Open Enrollment is your once-a-year opportunity to review your options and select the medical benefits that work best for you and your family. During Open Enrollment, you can:

- Drop your current coverage—if you drop coverage, you will not be able to re-enroll at a later date;
- Drop dependents—if you drop a dependent, that dependent will not be able to enroll at a later date; or
- Switch medical plans from CareFirst to Kaiser Permanente or from Kaiser Permanente to CareFirst.

You cannot enroll for new coverage (medical, prescription, dental or vision) that you did not elect at retirement. And, you cannot add a dependent (spouse or child).

**If you do not make changes, your current benefit elections will remain the same in 2022.**

While there may be minimal changes to your 2022 benefits, it is always a good idea to familiarize yourself with the upcoming benefit changes.
WHAT YOU NEED TO KNOW ABOUT YOUR 2022 PGCPS RETIREE BENEFITS

WHAT'S NEW FOR 2022

COST FOR COVERAGE CHANGES

Premiums will not change for:

Retiree Only
- Non-Medicare CareFirst Blue Choice Triple Option medical
- CAREmark prescription
- Dental
- Vision

Retiree + 1
- Medicare CareFirst Blue Choice Triple Option medical
- CAREmark prescription
- Vision

Family
- Medicare CareFirst Blue Choice Triple Option medical
- Dental
- Vision

Premiums will increase for:

Retiree Only
- Non-Medicare Kaiser Permanente medical

Retiree + 1
- Non-Medicare CareFirst Blue Choice Triple Option medical
- Non-Medicare Kaiser Permanente medical
- Dental

Family
- Non-Medicare CareFirst Blue Choice Triple Option medical
- Non-Medicare Kaiser Permanente medical
- CAREmark prescription

Premiums will decrease for:
- All coverage levels for Medicare Kaiser Permanente medical

ENHANCED VISION COVERAGE

Copays for vision plan services will be reduced in 2022:
- Lenses: $10 copay (from $30)
- Premier frame: $0 copay (from $25)
- Transition lenses: $15 copay (from $65)
- Progressive lenses (standard): $0 copay (from $50)
- Progressive lenses (premium): $40 copay (from $90)
- Progressive lenses (ultra): $90 copay (from $140)
- Progressive lenses (ultimate): $125 copay (from $175)
- Anti-reflective coating (standard): $0 copay (from $35)
- Anti-reflective coating (premium): $13 copay (from $48)
- Anti-reflective (ultra): $25 copay (from $60)
- Anti-reflective (ultimate): $50 copay (from $85)

The benefit allowance for many of the vision plan benefits will increase—providing you with better coverage:
- Non-preferred frames: $160 (from $70)
- Non-preferred contacts: $200 (from $105)
- Contact lens fit and follow-up: $60 (from $0)

NEW ID CARDS FOR CAREFIRST

As a result of the recent federal No Surprises Act legislation, CareFirst participants will receive new identification cards for 2022. Look for your new identification card in December or download a copy from the CareFirst website.

LIMITED OUT-OF-NETWORK COVERAGE AVAILABLE WITH KAISER PERMANENTE

If you considered changing to Kaiser Permanente, but didn't want to give up a provider outside the Kaiser network, now may be a good time to re-evaluate. Kaiser participants now have the option of seeing out-of-network providers of their choice for up to 10 visits for covered outpatient medical services. Kaiser Permanente will pay out-of-network providers up to an allowable amount. You will be responsible for charges that exceed the allowable amount. You may see an out-of-network provider for:
- Routine office visits, including primary, preventive and specialty care, as well as mental health and chemical dependency visits
- Diagnostic lab tests and X-rays (each count separately toward your visit limit)
- Physical, occupational and speech therapy office visits
- Allergy injections received at an office

Inpatient services, outpatient surgeries, prenatal and maternity care, chiropractic services, dental care and vision care must be with Kaiser providers.

You will also be allowed to fill five out-of-area prescriptions if you are traveling or unable to use the in-network pharmacy.
Your PGCPS Benefits provide you with reliable, competitive and comprehensive coverage.

**ELECT TO PARTICIPATE DURING OPEN ENROLLMENT**

**Medical**
Choose from two comprehensive medical plan options that include 100% coverage for preventive care:

1. **Kaiser Permanente Health Maintenance Organization (Kaiser)**
   All care is provided at Kaiser facilities by Kaiser providers. Prescription coverage is included. Visit [kp.org](http://kp.org) to find a location near you.

2. **CareFirst Blue Choice Triple Option (CareFirst)**
   with three ways to access care:
   - BlueChoice HMO network (Tier 1)
   - BluePreferred PPO network (Tier 2)
   - Indemnity (out-of-area) network (Tier 3)

**Prescription**
You can elect prescription coverage through CVS/Caremark for non-Medicare retirees and CVS/Caremark for SilverScript for Medicare retirees. If you elect the Kaiser medical plan, prescription coverage is included.

**Dental**
Dental coverage is provided through Aetna with benefits available for both in- and out-of-network dental services.

**Vision**
Basic vision coverage is included with your medical plan. Additional coverage is available through BlueVision Plus.

**Life**
PGCPS provides you with life insurance coverage through MetLife based on your retirement date:
- If you retired July 1, 2006 or prior, your group life insurance is reduced according to a specified reduction schedule.
- If you retired on or after August 1, 2006, you will receive PGCPS-sponsored life insurance in the amount of 25% of the benefit amount on the day immediately preceding your retirement, up to a maximum of $25,000.

**A FEW REMINDERS ABOUT ELIGIBILITY**

**Medicare**
You are required to enroll in Medicare Parts A & B when you first become eligible to enroll. Failure to sign up for Medicare Parts A & B may result in a loss of your PGCPS sponsored coverage. If you or your dependents are approved for disability under Medicare, you must notify the Benefits Services Office immediately.

**Dependents—Must be currently enrolled**
Dependents who are eligible for health insurance coverage are the retiree’s spouse and the retiree’s biological child(ren), adopted child(ren), stepchild(ren) and/or grandchildren for whom you have legal custody age 26 or younger. Dependent children up to age 26, regardless of their student and/or employment status, are eligible for coverage. Eligibility ends at the end of the month in which the dependent child reaches age 26, unless certified as disabled.

**Continuation of Coverage for Surviving Spouses and/ or Dependents**
Coverage as a “surviving spouse or surviving dependent” may continue as long as you do not re-marry or become eligible for health insurance through your own employment. If you do marry or become eligible for health insurance through your own employment, you must immediately notify the Benefits Services Office in writing.

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1 Kaiser participants can receive up to 10 visits from out-of-network providers for covered outpatient medical services.
SMART STRATEGIES TO HELP YOU SAVE

IT’S EASY AS 1...2...3...

1 Use in-network providers
When you use in-network providers, you pay a lower negotiated rate. Search for network providers:
   • CareFirst medical and BlueVision Plus: www.carefirst.com/pgcps
   • Kaiser (coverage is only available in-network): my.kp.org/pgcps
   • Aetna dental: www.aetna.com

2 Consider Kaiser
In addition to lower premium costs, Kaiser offers:
   • Integrated care – Kaiser’s specialists work as one connected system helping to deliver better care and achieve healthier outcomes.
   • More services under one roof – see your doctor, get a lab test and pick up a prescription—all in a single trip.

3 Use generics
Next time you need a prescription, ask your doctor if there is a generic option available.

4 Know where to go
Become familiar with your options for care, so you know where to go to receive the most appropriate care:
   • Primary care provider – Routine preventive care or minor medical issues, for example, physicals, fever or flu, accidents and falls, consultations
   • Specialist – Specific condition, issue or concern, for example, heart disease or reproductive care
   • Virtual visit – Non-life threatening medical issues when you are traveling or it is not convenient to leave home or work, for example, allergies, cold or flu, pink eye
   • Urgent care – Non-life threatening medical issues when your primary care provider is not available, for example, fever or flu, cuts requiring stitches, accidents and falls, skin rashes
   • Emergency room – Life threatening medical issue, for example, heart attack, uncontrolled bleeding or serious injury

LIFE EVENTS
If you have a qualifying life event (e.g., eligibility for Medicare, death of a dependent, etc.), contact PGCPS Benefits Services within 35 days of the event to make changes to your coverage.
   • Call: 301-952-6600
   • Email: pgcps.benefits@pgcps.org
PGCPS’s annual Open Enrollment for benefits will be held October 11 – 27, 2021. This is your once-a-year opportunity to review your benefits and make selections that will work best for you and your family. Make sure you are ready:

- **Review your options** – Read this What You Need to Know overview for information about what’s new for 2022 and a summary of your benefit options.
  - The Retiree Benefits Enrollment Decision Guide will be mailed to your home address and available online the week of October 4. It includes information to help you select the coverage options that are best for you and your family.
- **Visit** [www.pgcps.org/open](http://www.pgcps.org/open) for updates on Open Enrollment. Contact the PGCPS Benefits Services Office to get answers to your questions:
  - Call: **301-952-6600**
  - Email: [pgcps.benefits@pgcps.org](mailto:pgcps.benefits@pgcps.org)
- **Complete your Retiree Enrollment Form by October 27, 2021** – If you need to make any changes to your benefits coverage for 2022, complete the Retiree Enrollment Form included with your Retiree Benefits Enrollment Decision Guide (mailed to your home address and available online the week of October 4, 2021). Use the Retiree Enrollment Form to:
  - Switch coverage from CareFirst to Kaiser or vice versa;
  - Drop any of your current elections;
  - Drop dependents; or
  - Update your mailing address.

**REMEMBER:** All changes will be effective January 1, 2022. You cannot enroll for new coverage (medical, prescription, dental or vision) that you did not elect at retirement. And, you cannot add a dependent (spouse or child).

If you do not complete the Retiree Enrollment Form, you will have the same coverage in 2022 (which includes the plan changes described [here](#)).

**PAYING FOR COVERAGE**

As a retiree, your monthly premiums are deducted from your Maryland State Retirement and Pension System (MSRPS) pension check. However, if your pension check does not cover the cost of your monthly premiums, you will receive an invoice for the monthly premium amount from Health Equity | WageWorks, the direct bill administrator for PGCPS. Failure to pay your premiums will result in cancellation of your coverage, and you will not be allowed to re-enroll at a future date.

A surviving spouse and/or dependent receiving a pension check from the MSRPS may elect to have health insurance premiums deducted from his/her monthly pension check.

It is your responsibility to ensure your benefit deductions match the coverage you requested. If there is an error or omission in your deductions, you have until February 4, 2022 to contact the Benefits Services Office at **301-952-6600**. Any missed deductions for your health benefits will automatically be taken in addition to the regular deduction on the next available pension check.

Refunds will only be considered when an administrative error has occurred. The retiree must submit a written request within one calendar year of the administrative error, and a refund will only be approved for up to one benefit plan year. A refund request for any reason (including retiree error) other than administrative errors cannot be approved.