremark (Prescriptions)	1-877-411-8168
Aflac	1-800-992-3522
Ameiflex (Flexible Spending)	1-888-868-3539

Available Websites

www.carefirst.com

www.myameriflex.com

www.aflac.com

www.caremark.com

Charles County Public Schools

www.ccboe.com

EMPLOYEE BENEFITS

employeebenefits@ccboe.com

P.O. Box 2770

La Plata, MD 20646

Fax: 301 934-7235

Tom Antonielli (301) 934-7317 tantonielli@ccboe.com

LaTasha Hall (301) 934-7289 lhall@ccboe.com

Ruth Marie Long (301) 934-7202 rlong@ccboe.com

Eligibility for Coverage

Who is eligible?

You are eligible for coverage if you are a full-time employee or hired to work at least 20 hours per week. Your eligible dependents also may be covered.

You may choose your type of membership as follows:

- **Employee/retiree single** – to cover yourself only
- **Family** – to cover yourself and one or more eligible dependents

Dependent Eligibility Definitions and Required Documentation

Dependents	Eligibility Definition	Documentation Required for Approval
Spouse	The marriage must be recognized as legal in the State of Maryland.	A photocopy of an official state marriage certificate.
Natural, Adopted, or Step Son/Daughter	<p>A son or daughter may be covered to the end of the month in which he or she turns age 26 regardless of student status.</p> <p>In cases where the parents are living apart, the child may live with the other parent but must receive more than one-half of his or her support from either parent or a combination from both parents.</p>	<p>Photocopy of birth certificate showing the name of the employee and/or the spouse.</p> <p>and</p> <p>In the case of adoption, a photocopy of a legal pre-adoptive or adoptive agreement.</p> <p>and</p> <p>In the case of step children, a photocopy of the marriage certificate showing the employee and parent's name.</p>
Other Female or Male Child	<p>An unmarried, minor child in which a court has ordered the employee to assume sole permanent custody may be covered until the end of the month in which he or she turns age 26. If joint custody, it must be with the employee and the employee's legal spouse.</p> <p>The principal place of residence is with the employee; they are a member of the employee's household; and they receive over one-half of their support from the employee.</p>	<p>Photocopy of birth certificate.</p> <p>and</p> <p>Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.</p>

Affidavit for Dependent Eligibility

This Affidavit must be completed if you have elected coverage for a spouse or child.

Read reverse side for required supporting documentation, which must be provided with this affidavit.

Subscriber Information (to be completed by the employee, retiree or dependent of deceased employee/retiree)	
Name (Last, First, Middle)	Social Security Number (SSN)
Residence Address (Number and Street)	Work #
City, State, and Zip Code	Home #

Dependent Information				
Important Note: Please read the reverse side for required supporting documentation.				
Spouse	Name (Last, First, Middle)	SSN#	Date of Birth	Relationship
Child	Name (Last, First, Middle)	SSN#	Date of Birth	Relationship
Child	Name (Last, First, Middle)	SSN#	Date of Birth	Relationship
Child	Name (Last, First, Middle)	SSN#	Date of Birth	Relationship
Child	Name (Last, First, Middle)	SSN#	Date of Birth	Relationship

Conditions of Enrollment	
<p>I certify that the information above meets the eligibility guidelines as defined by the Board's policy and the group health insurance contracts. I certify that all the information I have provided on this form, as well as the documentation I have attached, is accurate. <u>I also understand that forms submitted without the required documentation will not be processed.</u> This authorization is valid for the duration of coverage. I understand that I can verify my coverage by reviewing the deductions listed on my Statement of Earnings; and if no deductions appear, I will contact the Office of Fiscal Services- Employee Benefits immediately as I may be subject to a catch up deduction. I hereby apply for services for me and for any eligible dependent(s) listed. I certify under the penalties of perjury under applicable state laws, that the foregoing is true and accurate. I understand that willful falsification of information contained in this Affidavit can result in referral of the matter for investigation and prosecution, the termination of enrollment and coverage of the person identified as my dependent, and the termination of coverage for the employee/retiree.</p> <p>I understand that misrepresentation or omission of facts called for may be cause for dismissal.</p> <p><u>I have read the information provided to me and understand what is required for each type of dependent who can be covered on my health plan.</u></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><p>× _____</p><p>Signature of Applicant</p></div><div style="text-align: center;"><p>_____</p><p>Date</p></div></div>	

AFFORDABLE CARE ACT UPDATES

The Board of Education of

Charles County

WAIVER OF COVERAGE

Having met the eligibility requirements, you are being offered the opportunity to enroll in health coverage offered by *the Board of Education of Charles County*. You have the right to decline or waive coverage. If you do waive coverage for yourself, you may not cover dependents under the Employer's health plan.

Note that if you waive coverage considered affordable and minimum essential under the Patient Protection and Affordable Care Act (ACA), you will not qualify for government credits and subsidies to purchase individual health insurance on the Marketplace.

The decision to waive coverage has consequences for you. For example:

- If you waive this coverage and do not obtain coverage on your own, you will be subject to a penalty under the individual responsibility requirement of the ACA.
- If you waive coverage, you cannot enroll in the board sponsored health plans until the next open enrollment, unless you experience a qualified change in status. Examples include if you are covered under another plan, but that coverage is lost, or if you gain a new dependent through birth, adoption, or marriage. However, you must request to enroll in your plan within 30 days of the qualified change in status. If you miss the 30day enrollment deadline, you must wait until open enrollment.

I acknowledge that the Employer has offered me affordable minimum essential coverage, as defined under the ACA, for the period from January 1, 2025, to December 31, 2025. I have read the above and I understand the consequences of my waiver of coverage.

Name of Employee

Signature of Employee

Date

As a representative of the Employer, I received this Waiver of Coverage from the above

employee on _____ (Date).

Signature of the Employer Representative



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit, that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name The Board of Education of Charles County		4. Employer Identification Number (EIN) 52-6000928	
5. Employer address P.O. Box 2770		6. Employer phone number	
7. City La Plata	8. State Maryland	9. ZIP code 20646	
10. Who can we contact at this job? Christeda Warner-Offie of Fiscal Services Employee Benefits Manager			
11. Phone number (if different from above)	12. Email address cwarner@ccboe.com		

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

YOUR GROUP LIFE INSURANCE PLAN

For Employees & Retirees of
Board of Education of Charles County

ReliaStar Life Insurance Company
P.O. Box 20
Minneapolis, MN 55440-0020

TABLE OF CONTENTS

CERTIFICATION PAGE	2
SCHEDULE OF BENEFITS	3
EMPLOYEE'S INSURANCE	5
LIFE INSURANCE	8
CONVERSION RIGHTS	13
CLAIM PROCEDURES	15
GENERAL PROVISIONS	16
DEFINITIONS	17

B-11797 (1-09)

**RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota 55440**

ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued the Group Policy listed below to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

Group Policy Number
28166-2GAT (Active Employees)
28192-1GAT (Retirees)

Policyholder
Board of Education
of Charles County

The insurance included in this certificate applies to you only if you have elected and are insured for it.

Your beneficiary is the last beneficiary you named, according to the records on file in ReliaStar Life's Home Office or on file with the Plan Administrator, if applicable. You may change your beneficiary any time, according to the terms of the Group Policy.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy. In any case of differences or errors, the Group Policy rules.

This certificate replaces any other certificates ReliaStar Life may have given you under the Group Policy.


Registrar

SCHEDULE OF BENEFITS

Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance

Class	Amount of Life Insurance	Full Amount of AD&D Insurance
Active Employees	The lesser of: One times your Basic Yearly Earnings or \$200,000.	The lesser of: One times your Basic Yearly Earnings or \$200,000.
Retirees	The amount of insurance you were eligible to receive as an active employee on the day before the date you retired.	Not Eligible.

Basic Yearly Earnings – the yearly salary or wage you receive for work done for the Policyholder. It does not include bonuses, commissions or overtime pay.

To determine benefits, your amount of insurance is rounded to the next higher \$1,000 multiple unless the amount equals a multiple of \$1,000.

Evidence of Insurability

Evidence of insurability is required for amounts in excess of the limits described below. Coverage is subject to the Group Policy's evidence of insurability requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Group Policy's evidence of insurability requirements that are in force on the effective date of the increase. For evidence of insurability, a completed Evidence of Insurability form must be submitted to ReliaStar Life for approval.

Employee-Life Insurance	Limit without Evidence
• Initial eligibility...	\$200,000
• Increases due to salary, job or class changes, that combined with existing coverage do not exceed \$200,000...	Amount of the increase

SCHEDULE OF BENEFITS

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <ul style="list-style-type: none">• All other applications for new coverage more than 31 days after the date you become eligible for insurance... | None. Evidence is required. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|

EMPLOYEE'S INSURANCE

Eligibility

You are eligible on the first day of the month on or after the date you start continuous service with the Policyholder.

You must meet the following conditions to become insured:

- Be eligible for the insurance.
- Be actively at work.
- Apply for the insurance, and pay or agree to pay any required premium contribution.
- Give to ReliaStar Life evidence of insurability, which it approves, as required on the Schedule of Benefits.

Effective Date of Employee's Insurance

Your insurance starts on the latest of the following dates:

- The date you become eligible.
- The date you return to active work if you are not actively at work on the date insurance would otherwise start. **Exception:** Your insurance starts on a nonworking day if you were actively at work on your last scheduled working day before the nonworking day.
- The date you apply for insurance, if you have to pay any part of the premium.
- The date ReliaStar Life approves your evidence of insurability, if evidence is required.

Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your insurance, the increase will take effect on:

- The date of the increase, if you are actively at work on that date.
- The date you return to active work, if you are not actively at work on the date your insurance increases.
- The nonworking day on which the increase was effective, if you were actively at work on your last scheduled working day before the nonworking day.

If evidence of insurability is required, the increase will take effect on the later of the dates indicated above or the date ReliaStar Life approves your evidence.

The amount of your insurance decreases on the date of change in your class or earnings.

EMPLOYEE'S INSURANCE

Termination of Insurance

Your insurance stops on the earliest of the following dates:

- The date you were last actively at work for the Policyholder.
- The date you are no longer eligible for insurance under the Group Policy.
- The date the Group Policy stops.
- The end of the period for which you paid premiums, if you do not make the next required premium contribution when due.
- The date you retire, unless you are eligible for retiree life insurance.
- For AD&D Insurance, the date your Life Insurance stops or the date Life Insurance premiums are waived under the Waiver of Life Insurance Premium Disability Benefit. AD&D Insurance stops at the beginning of the period in which you are eligible to convert your Life Insurance.

ReliaStar Life stops providing a specific benefit to you on the date that benefit is no longer provided under the Group Policy.

Family and Medical Leave Act of 1993

Certain employers are subject to the FMLA. If you have a leave from active work certified by your employer, then for purposes of eligibility and termination of coverage you will be considered to be actively at work. Your coverage will remain in force so long as you continue to meet the requirements as set forth in the FMLA.

Continuation of Insurance

If you are no longer eligible for Insurance because you stop active work, the Policyholder may continue your insurance. Premiums must be paid. Your continuation of insurance is subject to all other terms of the Group Policy.

The length of time your insurance continues depends on the reason you stop active work.

Your continuation of insurance stops on the earliest of the following dates:

- The end of the period for which your premiums were paid, if the next premium contribution is not paid on time.
- The date the Group Policy stops.
- If you stop active work because of temporary layoff or the Policyholder suspending operations, the Policyholder may continue your life insurance as long as all required premiums are paid. **Exception:** If you stop active work due to a layoff or suspension, which is the result of a disciplinary action, your insurance will terminate on the date you stop active work.

EMPLOYEE'S INSURANCE

- The date your Life Insurance has been continued for 12 months, if you stop active work due to sickness or accidental injury. **NOTE:** If you stop active work because of sickness or accidental injury, and the state of Maryland approves you for retirement, the Policyholder may continue your insurance under the policy as an eligible retiree. If the state of Maryland does not approve you as a retiree your insurance will terminate on the date you stop active work.

LIFE INSURANCE

Employee's Life Insurance

ReliaStar Life pays a death benefit to your beneficiary if written proof is received that you have died while this insurance is in force. The death benefit is the amount of Life Insurance for your class shown on the Schedule of Benefits in effect on the date of your death.

ReliaStar Life pays the death benefit for all causes of death.

Beneficiary

The beneficiary is named to receive the proceeds to be paid at your death. You may name more than one beneficiary. The Policyholder cannot be the beneficiary.

You may name, add or change beneficiaries by written request as described below. You may also choose to name a beneficiary that you cannot change without his or her consent. This is an irrevocable beneficiary.

You may name, add or change beneficiaries by written request if all of the following conditions are met:

- Your coverage is in force.
- ReliaStar Life has written consent of all irrevocable beneficiaries.
- You have not assigned the ownership of your insurance. The rights of an assignee are described in the Assignment section.

All requests are subject to the approval of ReliaStar Life. A change will take effect as of the date it is signed but will not affect any payment ReliaStar Life makes or action it takes before receiving your notice.

Payment of Proceeds

ReliaStar Life pays proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise, in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date ReliaStar Life receives proof of your death.
- The tenth day after your death.

LIFE INSURANCE

If there is no eligible beneficiary or if you did not name one, ReliaStar Life pays the proceeds in the following order:

1. Your spouse.
2. Your natural and adopted children.
3. Your parents.
4. Your estate.

The person must be living on the tenth day after your death.

Settlement Options

Settlement options are alternative ways of paying the proceeds under the Group Policy. Proceeds is the amount of each benefit ReliaStar Life pays when you die. To find out more about settlement options, please contact the Policyholder.

Waiver of Life Insurance Premium Disability Benefit

ReliaStar Life waives your Life Insurance premium that becomes due while you are totally disabled. The premium will be waived if you satisfy certain conditions. When ReliaStar Life waives a premium, the amount of Life Insurance equals the amount that would have been provided if you had not become totally disabled. That amount will reduce or stop according to the Schedule of Benefits in effect on the date total disability begins.

When ReliaStar Life waives a premium it includes Life Insurance and Waiver of Premium. It does not include AD&D Insurance or any other benefits as elected under this certificate which were effective at the time of disability.

Conditions, Notice and Proof of Total Disability

ReliaStar Life requires written notice of claim and proof of total disability to waive your premium. All of the following conditions must also be met:

- Total disability must begin before your 60th birthday.
- You are insured for the Waiver of Life Insurance Premium Disability Benefit on the date you become totally disabled.
- You continue to be totally disabled.
- Your insurance is in force when you suffer the sickness or accidental injury causing the total disability.
- All premiums are paid up to the date the Waiver of Premium is approved by ReliaStar Life.

ReliaStar Life needs written notice of claim before it waives any premium. This notice must be received –

- while you are living,
- while you are totally disabled, and
- within one year from the date total disability begins. If you cannot give ReliaStar Life notice within one year, your claim is still valid if you show you gave ReliaStar Life notice as soon as reasonably possible.

LIFE INSURANCE

ReliaStar Life needs proof of your total disability before any premiums can be waived. ReliaStar Life may require you to have a physical exam by a doctor it chooses. ReliaStar Life pays for that exam. ReliaStar Life can only require one exam a year after premiums have been waived for 2 full years.

When ReliaStar Life approves your proof of total disability, premiums are waived as of the date you became totally disabled. ReliaStar Life refunds, to the Policyholder, any premium paid for a period during which you were totally disabled. It is the Policyholder's responsibility to refund to you any part of the premium you paid.

Termination of Waiver of Premium

ReliaStar Life stops waiving premiums on the earliest of the following dates:

- The date you are no longer totally disabled.
- The date you do not give ReliaStar Life proof of total disability when asked.
- The date you attain age 65.

If ReliaStar Life stops waiving your premiums, your Life Insurance will stay in force only if all of the following conditions are met:

- The Life Insurance under the Group Policy is still in force.
- You are eligible for Employee's Insurance under the Group Policy.
- Your premium payments are resumed.

The amount of Life Insurance that stays in force will be the amount shown on the Schedule of Benefits in effect on the date your premium payments are resumed.

If you buy an individual policy under the Conversion Right of the Group Policy during the first year of your total disability, your Life Insurance may be restored. ReliaStar Life will cancel the individual policy as of its issue date if within 12 months of the date you become totally disabled you –

- file a claim under this provision and ReliaStar Life approves it, and
- surrender the individual policy without claim, except for refund of premium.

When ReliaStar Life cancels your individual policy, ReliaStar Life –

- refunds all premiums paid for the individual policy.
- restores your Life Insurance under the Group Policy.
- retains the beneficiary named under the individual policy as beneficiary under the Group Policy, unless you ask ReliaStar Life to change the beneficiary in writing.

LIFE INSURANCE

Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit if you suffer a covered loss due to a covered accident. All of the following conditions must be met:

- You are covered for AD&D Insurance on the date of the accident.
- Loss occurs within 180 days of the date of the accident.
- The cause of the loss is not excluded.

ReliaStar Life pays the benefit shown below if you suffer any of the losses listed. The Full Amount is shown on the Schedule of Benefits. ReliaStar Life pays only one Full Amount while the Group Policy is in effect. If you have a loss for which ReliaStar Life paid 1/2 of the Full Amount, ReliaStar Life pays no more than 1/2 of the Full Amount for the next loss.

For:

The benefit is:

Loss of life	Full Amount
Loss of both hands, both feet or sight of both eyes	Full Amount
Loss of one hand and one foot	Full Amount
Loss of one hand or one foot and sight of one eye	Full Amount
Loss of one hand or one foot or sight of one eye	1/2 Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight.

ReliaStar Life does not pay a benefit for loss of use of the hand or foot.

Death benefits are paid to your beneficiary. All other benefits are paid to you.

Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when you commit or attempt to commit a felony.

LIFE INSURANCE

- Voluntary use of any drug, narcotic or hallucinogenic agent –
 - unless prescribed by a doctor.
 - which is illegal.
 - not taken as directed by a doctor or the manufacturer.
- Your intoxication. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

CONVERSION RIGHTS

Life Insurance

You may convert this insurance to an individual life insurance policy if any part of your Life Insurance under the Group Policy stops. Evidence of insurability is not required.

Conditions for Conversion

You may convert this Life Insurance if it stops for any of the following reasons:

- You are no longer actively at work.
- You are no longer eligible for Employee's Insurance under the Group Policy.
- The Group Policy is changed or cancelled and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row.
- The amount of Life Insurance is reduced.
- Premium is no longer being waived under the Waiver of Life Insurance Premium Disability Benefit and your group Life Insurance stops.

You may convert this insurance by applying and paying the first premium for an individual policy within 31 days after any part of your insurance stops.

If you are not given written notice of this conversion right within 16 days after any part of this insurance stops, you will have more time to apply and pay the first premium for the individual policy. This additional time period will end 15 days after you are given written notice of this conversion right. In no event will the time period for conversion be more than 91 days after any part of your Life Insurance stops.

ReliaStar Life or the Policyholder must be notified if you wish to convert. ReliaStar Life will supply you with a conversion form to complete and return.

Type of Converted Policy

You may purchase any individual nonparticipating policy offered by ReliaStar Life, except term insurance. The new policy must provide for a level amount of insurance and have premiums at least equal to those of ReliaStar Life's whole life plan with the lowest premium.

If your previous coverage included additional benefits such as disability, Accidental Death and Dismemberment Insurance or the Accelerated Death Benefit, the new insurance will not include these benefits.

CONVERSION RIGHTS

Amount of Conversion Coverage

If your Life Insurance is changed or cancelled because the Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row, the amount of the individual policy is limited to the lesser of –

- \$10,000 or
- the amount of your Life Insurance which stops, minus the amount of other group insurance for which you become eligible, within 31 days of the date your insurance stops.

If your Life Insurance stops for any reason other than the above, the amount of your individual policy may be any amount up to the amount of your Life Insurance that stopped.

Effective Date

The new policy takes effect 31 days after the part of your Life Insurance being converted stops.

If you die within the 31-day period allowed for making application to convert, ReliaStar Life will pay a death benefit to your beneficiary in the amount you were entitled to convert. ReliaStar Life will pay the amount whether or not application was made. ReliaStar Life will return any premium paid for the individual policy to your beneficiary named under the Group Policy.

Premiums

Premiums for the new policy are based on your age on the date of conversion.

CLAIM PROCEDURES

Submitting a Claim

You or someone on your behalf must send ReliaStar Life written notice of the loss on which your claim will be based. The notice must –

- include information to identify you, like your name, address and Group Policy number.
- be sent to ReliaStar Life or to the authorized administrator.
- be sent within 91 days after the loss for which claim is based has occurred or as soon as reasonably possible.

Claim Forms

ReliaStar Life or its authorized administrator will send proof of loss claim forms within 15 days after ReliaStar Life receives notice of claim.

Completed proof of loss claim forms or other written proof of loss detailing how the loss occurred must be sent to ReliaStar Life within 91 days after the loss or as soon as reasonably possible.

GENERAL PROVISIONS

Life Insurance Assignment

You can change the owner of your Life Insurance under the Group Policy by sending ReliaStar Life written notice. This change is an absolute assignment. You cannot make an absolute assignment to the Policyholder. You transfer all your rights and duties as owner to the new owner. The new owner can then make any change the Group Policy allows. A request for an absolute assignment –

- does not change the insurance or the beneficiary.
- applies only if ReliaStar Life receives your notice.
- takes effect from the date signed.
- does not affect any payment ReliaStar Life makes or action ReliaStar Life takes before receiving your notice.

A collateral assignment is not allowed.

ReliaStar Life assumes no responsibility for the validity of any assignment. You are responsible to see that the assignment is legal in your state and that it accomplishes the goals that you intend.

Legal Action

Legal action may not be taken to receive benefits until 60 days after the date proof of loss is submitted according to the requirements of the Group Policy. Legal action must be taken within 3 years after the date proof of loss must be submitted.

If the Policyholder's state requires longer time limits, ReliaStar Life will comply with the state's time limits.

Exam and Autopsy

For AD&D Insurance, when reasonably necessary, ReliaStar Life may have you examined while a claim is pending under the Group Policy. ReliaStar Life pays for the initial exam. ReliaStar Life may have an autopsy made if you die, if not forbidden by state law.

Incontestability

Your insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, ReliaStar Life can contest the validity of your insurance because of inaccurate or false information received relating to your insurability. Only statements that are in writing and signed by you can be used to contest the insurance.

DEFINITIONS

Accident – an unexpected, external, violent and sudden event.

Active Work, Actively at Work – the employee is physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

Employee – an active employee residing in the United States who is employed by the Policyholder and is regularly scheduled to work on at least a 20-hour-per-week basis. Employees who retire on pension under a plan controlled by the Policyholder are included for Life Insurance. Such employees of companies and affiliates controlled by the Policyholder are included. Temporary and seasonal employees are excluded.

Group Policy – the written group insurance contract between ReliaStar Life and the Policyholder.

Nonworking Day – a day on which the employee is not regularly scheduled to work, including time off for the following:

- Vacations.
- Personal holidays.
- Weekends and holidays.
- Approved nonmedical leave of absence.
- Paid Time Off for nonmedical-related absences.

Nonworking day does not include time off for any of the following:

- Medical leave of absence. Time off for a medical leave of absence will be considered a scheduled working day.
- Temporary layoff.
- The Policyholder suspending its operations, in part or total.
- Strike.

Policyholder – Board of Education of Charles County

ReliaStar Life – ReliaStar Life Insurance Company, at its Home Office in Minneapolis, Minnesota.

Total Disability, Totally Disabled – your inability, due to sickness or accidental injury, to work at or perform the material and substantial duties of any job suited to your education, training or experience.

Written, In Writing – signed, dated and received at ReliaStar Life's Home Office in a form ReliaStar Life accepts.

You, Your – an employee insured for Employee's Insurance under the Group Policy.



For the employees of: Board of Education of Charles County Group # 281662

What is Supplemental Group Term Life Insurance?

- Offered through your employer
- Pays a benefit to your beneficiary if you pass away during a specific period of time ("term")
- Term is generally one year, renewing annually with other employer-offered benefits
- You have the option to elect additional coverage called Supplemental Life Insurance.

Eligibility and coverage options

	For you	For your spouse*	For your children
Eligibility	All active employees working 20+ hours per week.	If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse benefit. Coverage is available only if Employee Supplemental Life Insurance is elected.	To age 26. If both parents are covered as employees, only one but not both may cover the same children. If the parent who is covering the children stops being insured as an employee, the other parent may apply for children's coverage.
Supplemental Life Insurance coverage options	Eligible employees may elect Supplemental Life Insurance of \$20,000 to \$500,000 in \$10,000 increments.	Eligible employees may elect spouse Supplemental Life Insurance of \$10,000 to \$50,000 in \$10,000 increments. Coverage cannot exceed 100% of your approved employee Supplemental Life Insurance amount.	Eligible employees may elect Children Supplemental Life Insurance of \$5,000 or \$10,000.
Guaranteed issue (GI) limit	You may elect \$250,000 without providing evidence of insurability during this enrollment period.	You may elect up to \$50,000 without providing evidence of insurability during this enrollment period.	You may elect up to \$10,000 without providing evidence of insurability
Evidence of insurability (health questions)	<i>Total Supplemental Life Insurance coverage up to \$500,000 is available if you complete an evidence of insurability subject to approval by the insurance company.</i> <i>When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.</i>	N/A	N/A

Age reductions Note: Your payroll deductions will be adjusted to pay premium based on the new benefit amount(s).	Benefit amount reduces to 65% of original coverage at age 70, to 50% of original coverage at age 75. Coverage terminates at retirement.	Benefit amount reduces to 65% of original coverage at age 70, to 50% of original coverage at age 75. Coverage terminates at retirement.	Not applicable
--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	----------------

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.

What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** If you are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- **Conversion*:** You may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.
- **Waiver of Premium:** If you become unable to work due to total disability, your Basic and Supplemental Life Insurance can be continued without premium payment.
- **Convenient Payroll Deductions:** Premium deductions for Supplemental coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

*Coverage on your spouse and children is available if they are enrolled for Life Insurance.

How much does my life insurance cost?

Rates shown may change on any January 1 and are guaranteed for the following 12 months.

Employee & Spouse Supplemental Life Insurance Rates

Employee Age	Monthly Rate per \$1,000 of Coverage
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.10
40-44	\$0.13
45-49	\$0.22
50-54	\$0.36
55-59	\$0.56
60-64	\$0.88
65-69	\$1.58
70 +	\$2.83

Children Supplemental Life Insurance Rates

Monthly cost for all eligible children

Coverage Levels	Monthly Cost
\$5,000	\$1.00
\$10,000	\$2.00

The rates are per individual.

ReliaStar Life Insurance Company, a member of the Voya® family of companies

Use the steps below to calculate your premium for you and your spouse based on the amount of insurance you elected:

Step 1: Enter the rate per \$1,000 based on age: _____

Step 2: Take the amount of insurance and divide it by 1,000: _____

(Example: For \$150,000 of coverage, enter "150")

Step 3: Multiply lines 1 and 2 (this is your monthly cost): _____

Monthly cost for your children: (covers all eligible children)

Enter the monthly cost for the amount of coverage from the table above: _____

Exclusions and limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

Accidental Death Insurance has exclusions that are described in the certificate of insurance or rider.

Are there additional non-insurance services available?

- **Funeral Planning and Concierge Services**

Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.

- **Voya Travel Assistance**

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.



How do I enroll?

To enroll for your benefits:

*Go to <https://ccboe.hrintouch.com>

- You will click on "Register or Reset your Account."

When registering your account, your Username must be between 6 and 50 alphanumeric characters.

- Your password must be between 8 and 15 characters

Must contain at least one number

Must contain at least one upper case and one lower case letter

Cannot contain more than two of the same characters consecutively

Cannot be the same as the username or SSN

This offer is contingent upon participation requirements being met.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya[®] family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

CN0209-30901-0218

Board of Education of Charles County, Group #281662 FID 14486 Date Prepared: 10/09/2018

177547-04/01/2017

ReliaStar Life Insurance Company, a member of the Voya[®] family of companies

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE ENROLLMENT

ReliaStar Life Insurance Company, Minneapolis, MN
A member of the Voya® family of companies

PLAN INFORMATION section to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.

PLAN INFORMATION

Employer/Plan Sponsor Name The Board of Education of Charles County Effective Date of Coverage or Change _____
Group/Plan Number 281662 Account Number/PAYROLL CYCLE 0002/24 Occupation _____

Date of Hire _____ Annual Salary \$ _____ Employment Status: ☐ Active Full-Time ☐ Active Part-Time ☐ Retired

This change is due to (Check all that apply):

☐ Initial Eligibility Following Hire ☐ Change in Coverage Amount ☐ Late Entrant ¹ ☐ Other _____

¹ A late entrant is an individual who is first enrolling after the initial available opportunity.

EMPLOYEE INFORMATION

Employee Name (First, Middle Initial, Last) _____
Birth Date _____ SSN _____ Gender: ☐ Male ☐ Female
Employee ID Number _____ Work Phone (_____) _____ Home Phone (_____) _____
Address _____ City _____ State _____ ZIP _____

EMPLOYEE LIFE / AD&D INSURANCE

Basic Life / AD&D Insurance Election

☒ Employee Only—Elect Coverage (Note: Basic Life and Basic AD&D insurance is subsidized by CCPS at 75% of the premium)

Supplemental Life / AD&D Insurance

Guaranteed Issue (GI) Limit = \$250,000. When you are first eligible for supplemental life coverage, you can elect up to the GI Limit without evidence of insurability. Basic life must be elected to elect supplemental life coverage.

Supplemental Life / AD&D Insurance Election

- ☐ I currently have supplemental life coverage of: \$ _____
☐ I am applying for supplemental life coverage of: \$ _____ (\$10,000 increments)
☐ I am applying to increase my supplemental life coverage to: \$ _____ (\$10,000 increments)
☐ Total supplemental life coverage (current plus additional): \$ _____
☐ Waive coverage.

BENEFICIARY INFORMATION (Designate your beneficiary(ies) below. Percentages must total 100%, using whole percentages only. If additional space is required please attach a separate signed and dated document with the same information for each beneficiary.)

	Name (First, MI, Last)	DOB	Gender	SSN / TIN	Relationship	%	Beneficiary Type
1			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			
2			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			
3			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			

SPOUSE LIFE INSURANCE

When you are initially eligible for Spouse coverage, you can elect up to \$50,000 in coverage without evidence of insurability. Total Spouse coverage up to \$50,000 is available if Spouse completes an Evidence of Insurability form subject to approval by the insurance company. Spouse coverage is limited to 100% of the employee's supplemental life coverage amount.

Spouse Name (First, Middle Initial, Last) _____ Birth Date _____

Spouse Life/AD&D Insurance Election:

- ☐ Elect: \$ _____ (\$10,000 increments)
☐ Increase \$ _____ (\$10,000 increments)
☐ Waive coverage.

Note: The employee is the beneficiary for any Spouse insurance coverage.

CHILDREN LIFE INSURANCE

You are eligible for Child/ren coverage in the below amounts.
Eligible employees may elect Children Supplemental Life Insurance of \$5,000 or \$10,000 on your children to age 26.

Children Life Insurance Election:

- ☐ \$ 5,000 for each eligible child/ren
- ☐ \$10,000 for each eligible child/ren
- ☐ Waive coverage.

Note: The employee is the beneficiary for any Children insurance coverage.

SPOUSE AND CHILDREN INFORMATION


Enter information below. If additional space is required please attach a separate document.

	Spouse Name (First, MI, Last)	DOB	Gender	SSN
			<input type="checkbox"/> M <input type="checkbox"/> F	
				Phone ()

	Child Name (First, MI, Last)	DOB	Gender	SSN
1			<input type="checkbox"/> M <input type="checkbox"/> F	
				Phone ()
2			<input type="checkbox"/> M <input type="checkbox"/> F	
				Phone ()
3			<input type="checkbox"/> M <input type="checkbox"/> F	
				Phone ()

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life Insurance Company, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

 Employee Signature _____ Date _____

FRAUD WARNINGS

Arkansas, Maine, Ohio, Oklahoma, Rhode Island, Tennessee, Washington, West Virginia: Any person who, knowingly with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Flexible Spending Account

As part of your employer's benefit plan, you have the option to enroll in a flexible spending account (FSA) to save money on out-of-pocket healthcare expenses. Participating in an FSA is an easy way to pay for everyday health needs and unexpected medical emergencies.

What is an FSA?

An FSA is a tax-advantaged spending account for healthcare expenses. When you enroll in an FSA, you will choose an amount to contribute, tax-free, to pay for thousands of eligible expenses. Whether it's \$1 or the IRS maximum of \$2,400, you will have the flexibility to choose a contribution amount that you're comfortable with and makes sense for your situation. Your total contribution will be available to you on the first day of the plan year, providing a safety net should you need that money right away.

Eligible Expenses

You will get a [debit card](#) linked to your FSA that can be used for expenses such as:

- Prescriptions
- Over-the-counter medicine
- Glasses, contacts, and LASIK
- Dental services and procedures
- Copays and deductibles
- Flu shots
- And [much more](#)

If you need ideas for spending any unused funds, head over to [FSAstore.com](#), where everything is FSA-eligible and you can pay with your Ameriflex card.

Grace Period

This is a 2.5 month period that immediately follows the end of the plan year in which you can submit claims for reimbursement using remaining FSA funds from the previous plan year.

Account Management and Customer Support

You can manage your account online at myameriflex.com or by downloading the Ameriflex mobile app. Both provide easy access to your account balance, transaction history, status of reimbursements, order replacement cards, and more.

For account-related questions, contact the Ameriflex Participant Services team at 888.868.3539, Monday - Friday: 7:00 AM to 8:00 PM CST and Saturday: 9:00 AM to 1:00 PM CST.

What to Expect and How to Submit Documentation for an Expense

Due to the tax-advantaged nature of your account, the IRS has guidelines in place to ensure that purchases made with the account are for eligible medical, dental, or vision expenses. As the administrator of your account, Ameriflex has controls in place to ensure you and your employer are always in compliance with IRS regulations.

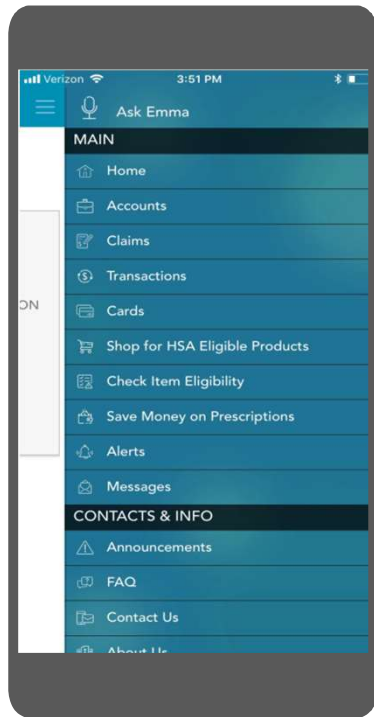
The Ameriflex Debit Mastercard® will attempt to auto-verify all transactions instantly using stored copays provided by your employer. If the transaction cannot be auto-verified at the point of purchase, this is normally because the merchant's payment terminal can't distinguish if the transaction was for an eligible or ineligible service. It's important to note that most dental and vision charges will require documentation to verify the service was not cosmetic related.

If Ameriflex cannot auto-verify your expense, you will receive a notification asking for additional documentation such as an itemized receipt, Explanation of Benefits (EOB), or a letter of medical necessity. The documentation should show: name of the person who received the service or for whom the item was purchased, date(s) of service or purchase, the services that were rendered, name of the provider, and total cost of the expense. Please note that a standard credit card terminal receipt is not an acceptable form of documentation.

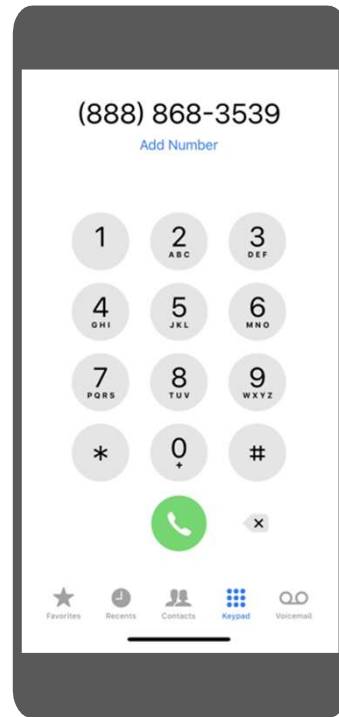
If you receive a request for additional documentation to verify an expense, complete the following steps on your desktop, tablet, or mobile device using the Ameriflex app.

1. Log into your Ameriflex account.
2. Locate the transaction that requires additional documentation.
3. Click Add Documents next to the specific transaction.
4. A new window appears.
5. Locate and select the documentation you'd like to upload. This can be a picture from your mobile device.
6. Follow the remaining window prompts on your screen to complete the uploading process.

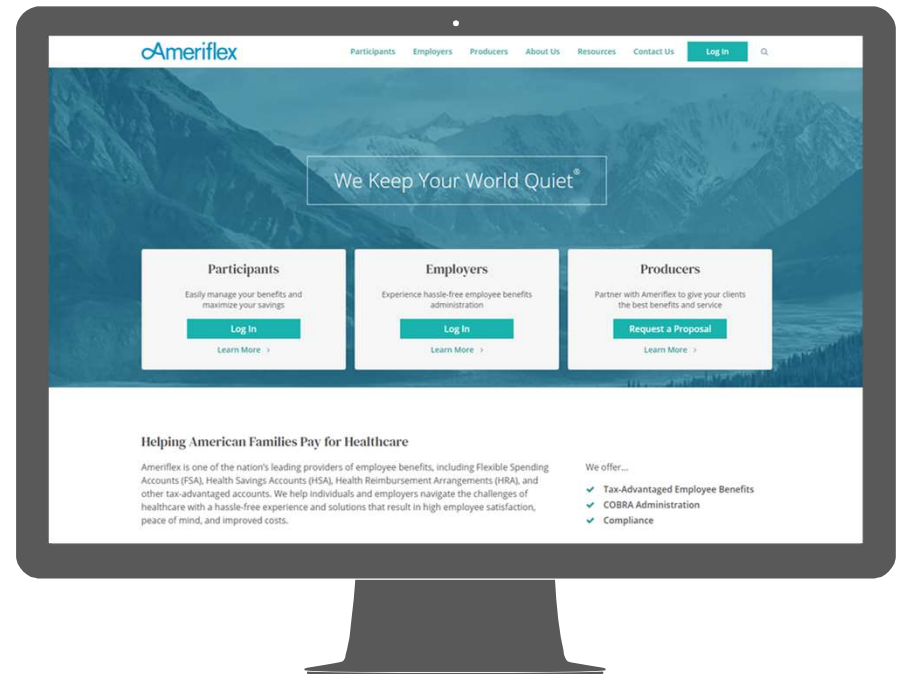
Ameriflex Support



Download the
Mobile App



Call Us at
888.868.3539



Visit
www.myameriflex.com

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

COMPSYCH®
GuidanceResources® Worldwide

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 877.465.0865

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceNowSM

Web ID: CCPSEAP

Log on today to connect directly with a GuidanceConsultantSM about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information



Contact Your ComPsych® GuidanceResources® Program

Call: 877.465.0865

TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceNowSM

Web ID: CCPSEAP

Learn about your Pension Plan

Employees hired and enrolled prior to June 30, 2011

Full Service Retirement

- 30 years of service regardless of age
- Age 62 with 5 years of service (MSRA)
- Age 55 with 5 years of service (CCPS plan)

• **Early Retirement**

- Age 55 with 15 years (MSRA)
- Age 50 with 5 years (CCPS plan)



*Employees hired and enrolled **after** to June 30, 2011*

Full Service Retirement

- 30 years of service regardless of age (CCPS plan)
- Age 55 with 10 years of service (CCPS plan)
- Rule of 90; years of combined age and years of service (MSRA)

Example: Age 57 with 33 years of service

Age 60 with 30 years of service

Age 65 with 15 years of service

Early Retirement

- Age 60 with 15 years of service (MSRA)
- Age 50 with 10 years of continuous service (CCPS Plan)

Get in on one of the easiest ways to save for your future

- Save up to \$23,000 in 2024, plus an extra \$7,500 if you're age 50 or older.
- A Roth option allows you to make after-tax contributions that may grow tax-free.*
- See a complete view of your overall retirement picture.

It's easy to start saving

Log in to your account at
empowermyretirement.com.

- 1** Go to your plan website and select *Register*.
- 2** Choose the *I do not have a PIN* tab.
- 3** Follow the prompts to create your username and password.
 - *Quick enrollment*: to have your contribution rate and investment funds set for you.
 - *Custom enrollment*: to select your contribution rate, type and funds.



► Find more details about your plan at
join.empower.com/t/uKvW5. Call **833-961-5287** if
you have questions or need help.



EMPOWER
P.O. BOX 173764
DENVER, CO 80217-3764

*Subject to requirement: Roth contributions must be in your account for at least five years and the money withdrawn after age 59 1/2, death or disability.

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser, Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

"EMPOWER" and all associated logos, and product names are trademarks of Empower Annuity Insurance Company of America.

Investing involves risk, including possible loss of principal.

©2023 Empower Annuity Insurance Company of America. All rights reserved.

GEN-CRD-WF-1188285-0821 R02659750-0123



Double your tax-deferred retirement savings

Contribute to both: 403(b) plan and 457(b) deferred compensation plan.

Take advantage of this powerful way to save

Your workplace retirement plan offers you the opportunity to save in a 403(b), a 457(b) deferred compensation plan or both. Because you can choose to contribute to one or both, you can select the plan with features that best suit your situation.

What is the most you can contribute?

If you are eligible for certain catch-up contributions, you can save as much as \$78,000 in 2023. Check the table below to see how much you can save.

In a 403(b) plan		In a 457(b) plan	
\$22,500	basic contribution	\$22,500	basic contribution
+3,000	eligible employees with 15 or more years of service	<u>+22,500</u>	eligible employees within the last three taxable years ending in the year before normal retirement age under their plan
<u>+7,500</u>	employees who are age 50 or older		
\$33,000	Total	\$45,000	Total
	If you are eligible for both catch-up contributions, you must exhaust the 15-year catch-up first.	or	
		\$22,500	basic contribution
		<u>+7,500</u>	governmental employees age 50 or older
		\$30,000	Total
Potential maximum combined contribution – \$33,000 + \$45,000 = \$78,000			

Double your tax-deferred retirement savings

How do the plans differ?

There are some significant differences between the plans, especially when it comes to withdrawals. Consider these differences when deciding which plan will suit you best.

In a 403(b) plan	In a 457(b) plan
Withdrawals prior to age 59½ may be subject to a 10% federal early withdrawal tax penalty, unless an exception applies.	Unlike the 403(b) plan, the 10% federal early withdrawal tax penalty for withdrawals prior to age 59½ does not apply to distributions from 457(b) plans except on amounts rolled into the plan from non-457(b) plans – including IRAs.
Less stringent hardship withdrawal restrictions while you are employed.	More stringent unforeseeable emergency withdrawal restrictions while you are employed.
Examples of financial hardship include: <ul style="list-style-type: none">• Certain unreimbursed medical expenses• Payments to purchase a principal residence• Qualifying expenses for higher education• Payments to prevent eviction from or foreclosure of a mortgage on a principal residence	Examples of unforeseeable emergency include: <ul style="list-style-type: none">• You or a dependent suffer an accident or unexpected illness• Loss of property due to casualty• Other similar extraordinary circumstances arising as a result of events beyond your control <p>Sending a child to college or purchasing a home, two common reasons for 403(b) hardship withdrawals, generally are not considered unforeseeable emergencies.</p>

[\[corebridgefinancial.com/retirementservices\]](https://corebridgefinancial.com/retirementservices) 1.800.448.2542

We’re here to help you take action

You can reach out directly to your financial professional.

David Filo, MBA
201 Winterson Road, Suite 130, Linthicum Heights, MD 21090, Office # 410-859-2164
Cell # 240-397-4721
david.filo@corebridgefinancial.com



Scan with your mobile phone for up-to-date contribution limits.

Important considerations before deciding to move funds either into or out of a Corebridge retirement services account
There are many things to consider. For starters, you will want to carefully review and compare your existing account and the new account, including: fees and charges; guarantees and benefits; and, any limitations under either of the accounts. Also, you will want to know whether a surrender of your current account could result in charges. Your financial professional can help you review these and other important considerations.

This material is general in nature, was developed for educational use only, and is not intended to provide financial, legal, fiduciary, accounting or tax advice, nor is it intended to make any recommendations. Applicable laws and regulations are complex and subject to change. Please consult with your financial professional regarding your situation. For legal, accounting or tax advice consult the appropriate professional.

Annuities are issued by **The Variable Annuity Life Insurance Company**, Houston, TX. Variable annuities are distributed by AIG Capital Services, Inc., member FINRA.

Securities and investment advisory services offered through VALIC Financial Advisors, Inc., member FINRA, SIPC and an SEC-registered investment adviser.

VALIC Retirement Services Company provides retirement plan recordkeeping and related services and is the transfer agent for certain affiliated variable investment options.

All companies above are wholly owned subsidiaries of Corebridge Financial, Inc.

Corebridge Retirement Services, Corebridge Financial and Corebridge are marketing names used by these companies.

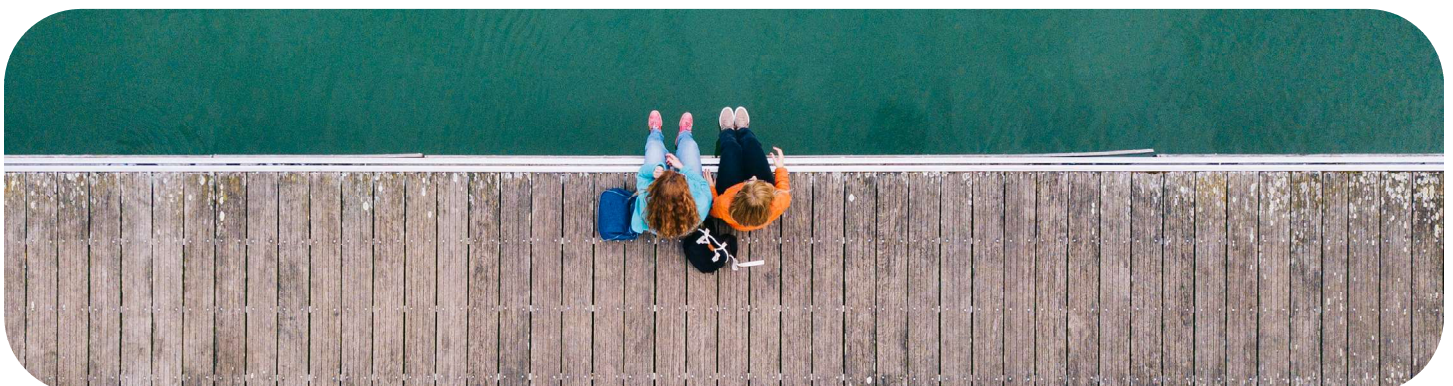


Tax-deferred contributions can help your future take shape

Twice-a-month pretax contributions of \$150 could potentially grow to more than \$79,000 over 15 years. But your out-of-pocket cost may be less than you think.

24 contributions per year	Reduce current tax withholding by	Your out-of-pocket cost	Estimated account value 5 years	Estimated account value 15 years	Estimated account value 25 years
\$50.00	\$12.50	\$37.50	\$6,802	\$26,563	\$58,752
\$75.00	\$18.75	\$56.25	\$10,203	\$39,845	\$88,129
\$100.00	\$25.00	\$75.00	\$13,604	\$53,127	\$117,505
\$150.00	\$37.50	\$112.50	\$20,406	\$79,690	\$176,257
\$200.00	\$50.00	\$150.00	\$27,208	\$106,253	\$235,009
\$300.00	\$75.00	\$225.00	\$40,813	\$159,380	\$352,514

This example is hypothetical, does not reflect the return of any specific investment and is not a guarantee of a specific rate of return. Figures are based on an annual 5% rate of return and a 25% federal marginal income tax bracket. Income taxes must be paid at withdrawal. Federal restrictions and a 10% federal early withdrawal tax penalty may apply to withdrawals prior to age 59½. Investment return and principal value will fluctuate so that the investor's units, when redeemed, may be worth more or less than their original cost. Fees and charges, if applicable, are not reflected in this example and would reduce the results shown. Bear in mind that investing involves risk, including possible loss of principal.



Tax-deferred contributions can help your future take shape

corebridgefinancial.com/retirementservices 1.800.448.2542

We're here to help you take **action**

You can reach out directly to your financial professional.

This material is general in nature, was developed for educational use only, and is not intended to provide financial, legal, fiduciary, accounting or tax advice, nor is it intended to make any recommendations. Applicable laws and regulations are complex and subject to change. Please consult with your financial professional regarding your situation. For legal, accounting or tax advice consult the appropriate professional.

Annuities are issued by **The Variable Annuity Life Insurance Company**, Houston, TX. Variable annuities are distributed by AIG Capital Services, Inc., member FINRA.

Securities and investment advisory services offered through VALIC Financial Advisors, Inc., member FINRA, SIPC and an SEC-registered investment adviser.

All companies above are wholly owned subsidiaries of Corebridge Financial, Inc. Corebridge Retirement Services, Corebridge Financial and Corebridge are marketing names used by these companies.

iPad and iPhone are registered trademarks of Apple Inc. Android is a trademark of Google Inc.



© Corebridge Financial, Inc. All rights reserved.

VC 14495-24-A (04/2023) J1105806 EE



TAX SHELTERED ANNUITY, 457 PLAN AND LIFE/DISABILITY INSURANCE COMPANIES

Tax Sheltered Annuity Plans

EMPOWER (formerly PRUDENTIAL RETIREMENT)-403(b) Plan

Customer Service Number: 1-877-778-2100

prudential.com/online/retirement – Get account information or initiate transactions any time with our easy-to-use automated phone system. If you have questions or need help, participant service representatives are available Monday through Friday, 8 a.m. to 9 p.m., ET.

457 Plans

TIAA-CREF

1101 Pennsylvania Ave., N.W.
1304 Concourse Drive, Suite 150
Washington, D.C. 20004

Customer Service Number: 1- 800-842-2776
or go online and create your account at
www.tiaa-cref.org

Corebridge (formerly AIG/Valic) Retirement Services
1201 Winterson Road, Ste. 130
Linthicum Heights, MD 21090

Customer Service 1-800-448-2542

www.corebridgefinancial.com

Robert M. Dailey (MBA)/Financial Planning Advisor

Office: (410) 859-2164

Cellphone: (301) 708-8207

Fax: 1-844-332-7510

robert.dailey@corebridgefinancial.com

Life/Disability Insurance Plans

EDUCATORS FINANCIAL GROUP, LL

1014 W 36TH Street
Baltimore, Maryland 21211-2415
Main Office: (443) 276-3100
Fax: (410) 312-3157

Customerservice@educatorsfg.com

Anthony Thomas

Cellphone: (410) 309-3617

Anthony.Thomas@axa-advisors.com

AFLAC

4805 Lake Brook Drive, Suite 220
Glen Allen, VA 23060

Customer Service Number: 1-800-99-AFLAC

Jennifer Tench

Cellphone: (804) 516-4286

jennifer_tench@us.aflac.com

AMERICAN GENERAL LIFE INSURANCE CO

Universal Life Insurance/GenWorth LTC

Mark Ware

Cellphone: (540) 829-8070

GENWORTH-LONG TERM CARE (LTC)

Steven Miller

Cellphone: (540) 872-0465

LStephenMiller@yahoo.com

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

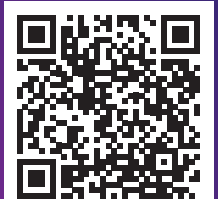
Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME



HIPAA- NOTICE OF PRIVACY PRACTICES



Our Legal Duty

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

If you have any questions about this Notice, please contact Office of Fiscal Services-Employee Benefits at 301-934-7459 or cwarner@ccboe.com.

The following entities, affiliated with Charles County Public Schools group insurance plans, are covered by this notice:

This notice applies to the privacy practices of the health plans listed below. As affiliated (related) entities, we might share your protected health information and the protected health information of others on your insurance policy as needed for payment or health care operations.

CareFirst BlueCross Blue Shield Plans, CareFirst Davis Vision, CareFirst Preferred Dental, CVS/Caremark, VOYA/ReliaStar, AFLAC Group policies and Ameriflex Health Care Spending and Dependent Care Accounts, Genworth LTC, and American General Universal Life Insurance.

This Notice describes our privacy practices, which include how we might use, disclose (share or give out), collect, handle, and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice took effect April 14, 2003, and is not intended to amend any prior notice of Charles County Public Schools Group Insurance Plan privacy practices.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers within 60 days of the effective date of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

HIPAA- NOTICE OF PRIVACY PRACTICES

Uses and Disclosures of Medical Information

Primary Uses and Disclosures of Protected Health Information

We use and disclose protected health information about you for payment and health care operations. The federal health care Privacy Regulations generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, and reproductive rights. In addition to these state law requirements, we also may use or disclose protected health information in the following situations:

Treatment

A health plan may disclose your health information to a health care provider that provides treatment to you. For example, in an emergency situation, a health plan may provide your health care provider with information regarding the type of prescription drugs you are currently taking if necessary for your proper treatment.

Payment

We might use and disclose your protected health information for all activities that are included within the definition of “payment” as written in the Federal Privacy Regulations. For example, we might use and disclose your protected health information to pay claims for services provided to you by doctors,

hospitals, pharmacies and others for services delivered to you that are covered by your health plan. We might also use your information to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and to issue explanations of benefits to the person who subscribes to the health plan in which you participate.

Health Care Operations

We might use and disclose your protected health information for all activities that are included within the definition of “health care operations” as defined in the Federal Privacy Regulations. For example, a health plan may use and/or disclose your health information to evaluate the health plan’s performance or to conduct or arrange for legal services and audit functions, including fraud and abuse detection and compliance programs. Additionally, a health plan may use your health information for business management and general administrative activities of a health plan, including but not limited to:

(i) management activities relating to implementation of and compliance with law;(ii) customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided such information is not disclosed to such policy holder, plan sponsor, or customer; (iii) resolution of internal grievances; (iv) the sale, transfer, merger, or consolidation of all or part of a health plan with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and (v) fundraising for the benefit of a health plan.

Business Associates

In connection with our payment and health care operations activities, we contract with individuals

HIPAA- NOTICE OF PRIVACY PRACTICES

and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, our business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

Other Covered Entities

In addition, we might use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we might disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we might disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

Other Possible Uses and Disclosures of Protected Health Information

The following is a description of other possible ways in which we might (and are permitted to) use and/or disclose your protected health information.

To You or with Your Authorization

We must disclose your protected health information to you, as described in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed on this notice. If you give us an

authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures that we made as permitted by your authorization while it was in effect. Without your written authorization, we might not use or disclose your protected health information for any reason except those described in this notice.

Disclosures to the Secretary of the U.S. Department of Health and Human Services

We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the federal Privacy Regulations.

To Plan Sponsors

Where permitted by law, we may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us seeking information to evaluate future changes to your benefit plan. We may also disclose summary health information (this type of information is defined in the Federal Privacy Regulations) about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

To Family and Friends

If you agree (or if you are unavailable to agree), such as in a medical emergency situation we might disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

HIPAA- NOTICE OF PRIVACY PRACTICES

Underwriting

We might receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this protected health information received under these circumstances for any other purpose, except as required by law, unless and until you enter into a contract of health insurance or health benefits with us.

Health Oversight Activities

We might disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

Abuse or Neglect

We might disclose your protected health information to appropriate authorities if we reasonably believe that you might be a possible victim of abuse, neglect, domestic violence or other crimes.

To Prevent a Serious Threat to Health or Safety

Consistent with certain federal and state laws, we might disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation

We might disclose protected health information to a coroner or medical examiner for purposes of identifying you after you die, determining your cause of death or for the coroner or medical examiner to perform other duties authorized by law. We also might disclose, as authorized by law, information to funeral directors so that they may carry out their duties on your behalf. Further, we might disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

Research

We might disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

Inmates

If you are an inmate of a correctional institution, we might disclose your protected health information to the correctional institution or to a law enforcement official for:

- (1) the institution to provide health care to you;
- (2) your health and safety and the health and safety of others; or
- (3) the safety and security of the correctional institution.

HIPAA- NOTICE OF PRIVACY PRACTICES

Workers' Compensation

We might disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Public Health and Safety

We might disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

Required by Law

We might use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon their request for purposes of determining whether we are in compliance with federal privacy laws.

Legal Process and Proceedings

We might disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we might disclose your protected health information to law enforcement officials.

Law Enforcement

We might disclose to a law enforcement official limited protected health information of a suspect, fugitive, material witness, crime victim, or missing person. We might disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and National Security

We might disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We might disclose to federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Other Uses and Disclosures of Your Protected Health Information

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization.

Individual Rights

Access

You have the right to look at or get copies of the protected health information contained in a designated record set, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the address at the end of this notice. If you request copies, we might charge you a reasonable fee for each page, and postage if you want the copies mailed to you. If you request an alternative format, we might charge a cost-

HIPAA- NOTICE OF PRIVACY PRACTICES

based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information, but we might charge a fee to do so. We might deny your request to inspect and copy your protected health information in certain limited circumstances. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable. If you are denied access to your information and the denial is subject to review, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same person who denied your initial request.

Disclosure Accounting

You have the right to receive a list of instances in which we, or our business associates, disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities, after April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we might charge you a reasonable, cost-based fee for responding to these additional requests. You may request an accounting by submitting your request in writing using the information listed at the end of this notice. Your request may be for disclosures made up to 6 years before the date of your request, but in no event, for disclosures made before April 14, 2003.

Restriction Requests

You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement that we might make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be liable for uses and disclosures made outside of the requested restriction unless our agreement to restrict is in writing. We are permitted to end our agreement to the requested restriction by notifying you in writing. You may request a restriction by writing to us using the information listed at the end of this notice. In your request tell us: (1) the information of which you want to limit our use and disclosure; and (2) how you want to limit our use and/or disclosure of the information.

Confidential Communication

If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information. This means that you may request that we send you information by alternative means, or to an alternate location. We must accommodate your request if: it is reasonable, specifies the alternative means or alternate location, and specifies how payment issues (premiums and claims) will be handled. You may request a Confidential Communication by writing to us using the information listed at the end of this notice.

HIPAA- NOTICE OF PRIVACY PRACTICES

Amendment

You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended, or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: Even if you agree to receive this notice on our web site, or by electronic mail (e-mail), you are entitled to receive a paper copy as well. Please contact us using the information listed at the end of this notice to obtain this notice in written form. If the e-mail transmission has failed, and Charles County Public School Group Insurance Plan is aware of the failure, then we will provide a paper copy of the notice to you.

Questions and Complaints

Information on Charles County Public Group Insurance Plan Privacy Practices

If you want more information about our privacy practices or have questions or concerns, please contact the member services number on the back of your card.

Filing a Complaint

If you are concerned that we might have violated your privacy rights, or you disagree with a decision we made about your individual rights, you may use the contact information listed at the end of this notice to complain to us. You also may submit a written complaint to the U.S. Department of Health

and Human Services (DHHS). We will provide you with the contact information for DHHS upon request.

We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Charles County Public School Group Insurance Plans

Office of Fiscal Services- Employee Benefits
HIPAA Compliance and Privacy Office
P.O. Box 2770

La Plata, MD 20646

Telephone: 301-934-7459

Fax: 301-934-7235