

CARROLL COUNTY PUBLIC SCHOOLS

RETIREE BENEFITS GUIDE

**Carroll County Public Schools
125 North Court Street
Westminster, MD 21157**



Together - It's Possible!

2027

**This guide will provide information on your benefits.
Please read this guide carefully.**

This is only a brief summary of the plans sponsored by Carroll County Public Schools. The formal plan documents shall determine actual benefits and plan provisions. Please refer questions to the appropriate insurance carrier or the Department of Human Resources.



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WHAT HAPPENS WHEN I RETIRE?

What benefits can I continue as a retiree?

Medical/Prescription Drug - You and your eligible family members may continue in the same plan offered to active employees until you or your spouse reach age 65 or obtain Medicare. At age 65 or with eligibility for Medicare due to a disability, you or your spouse will be offered the Traditional Medicare Plan and the two Medicare Advantage plans.

Dental and Vision – You and your eligible family members may continue in the plans offered to active employees at full cost.

Basic Life Insurance/Supplemental Life Insurance/Dependents Life Insurance - This coverage will terminate when you retire. You will be provided forms to convert any coverage in force to an individual policy with no medical underwriting if you convert the coverage up to 31 days after your retirement date. The policy will be issued to you as an individual and you will be responsible for any premiums.

How will I pay my premiums?

It is recommended that premiums be deducted from your pension check each month. At the time you retire, you will be given an enrollment form to authorize premium deductions or establish billing. If you are unable to deduct the premiums from your check, you will be billed by the billing service for the CCPS Department of Human Resources.

All coverages (medical, dental, and/or vision) must be paid through the same method – either pension deductions or billing.

What happens to my spouse's coverage if I die?

Surviving spouses may continue coverage under the plans but will pay the full cost of the insurance. The CCPS medical plan subsidy is applied only to the retiree's cost. This will end when the retiree is deceased. Premiums for the surviving spouse will be directly billed unless a monthly pension check continues under one of the pension beneficiary options.

If I waive coverage at retirement, can I elect coverage later?

Yes, you may elect coverage at a later date. The cost will be based on premiums at the time coverage is elected and medical premium is based on the applicable years of service you had with Carroll County Public Schools.

How is the premium for retirees calculated?

CCPS will offset the full premium rate for the retiree's medical and prescription drug plan only by the monthly retiree subsidy shown below. The maximum annual subsidy is shown at the top of the retiree rate sheet. Years of service reflect the years you worked for Carroll County Public Schools plus up to 2 years for military service. It is not based on the total years of service you have with the Maryland State Retirement & Pension System. Those retirees with less than 10 years of service may continue their health insurance but receive no subsidy. CCPS applies the applicable percentage to this subsidy as follows:

<10 years of service or surviving spouses	0%
10-19 years of service	50%
20-29 years of service	75%
30+ years of service	100%

The subsidy will reduce the cost for the retiree only. If the spouse or dependents are covered, the retiree will pay the full cost for these dependents. If both the husband and wife are retirees of CCPS, an applicable subsidy for each person, based on their years of service, will be applied to the premium.

Dental and vision plan premiums reflect the full cost paid by the retiree or surviving spouse.

UNDER 65 RETIREE MEDICAL AND PRESCRIPTION DRUG PLAN



Medical and prescription drug benefits are provided through Aetna. This is the same plan offered to you as an active employee.

The **Aetna Choice II® Point-of-Service** (POS) plan offers two levels of benefits - Preferred and Non-Preferred. You choose the level of benefits each time you seek care.

Preferred care is obtained when you obtain care from a network provider. The Non-Preferred level of benefits is available to you if you want to self-refer to any physician of your choice. This provides a lower benefit level but still offers the freedom to choose your own provider.

The prescription drug benefits of the medical plan cover up to a 30 day supply at a network retail pharmacy and a 90 day supply at the mail order or local CVS Pharmacy. You will pay \$10 for a generic prescription and \$25 for a name brand prescription. If the cost of the drug is less than the copay, you will pay only the cost of the drug. If your doctor prescribes a drug that has no generic equivalent, you must pay the higher brand name copay.

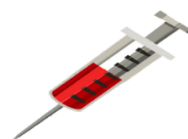
To maximize your prescription benefits, use the mail order pharmacy or local CVS Pharmacy for maintenance medications. Maintenance medications are drugs that you must take on a regular, ongoing basis such as heart medication, high blood pressure medication, insulin and diabetic supplies, or other ongoing prescriptions. You can obtain a 90 day supply for one \$10 or \$25 copay as compared with three 30 day supply prescriptions at the network retail pharmacy for \$30 or \$75 in total copays. Ask your doctor if you can take advantage of this feature.

If you are taking specialty medications, these must be obtained through Aetna Specialty Pharmacy. The local pharmacy or mail order pharmacy will advise you if your medication falls into this category.

Once enrolled, you can establish an account online with Aetna at www.aetna.com to view your claims, search for participating local pharmacies and process mail order refill requests.

The POS plan benefits are outlined on the next page. The plan covers many wellness benefits such as:

- ✓ Routine Physical Exam for adults every 12 months
- ✓ Well Child Exams for children
- ✓ Routine Gynecological Exam every 12 months
- ✓ Routine Mammograms (subject to schedule)
- ✓ Routine Eye Exam every 24 months
- ✓ Routine Hearing Exam every 24 months



UNDER 65 RETIREE MEDICAL AND PRESCRIPTION DRUG PLAN



	Preferred (Care provide by a network provider)	Non-Preferred (Care provided by a non-participating provider)
Calendar Year Deductible	None	\$250 Individual \$500 Family
Inpatient Per Confinement Deductible	\$100 (waived for newborns and if readmitted within 10 days of discharge)	\$200 (waived for newborns and if readmitted within 10 days of discharge)
Out-of-Pocket Maximum	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
Out-of-Pocket Maximum includes the calendar year deductible. Once this maximum is met, covered expenses are paid at 100% for the remainder of the calendar year. (Excludes copays and per confinement deductibles.)		
Office Visits (including Mental Health/Substance Abuse Outpatient Care)	100% after \$10 copay	75% after deductible
Hospital (including Mental Health/Substance Abuse Inpatient Care)	90% after \$100 per confinement deductible	75% after deductible and \$200 per confinement deductible
Other Services	90%	75%
Prescriptions	Generic Brand Retail Pharmacy Mail Order Pharmacy, CVS Pharmacy or Specialty Pharmacy	\$10 per prescription \$25 per prescription 30 day supply 90 day supply

The other plans offered to certain employees (Grandfathered PPO Plan and High Deductible PPO Plan with Health Savings Account) have the same benefits for under 65 retirees as active employees.

For information on these other plans, please contact the Department of Human Resources at (410) 751-3074.

MEDICARE RETIREE MEDICAL AND PRESCRIPTION DRUG PLAN

Benefits are provided through Aetna for Medicare recipients (retirees and/or spouses). CCPS offers a Medicare supplement with prescription coverage (Traditional Medicare Plan) and two Medicare Advantage Plans with prescription drug coverage. You (or your spouse) will be offered these plans at the time you retire if you and/or your spouse are age 65 or eligible for Medicare due to disability. If you or your spouse are not age 65 at the time of retirement, CCPS will contact you and offer a choice of plans prior to the Medicare effective date (the first of the month you or your spouse turn 65 or on the first of the prior month if the birthday falls on the first of the month).

Medicare Part A is automatically provided at age 65 at no cost. However, Social Security may not realize you are eligible if you are not yet receiving Social Security benefits. You can enroll for Medicare without drawing Social Security Benefits. Medicare Part B requires a deduction from your Social Security check (or Social Security will bill you if you are not yet receiving monthly benefits). **DO NOT DECLINE PART B BECAUSE YOU HAVE CCPS RETIREE COVERAGE – IT IS REQUIRED.** Aetna will assume you are enrolled in both Parts A and B when coordinating benefits. You will be offered Part D plans (prescription drug coverage) by insurance companies on behalf of Medicare. **DO NOT ENROLL!** If you enroll for a Part D plan in the marketplace, you must be dropped by the CCPS prescription drug and medical coverage (which is bundled with prescription drug). Medicare does not allow you to have two Medicare approved prescription drug plans.

If you have retiree plus spouse coverage and only one person is age 65, each of you will be separately enrolled under your own Social Security Number so that each person will receive the appropriate benefits. Once both retiree and spouse have Medicare, you may each make a separate election of your plan. You are not required to have the same plan.

Medicare recipients will be offered the opportunity to change plans each year during Open Enrollment. If you try a plan and do not like it, you can make a change for January 1 during the next Open Enrollment.

Medicare plans in the Medicare marketplace fall into two categories: Medicare Supplements and Medicare Advantage plans. In both plans, you will be required to have Part A and B of Medicare. Here are how the two types of plans differ:

Medicare Supplement (or Medi-Gap as the marketplace calls them): You will have medical claims sent to Medicare for processing. Once Medicare has paid, your supplement will pay a portion of the balance. Medicare Part A covers only inpatient expenses and has large deductibles. Medicare Part B only covers 80% with no limit on the 20% you pay. The supplement will pay a portion of the balance. These plans do not cover prescription drug expenses and you must purchase an additional policy (Part D drug plan) to cover these costs.

Medicare Advantage Plan: Medicare and insurance companies created these plans to provide an overall umbrella of coverage for medical and prescription drugs, also known as Part C. This Medicare Part C plan requires you to continue enrollment in Part A and B of Medicare but once enrolled in the Medicare Advantage plan, Medicare will turn off your claim processing. Claims should not be submitted to Medicare. The insurance company will provide coverage for medical and prescription drug costs based on the plan you choose. Medicare is paying the insurance company a fee each month to cover your Part A and B claims. This is one reason these plans are less expensive. All Medicare Advantage plans require use of a network of providers and precertification for certain care. Most plans in the marketplace utilize an HMO network which means there is no out-of-network coverage

MEDICARE RETIREE MEDICAL AND PRESCRIPTION DRUG PLAN

The plans offered by CCPS follow this framework. The CCPS Traditional Medicare Plan is a Medicare supplement. We have also added prescription drug coverage (not a Part D plan) to this plan that is the same as the prescription coverage for active employees and under 65 retirees. Our two Medicare Advantage plans are PPO extended area plans. This means you have a network of providers, but you can access all Aetna networks nationwide and even use out-of-network providers. The plans include Part D drug coverage that is customized to resemble our active employee and under 65 retiree drug coverage.

The **Traditional Medicare Plan** does not use a network of providers. You may use any provider that accepts Medicare. Below is an overview of the plan:

	Traditional Medicare Plan You Pay...
Deductible	\$200 per person
Out-of-Pocket Maximum (includes deductible)	\$1,500 per person
Coinsurance	20% after deductible of the balance remaining after Medicare pays (except 0%, deductible waived, for hospice, emergency accident expenses up to \$300, preoperative testing and second surgical opinions)
Routine Physical Exam	20% after deductible, every 12 months
Routine Gynecological Exam	20% after deductible every 12 months
Routine Mammogram	20%, deductible waived every 12 months
Routine Eye Exam	20% after deductible, every 24 months
Prescriptions	Generic \$10 Brand \$25 Retail Pharmacy 30 day supply Mail Order Pharmacy, CVS, or Specialty Pharmacy 90 day supply

This plan will coordinate benefits with Medicare. Medicare is your primary medical insurance when enrolled in this plan. Always give your provider both your Medicare card and your Aetna identification card. You will be enrolled in the Medicare Direct program with Aetna. This program allows Medicare to electronically submit claims to Aetna after the primary Medicare benefits are paid. This means you will not have to complete Aetna claim forms and submit them with your Medicare Explanation of Benefits.

The deductible for Aetna is only \$200, while the deductible for Medicare is higher. Aetna will begin paying benefits once you meet the \$200 deductible even though claims are still being applied to the Medicare deductible. The benefits indicated above are what you pay for the balance after Medicare has paid their portion. Medicare Part B pays 80% after a deductible for most services. Aetna pays 80% of the remainder after meeting the deductible. Once you meet the Aetna deductible, you will be paying 4% of the cost.

MEDICARE RETIREE MEDICAL AND PRESCRIPTION DRUG PLAN

Medicare Advantage Plans were created by Medicare. While you still must have Parts A and B of Medicare, Medicare pays a fee to Aetna to be the only administrator of your claims. Your providers will not submit claims to Medicare on your behalf, only to Aetna.

The two Medicare Advantage plans offered by CCPS are PPO plans. These utilize a network of providers; however, the benefits payable to out-of-network providers are paid at the same benefit level as in-network providers. The CCPS Medicare Advantage plans are customized – unlike the plans offered to individuals in the Medicare marketplace. While the prescription drug coverage is a standard Part D plan, our plans have been enhanced and offer coverage for some items not required by Medicare but covered by CCPS.

Below are highlights of the two plans offered:

	PPO Extended Service Area (ESA) CO1 Plan You Pay...	PPO Extended Service Area (ESA) CO3 Plan You Pay...
Calendar Year Deductible	\$250	\$200
Out-of-Pocket Maximum	\$2,300	\$1,500
Office Visits	15%	5%
Preventive Services	0%	0%
Preventive Services: Annual physical, annual eye exam, annual hearing exam, routine gynecological exam every 24 months, annual mammograms, colorectal cancer screening, diabetic eye exams, bone mass measurement, annual prostate cancer screening.		
Inpatient Hospital (including Mental Health/Substance Abuse Inpatient Care)	\$500 copay	\$250 copay
Outpatient Hospital Care	15%	5%
Other Services	15%	5%
Prescriptions	Generic	\$10 per prescription
	Brand – Preferred Formulary	\$25 per prescription
	Brand – Non-Preferred Formulary	\$25 per prescription
Up to 90 day supply at either retail pharmacy or mail order pharmacy	The copay will apply until copays total \$2,400 for prescriptions. After \$2,400, the copay will be \$0.	

This plan includes a prescription drug coverage that is filed as a Part D drug plan with Medicare. See remark on page 9 regarding Medicare.

RETIREE MEDICAL PLAN ADDITIONAL BENEFITS WITH AETNA

The Aetna medical programs also include many services at discounted prices for plan participants. These include discounts for:

- ✓ Vision Care
- ✓ Fitness Memberships/Equipment
- ✓ Hearing Aids
- ✓ Natural Products and Services
- ✓ Oral Health Care Products
- ✓ Weight Management Programs
- ✓ Mayo Clinic Bookstore

Information is available from Human Resources or online at www.aetna.com. You must create an account in Aetna Navigator on Aetna's website after enrollment in the plan to view the discount programs. You can use Aetna's website to view your claims, request ID cards, print temporary ID cards prior to receiving your new cards, and view the available discount programs.

NOTE FOR RETIREES REGARDING MEDICARE:

IT IS VERY IMPORTANT YOU ADVISE CCPS IF YOU, YOUR SPOUSE, OR ANY COVERED CHILDREN RECEIVE MEDICARE PRIOR TO AGE 65. AS A RETIREE, YOU AND YOUR DEPENDENTS ARE REQUIRED TO ENROLL IN MEDICARE IF ELIGIBLE.

Note: Medicare imposes surcharges to the premium for Part B of Medicare and Part D plans when your income exceeds a specific level. Please refer to the Medicare website (www.medicare.gov) to see if any surcharge for Part B or Part D apply to you. You will receive a letter from Social Security if this occurs. It is re-evaluated each year.

 MEDICARE HEALTH INSURANCE	
Name/Nombre JOHN L SMITH	
Medicare Number/Número de Medicare 1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

DENTAL PLAN

The **Traditional Dental Plan** benefits are administered by CIGNA.

This plan offers you the opportunity to see the dentist of your choice. Coverage is provided for two exams and cleanings per year at 100% with no deductible. Other services are paid at a specific percentage after a \$50 deductible for an individual, up to a maximum of \$150 for the family. Each family member can receive up to \$2,000 in benefit payments per calendar year. The plan also covers orthodontia for all members (adults and children). The benefit is payable at 50% up to a \$2,500 lifetime maximum benefit payments per person.

While the plan offers two levels of benefits, the coverage is the same whether you use a network provider or out-of-network provider. A network provider has agreed to bill the insurance at the time of service and only ask you to pay the amount you will owe. The network providers are contracted by CIGNA and agree to accept a negotiated fee lower than the reasonable & customary fee. For non-network providers, you will be reimbursed based on the reasonable & customary fee, which the dentist may or may not accept. The out-of-network provider may or may not be willing to file the claim for you or may ask you to pay for services upfront and file the claim yourself.

Below are the benefits of the Traditional Dental Plan:

Traditional Dental	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Preventive Services	100% deductible waived	100% deductible waived
Basic Services (fillings, root canals, periodontics, oral surgery)	80% after deductible	80% after deductible
Major Services (bridges, crowns, dentures, implants)	50% after deductible	50% after deductible
Orthodontics (all members)	50% deductible waived	50% deductible waived
Calendar Year Maximum	\$2,000 per person	
Orthodontia Lifetime Maximum	\$2,500 per person	

VISION PLAN

The **Voluntary Vision Plan** is administered by National Vision Administrators (NVA). NVA offers an extensive network of providers in chain stores such as My Eye Doctor, Sterling Optical, America's Best, Wal-Mart/Sam's Club, Lenscrafters, Pearle Vision, and Target Optical, as well as some independent providers.

Below are the benefits of the Voluntary Vision plan:

Benefit	In Network (Member Pays)	Out-of-Network (Plan Pays)
Eye Exam	\$10 copay	Up to \$40
Frames	\$0 copay Up to \$130 allowance; 20% discount on remaining cost	Up to \$45
Lenses:		
▪ Single	\$0 copay	Up to \$40
▪ Bifocal	\$0 copay	Up to \$140
▪ Trifocal	\$0 copay	Up to \$160
▪ Standard Progressive	Copay \$50-190 based on tier of progressive lens or 20% of providers reasonable & customary fee	Reimbursement based on lens-single, bifocal, trifocal, or lenticular
Scratch Resistant Coating	Included	N/A
Contact Lenses:		
▪ Medically Necessary	\$0 copay (requires pre-approval)	Up to \$210
▪ Contact Lenses in lieu of Glasses	\$0 copay up to \$150	Up to \$150
▪ Contact Lens Fit Exam & Follow-Up Exam	\$20 copay standard daily wear/\$30 copay standard extended wear/\$50 copay specialty wear	
▪ Benefit Period	Calendar year - Covers one exam and one pair of glasses or contact lenses per benefit period. Benefit Period resets each January 1.	

Benefit period is enhanced for children up to age 13: covers two exams and two pairs of glasses (if the prescription changes 0.5 diopter or greater).

For out-of-network providers, you will submit an itemized receipt and claim form to NVA and receive payment directly (up to the reimbursement amount allowed above).

CONTACT LISTING

	Address	Phone Number
Aetna (Medical)	P.O. Box 981106 El Paso, TX 79998-1106 Website: www.aetna.com	1-800-837-2386 Member Services 1-800-424-4047 Member Services for Mental Health
Aetna (Prescription Drug)	CVS Caremark P.O. Box 69541 San Antonio, TX 78255-9541 [mail order pharmacy] Website: www.aetna.com	1-888-792-3862 Customer Service 1-866-782-2779 Aetna Specialty Pharmacy
Aetna (Medicare Advantage)	P.O. Box 981106 El Paso, TX 79998-1106 Website: www.aetnaretireplans.com	1-888-267-2637
CIGNA (Dental)	P.O. Box 188037 Chattanooga, TN 34722-8037 Website: www.cigna.com	1-800-244-6224 Member Services
National Vision Administrators (Vision)	P.O. Box 2187 Clifton, NJ 07015 Website: www.e-nva.com	1-800-672-7723
Jasper & Company (Billing Company for those retirees who do not have premiums deducted from their retirement checks)	P.O. Box 3218 Annapolis, MD 21403 Email: www.JasperandCompany@aol.com	410-268-3879
Stephanie Rauen Employee Benefits & Insurance Administrator	Carroll County Public Schools Department of Human Resources 125 North Court Street Westminster, MD 21157 Email: shrauen@carrollk12.org	410-751-3074