

## IMPORTANT INFORMATION/FEDERAL AND STATE MANDATES

- All health plan contributions are withheld on a pre-tax basis to the extent possible by federal law. Should you wish to modify this arrangement, please contact Ms. Raynell McClung, Benefits Specialist, in the Human Resources Department at 443-550-8315 or via email at [benefits@calvertnet.k12.md.us](mailto:benefits@calvertnet.k12.md.us). Except for certain *Change of Life Events* within the guidelines of Internal Revenue Code Section 125, this is the only time during the plan year you can make any changes.
- If you have an offer of health coverage from your employer (Calvert County Public Schools) that meets certain standards, you will not be eligible for a tax credit through the Affordable Care Act Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of current Federal poverty level, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

NOTE: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often 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 accordance with the Affordable Care Act requirements, a Summary of Benefits and Coverage (SBC) for each health plan can be found on the CareFirst Calvert County Public Schools microsite at [carefirst.com/ccps](http://carefirst.com/ccps) under Plan Information and Forms and on the CCPS website under Benefits and Support.
- The CareFirst HMO Open Access plan requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider go to [carefirst.com/ccps](http://carefirst.com/ccps) and select "Find a Doctor". If you further assistance, contact the Benefits Office in Human Resources at [benefits@calvertnet.k12.md.us](mailto:benefits@calvertnet.k12.md.us) or 443-550-8315. To add a primary care doctor to your CareFirst account, please call the Customer Service number on the back of your CareFirst card.
- You do not need prior authorization from the CareFirst HMO Open Access plan or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization of certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, go to [www.carefirst.com/ccps](http://www.carefirst.com/ccps) and select "Find a Doctor". If you further assistance, contact the Benefits Office in Human Resources at [benefits@calvertnet.k12.md.us](mailto:benefits@calvertnet.k12.md.us) or 443-550-8315.
- Non-full-time support staff and teachers who work less than half-time may purchase group health/prescription, vision and/or dental insurance coverage at **full premium cost**. Full cost rate sheets may be obtained by contacting the Benefits Office, in the Human Resources at [benefits@calvertnet.k12.md.us](mailto:benefits@calvertnet.k12.md.us) or 443-550-8315.

- Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for:
  - All stages of reconstruction of the breast on which the mastectomy has been performed.
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
  - Prosthesis and treatment of physical complications of all stages of the mastectomy, including lymphedema.
- Some states have premium assistance programs that can help pay for health insurance premiums. These states use funds from their Medicaid Program or the Children’s Health Insurance Program (CHIP) to help people who are eligible. If you or your covered dependent(s) live in any of the participating states listed on the enclosed notice, please contact the state to find out if premium assistance is available to you. Details of this program can be found on the Calvert County Public Schools’ website at: [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\) \(finalsite.net\)](https://www.calvertcountyschools.net/insurance/PremiumAssistanceUnderMedicaidandtheChildrensHealthInsuranceProgramCHIPfinalsite.net).

Maryland Mandates – Effective July 1, 2024:

- MDHB376 Breast Cancer: This legislation prohibits insurers, nonprofit health service plans and health maintenance organizations that provide coverage for a “diagnostic breast examination” or a “supplemental breast examination” from imposing a copayment, coinsurance, or deductible required for such examinations both in and out-of-network.
- MDHB815 Lung Cancer Services: This legislation requires insurers, nonprofit health service plans and health maintenance organizations to provide coverage for recommended follow-up diagnostic imaging to assist in the diagnosis of lung cancer without copayment, coinsurance, or deductibles both in and out-of-network that are greater than those imposed for breast cancer screening and diagnosis.

Maryland Mandates – Effective January 1, 2023:

- Abortion Care Mandate (HB937):
  - Medical plans that provide labor and delivery coverage to individuals or groups are required to modify plans to eliminate cost-sharing, including deductible, coinsurance, and copayments, for Abortion Care services (exception for HSA-eligible plans, services are not available at zero cost share UNTIL after their deductible is met).
  - In plans providing coverage for prescription drugs, the carrier must provide Abortion Care medications, with no cost-sharing.
- Insulin Reduction Mandate (HP1397):
  - All medical plans are prohibited from having a cost-share (copayment or coinsurance) that exceeds \$30 for a 30-day supply of insulin under the plan.
  - In plans providing coverage for prescription insulin drugs must limit member copayments/coinsurance not to exceed \$30 for a 30-day supply of prescription insulin drugs regardless of the quantity or type of covered insulin used to fill the prescription.