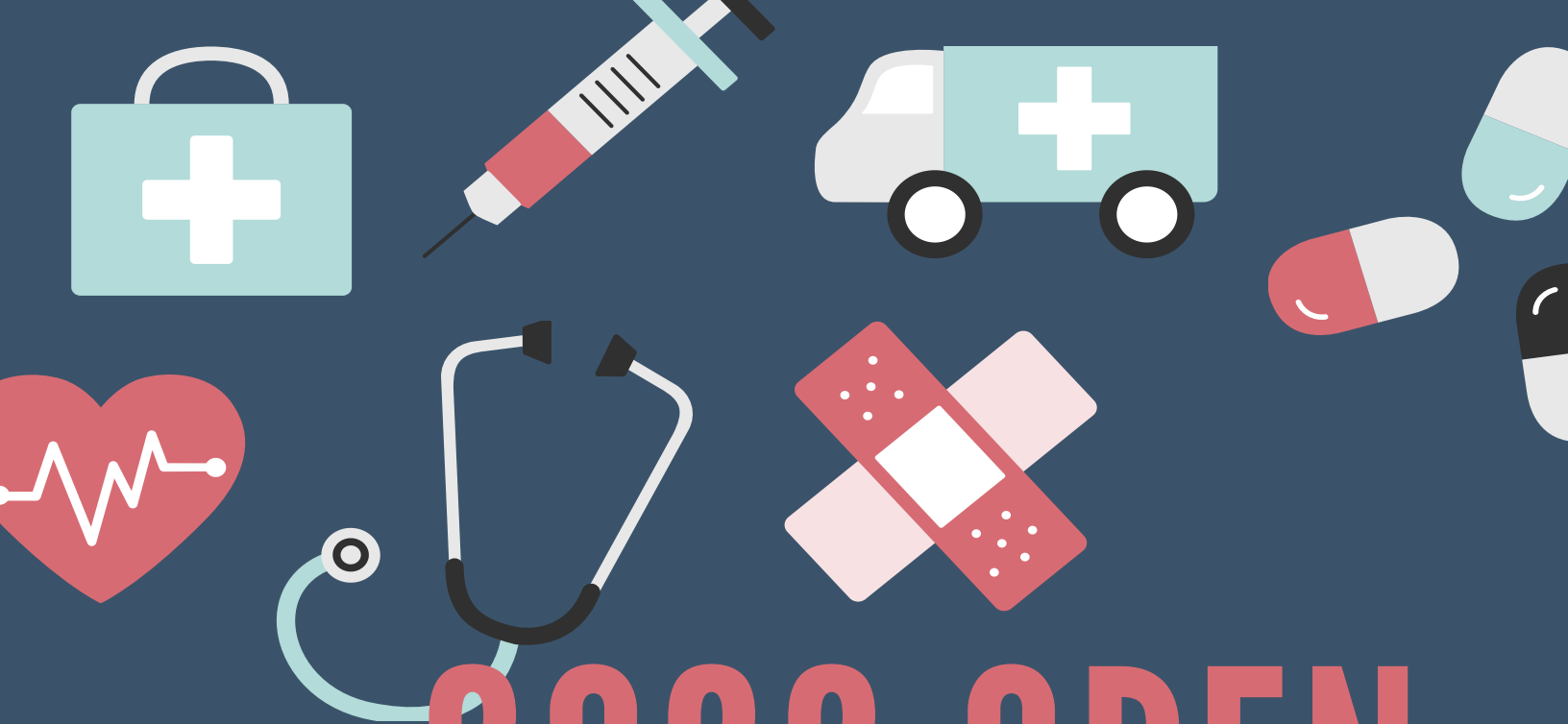

2022 OPEN ENROLLMENT

ACTIVE EMPLOYEES

CITY OF BALTIMORE

OCTOBER 18 TO NOVEMBER 1, 2021

DHR
CITY OF BALTIMORE
DEPARTMENT OF HUMAN RESOURCES

OPENENROLLMENT@BALTIMORECITY.GOV

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CONTACT INFORMATION

OFFICE OF EMPLOYEE BENEFITS		
7 E. Redwood Street, 20th Floor **Baltimore, MD 21202**	Phone: 410-396-5830 Fax: 410-396-5816	Website: humanresources.baltimorecity.gov Email: openenrollment@Baltimorecity.gov Enrollment: workday.baltimorecity.gov/login
INSURANCE PLAN PROVIDERS		
PLAN	**PHONE**	**WEBSITE**
Aetna Select Open Access (HMO)	(800) 900-7562	www.aetna.com
BlueChoice Advantage (PPO)	(800) 535-2292	www.carefirst.com
CareFirst Caremark/CVS	(800) 241-3371	www.carefirst.com
Kaiser Permanente (HMO)	(866) 248-0715	www.kaiserpermanente.org
MetLife	(866) 492-6983	www.metlife.com/mybenefits
National Vision Administrators (NVA)	(800) 672-7723	www.metlife.com/mybenefits
TASC FSA	(800) 422-4661	www.tasconline.com
United Concordia Dental	(866) 851-7568	https://www.unitedconcordia.com/dental-insurance/member/city-of-baltimore/
WageWorks COBRA	(800) 526-2750	https://benedirect.wageworks.com/ParticipantWeb/login.jsp
RETIREMENT AGENCIES		
Baltimore City Employees' Retirement System (ERS)	(877) 273-7136	www.bcers.org
Fire & Police Employees' Retirement System (FPERS)	(888) 410-1600	www.bcfpers.org
Maryland State Retirement and Pension System (MSRPS)	(800) 492-5909	https://sra.maryland.gov/
Retirement Savings Plan (RSP)	(443) 984-2389	www.bcers.org
HELPFUL CONTACTS		
City of Baltimore Wellness Program	(410) 396-3872	www.facebook.com/DHRWellness/

INFORMATION ABOUT YOUR 2022 BENEFITS

What's New for 2022?	**Open Enrollment** for plan year 2022 will be held, **October 18 - November 1, 2021** through Workday. The City of Baltimore will offer a **Virtual Open Enrollment Benefit Fair**, see flyer for log on and dates information, page 5. Visit **www.CoBBenefitFair.com** to attend the fair during Open Enrollment.
Enrollment Process	Workday is accessible by visiting: https://workday.baltimorecity.gov/login Employees must utilize Workday for Open Enrollment. Each employee will be sent their Open Enrollment event to their Baltimore City Email address. The Open Enrollment Workday Job Aides, which will assist you with the Open Enrolment process, can be found on the DHR website at the following link: https://humanresources.baltimorecity.gov/ The job aides are also available on pages 9-14 of this book.
Change of Address	All employees are required to make changes to their home mailing address on Workday.
Diabetic Supplies	**REMINDER**: Diabetic services, supplies, and medication are covered under the City of Baltimore's medical plans and prescription drug plans. Contact the medical and drug plan vendors directly for further information. Medical plans cover diabetic test supplies and services. Prescription drug plans cover diabetic medication and diabetic insulin/medical supplies used to inject insulin.
Duplicate Coverage Information	If you and your spouse are both City employees/retirees, you cannot enroll each other or the same eligible dependents on your medical, dental, vision, and prescription plan(s) during the same coverage period. You will be notified to adjust duplicate coverage, if applicable.
Medicare Secondary Payer (MSP) Mandatory Reporting	Under the Medicare Secondary Payer (MSP) Mandatory Reporting, Federal law requires **the mandatory collection and reporting of social security numbers** for all covered participants, including employees, retirees, and their dependents through an employer group health benefit. **Noncompliance may result in the loss of coverage for participants with invalid or missing social security numbers.**
Summary Benefits and Coverage (SBC)	The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide a Summary of Benefits and Coverage (SBC) to applicants and enrollees. The SBC is a concise document providing simple and consistent information about health plan benefits and coverage. Its purpose is to help health plan consumers better understand the coverage they have and help them make easy comparisons of different options when shopping for new coverage. You can find the document at: https://humanresources.baltimorecity.gov/.

MEDICAL PLAN INFORMATION AT A GLANCE

Aetna Select Open Access (HMO)	• No annual deductible • PCP (Primary Care Physician) selection not required • Referrals not required to see a specialist • In-network providers only (except for emergency care) • Nationwide network access
BlueChoice Advantage High Option (PPO)	• No annual deductible • In-network and Out-of-network providers (higher out-of-pocket costs) • Reduced copays for office visits • Referrals not required to see a specialist
BlueChoice Advantage Standard Option (PPO)	• Annual deductible • In-network and Out-of-network providers (higher out-of-pocket costs) • Referrals not required to see a specialist
Kaiser Permanente (HMO)	• Annual deductible • In-network and Out-of-network providers (higher out-of-pocket costs) • Referrals not required to see a specialist
FSA Plans and Waiver Credits	**REMINDER:** The Waiver Credit, Healthcare FSA, and Dependent Care FSA **do not rollover**. They end on December 31st each year. **You must re-enroll each year during Open Enrollment for FSA Plans and Insurance Waiver Credits.**
ID Cards	New ID cards will be mailed to members who change medical plans, enroll in new plans, or request a new FSA Debit Card during Open Enrollment.
Jelly Vision: Alex is waiting to help you!	 Jelly Vision is here to help during the Open Enrollment period as well as ongoing enrollment when applicable. Active employees and retirees can always interact online with Alex, the virtual benefits counselor. You can access Alex by visiting: http://www.myalex.com/cityofbaltimore/2022. Alex will help you make smarter healthcare decisions that may save you time and money by answering a series of health-related questions.

VIRTUAL OPEN ENROLLMENT BENEFIT FAIR

ENROLLING ELIGIBLE DEPENDENTS

You must submit documentation for each dependent you wish to enroll in health benefits to verify that eligibility requirements are met.

Once you have added your dependent and enrolled them into your health benefits plans, you may use the options below for submitting their documentation to the Office of Employee Benefits:

- **Option #1**: Upload scanned documents to Workday at the time you add the dependent to your dependent file.
- **Option #2**: Email: Openenrollment@Baltimorecity.gov Or Fax documents to (410) 396-5216
- **Option #3**: Mail Documents to:

DHR, Office of Employee Benefits
7 E. Redwood Street, 20th Floor
Baltimore, Maryland 21202

If you have any questions, contact the Office of Employee Benefits at (410) 396-5830.

IMPORTANT NOTE: **"Adding"** your dependent to your Workday dependent file, does not automatically "Enroll" that dependent into your Health Benefits coverage. If you do not add, submit documentation and enroll your dependent(s) within the required timeframe (45 days/60 days), your dependent will not have health coverage through the City of Baltimore. If you miss this 45/60-day window, you must wait until the next Open Enrollment period to add and enroll them to your health benefit plans.

Duplicate Coverage Information:

If you and your spouse are both a City employee/retiree, you both cannot enroll each other or the same eligible dependents on your City medical, dental, vision and prescription plans during any coverage period. You will be notified to adjust duplicate coverage, if applicable.

The chart on the following page lists eligible dependents and the document required to verify eligibility. Photocopies are acceptable, provided any seal or official certification can be seen clearly.

DOCUMENTATION FOR NEWLY ADDED DEPENDENTS & FAMILY STATUS CHANGES

Eligible Dependent Relationships to Employee/Retiree	Dependent Eligibility Criteria	Documentation for Verification of Relationship (Provide Copy Of)
Legal Spouse	Legally married as recognized by the laws of the State of Maryland or in a jurisdiction where such marriage is legal	Official Court-Certified State Marriage Certificate (must be certified and dated by the appropriate state or County official, such as the Clerk of the Court): • From the court in the County or City where the marriage took place; or • From the Maryland Department of Health - Maryland Vital Statistics Administration at https://health.maryland.gov/vsa/Pages/Home.aspx or www.vitalchek.com
Children (Birth, Adoption, Stepchild, Permanent Guardianship, Grandchild, Medical Child Support Order, Disabled Child (At Age 26 as of December 31st))	• Children covered due to birth, adoption, or stepchildren are covered until the end of the year they reach age 26. They may be married or unmarried • Grandchildren are covered until the end of the year they reach 26, must reside in your home, and must have 100% economic support • Disabled Children over age 26 must be incapable of self-support due to mental or physical incapacity incurred before age 26 and are required to reside in your home	• **Birth:** Official State Birth Certificate with the name of employee/retiree as the child's parent • **Adoption:** Official Court Documents & Official State Birth Certificate • **Stepchild:** Official Court-Certified State Marriage Certificate & Official State Birth Certificate with the name of the spouse of employee/retiree as the child's parent • **Permanent Guardianship:** Official Court Documents signed by a judge & Official State Birth Certificate • **Grandchild:** Official State Birth Certificate of your child and grandchild showing the line of relationship, recent Income Tax Return claiming grandchild, and the "Certification of Economic Support for Grandchildren Form" • **Medical Child Support Order:** Official Medical Child Support Order requiring employee/retiree to provide health coverage signed by the child support officer or judge • **Disabled Child:** Original Disability Questionnaire Form

TERMINATION OF COVERED DEPENDENTS DUE TO A FAMILY STATUS CHANGE

Reason for Termination of Dependents	Copy of Required Documentation
Death of Spouse or Child	Death Certificate
Divorce	Divorce Decree
Gain Other Coverage (Employee, Retiree, Spouse, or Child)	Letter from employer or medical plan
Reason for Coverage Change	**Copy of Required Documentation**
Loss of Coverage (Employee, Retiree, Spouse, or Child)	Letter from employer or medical plan

Important Note About Documentation

Marriage certificates must be signed, dated, and certified by the clerk of the court or other appropriate state or county official. Certificates signed by a clergy member (e.g., a minister or rabbi) are not acceptable.

Birth certificates must show that your dependent child or your spouse's dependent child is your or your spouse's direct descendant by displaying your name as parent.

Eligible dependents do not include the following adults: **Parents, grandparents, aunts, uncles regardless of legal status**.

Eligible dependent would only include: **Legal spouse, natural child, stepchild, permanent guardianship of a child, grandchild, medical child support order, disabled child** *(see chart)*.

WORKDAY ENROLLMENT INFORMATION

Workday Effective Dates of Coverage

Important: If an employee does not make any changes to their current year's Medical, Dental or Vision benefits plans, the effective date of coverage will remain as 1/1/2020. If the employee makes a change to their benefits, enrolls in the FSA plans or the waiver credit during Open Enrollment, they will not see their 2022 elections on their Benefits page in Workday until 1/1/2022 and after.

Employees may print a confirmation statement or save a PDF copy after submitting their enrollment changes.

There are four different ways in Workday where an employee can view their elections:

- Directly after the submission of a benefit change, they can print a confirmation statement
- Employees can access their open enrollment event to see what was entered and what is the status of the event by viewing their worker history
- Before Open Enrollment is closed, employees can click on their benefits worklet on their home page and open the open enrollment event
- On or after 1/1/22, employees can go to their benefit profile and view their 2022 elections

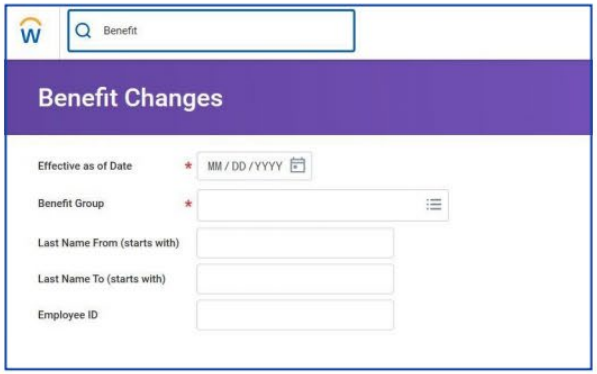
See **Workday Job Aides on pages 9-14** for step by step instructions on how to manage your benefits, view and make changes to your existing benefits. They can also be found on the DHR website at the following link: https://humanresources.baltimorecity.gov/ under the Benefits tab.

Within Workday, you can manage your benefits by reporting coverage change events and viewing and editing your benefit elections. Your organization defines the steps to accomplish these objectives. This job aid covers generic events, so please contact your HR or benefits representative if you have further questions.

REPORT A COVERAGE CHANGE EVENT

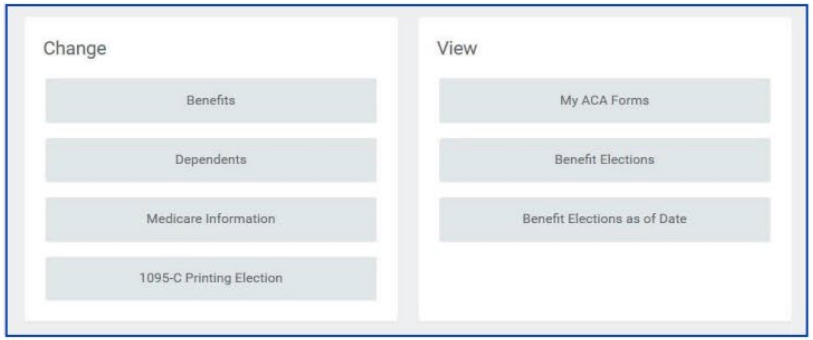
Life events do not always line up with enrollment periods. If you need to change your coverage because of a birth, death, marriage, divorce, or similar life event, you can update your benefits to better fit your needs.

From the Benefits application icon: or by typing Benefits in the search bar

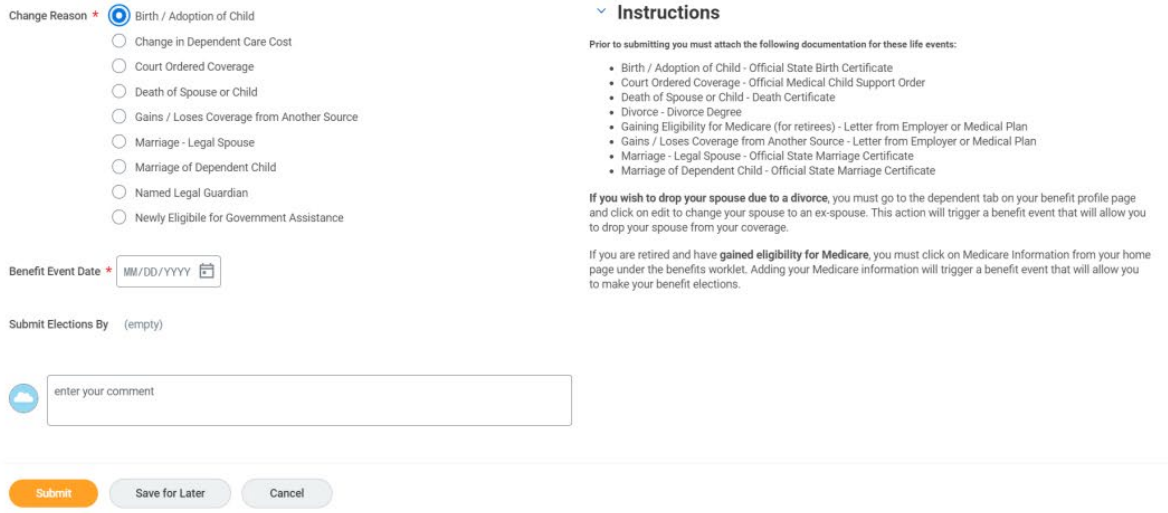


1. Click the **Benefits** icon from your home page. It looks like this:

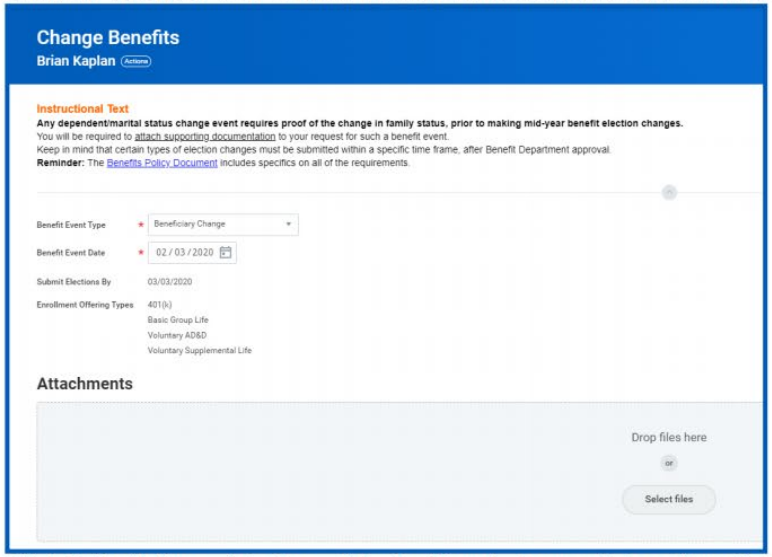
2. In the Change box, select BENEFITS



3. Select the **Benefit Event Type** from the pull-down.



4. Click the **calendar** icon to enter the date of the benefit event. Attach required documents, then click **Done**.



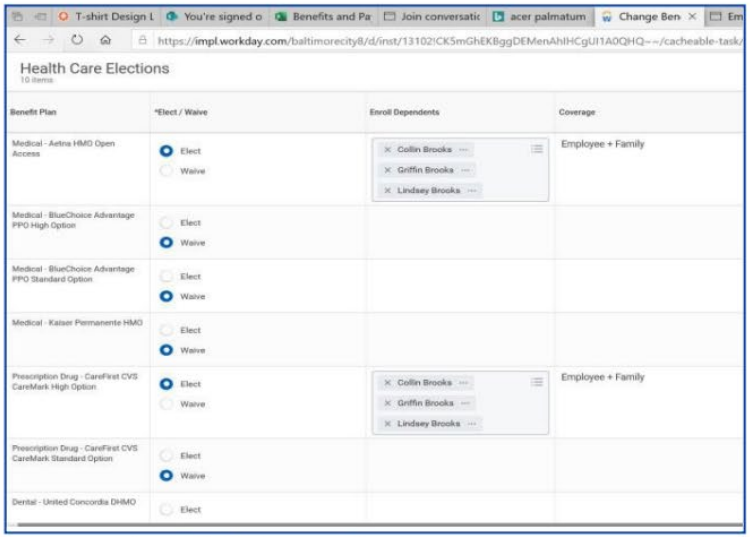
5. Click Submit, then click done. A task will route to your Inbox, if applicable.
6. Navigate to your **Inbox**.
7. Click the **Benefit Event** task.
8. Complete and continue through all required screens. If required, select the **I Agree** checkbox to provide an electronic signature, confirming your changes.
9. Click **Submit**.
10. Click **Done** to complete the task or **Print** to launch a printable version of the summary for your records. Keep in mind, that this Change of Benefits will be stored in your employee profile and history. Thus, you will always have access to it when you need it.

VIEW AND EDIT BENEFIT ELECTIONS

Employees can change benefit elections when a qualifying event occurs, such as a change in marital status, the birth or adoption of a child, or a beneficiary change.

From the Benefits application:

11. Click the **Benefit Elections** button under View.



12. Review your benefit elections and costs.

13. Click the **Actions** Actions button.

14. Select **Benefits** > **Change Benefits**

15. Enter all required information, denoted by asterisks, and make any emitted changes.

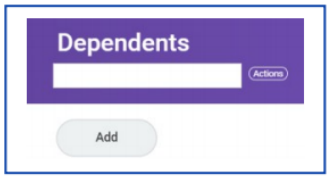
16. Click **Submit**.

ADD DEPENDENTS

A dependent is someone, like a child or a spouse, who receives benefits under your plan.

From the Benefits application:

Click the **Dependents** button under Change.



17. Click the **Add** button to add a new dependent-

18. Click the **Edit** icon or click in the field to modify. Asterisks denote required fields.

19. Click the **Add** button to add new information.

20. Click **Submit**.

Note: If you add an additional dependent, you may need to update your Federal Tax elections, as well as your Benefit elections. If you add an additional beneficiary, you may need to update your Benefit elections.

VIEW DEPENDENTS' BENEFIT ELECTIONS

From the Benefits application:

Click the **Dependents** button under Change.

21. Review your existing dependents and their benefit plan coverage.

MANAGE BENEFICIARIES

A beneficiary is a designated individual who would receive your benefits if something were to happen to you. You can change, edit, and add beneficiaries from the Benefits application.

From the Benefits application:

22. Click the **Beneficiaries** button under **Change**.
23. View existing beneficiaries for enrollment benefit plans or modify the existing information by clicking **Edit**.
24. Click the **Add** button to add a new beneficiary. The Add My Beneficiary page displays.
25. Select **Existing Dependent or Emergency Contact**, **create a New Beneficiary**, or **Create a New Trust as Beneficiary**.
26. Click **OK**.
27. Enter all required information, denoted by an asterisk.
28. Click **Submit**.

PRINT BENEFITS STATEMENT

From the Home page:

Click the **Profile** image > **View Profile**.

29. Click the **Actions** button.
30. Select **Benefits** > **View My Benefit Statement**.
31. Click the **prompt** in the Benefit Event field.
32. Select the desired Benefit Event you would like to view and print.
33. Click **OK**.
34. Click the **Print** button. The selected Benefit Event will open as a PDF document, which can be saved and printed.

STILL HAVE QUESTIONS ABOUT WORKDAY

For additional support and questions about Workday please contact your agency HR Practitioner.

IMPORTANT MEDICARE INFORMATION

Actively Employed with the City of Baltimore (COB) At Age 65 & Older

What should I do if I am still actively employed and enrolled in health benefits with the City of Baltimore when I turn age 65?

Contact your Local Social Security Office!

- If you are still actively working at the time you become qualified to enroll in Medicare; please contact Social Security at (800) 772-1213 or www.SSA.gov with details about your situation to make sure you fully understand your Medicare Plan Options.
- If you have any questions regarding Medicare enrollment in Part A and Part B, please contact the Social Security Administration at 1-800-772-1213. If you have any questions regarding Medicare benefits, please call 1-800-633-4227 or www.Medicare.gov
- Once retired and Medicare eligible, you must have both Part A and Part B Medicare to be enrolled in any Medicare Advantage Plan (MAPD) plans. Once enrolled in Medicare, you will be required to provide a copy of their Red, White and Blue Medicare card and the MBI# at the same time the City of Baltimore's enrollment form is completed or at the time the retiree becomes Medicare eligible, whichever comes first.

Who do I contact if I have any questions?

- If you have any questions regarding your City of Baltimore medical plan coverage, please contact our office at (410) 396-5830 to speak to a customer service representative.
- If you have any questions regarding Medicare enrollment in Part A and Part B, please contact the Social Security Administration at (800) 772-1213. If you have any questions regarding Medicare benefits, please call (800) 633-4227.

NOTICE OF CREDITABLE COVERAGE

Important Notice from the City of Baltimore About Your Prescription Drug Coverage and Medicare

This annual notice is for certain retirees, employees, and their dependents who are currently covered by a group Rx plan or who will become eligible for Medicare within the next 12 months due to age or disability. Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Baltimore and about your options under Medicare's prescription drug coverage ("Medicare Part D"). This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Keep this notice with your important records. This notice lets you know that the current prescription drug coverage you have under the City of Baltimore health plan is expected to pay out in 2021, on average, as much as the standard Medicare prescription drug coverage (defined as "creditable coverage"). If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher premium (a penalty).

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Baltimore has determined that the offered prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

MEDICARE PART D PRESCRIPTION DRUG COVERAGE HIGHLIGHTS

When can you join a Medicare Drug Plan?

- You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan?

- If you decide to join a Medicare drug plan, your current City of Baltimore Prescription drug coverage will terminate. However, if you choose to join a Medicare drug plan and drop your current City of Baltimore coverage, be aware that you and your dependents will be able to get this coverage back but only during the Open Enrollment period for the City.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

- You should also know that if you drop or lose your current coverage with the City of Baltimore and don't join a Medicare drug plan within sixty-three (63) continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.
- If you go sixty (60) continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.
- NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Baltimore changes. You also may request a copy of this notice at any time.

MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call (800) MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at http://www.ssa.gov, or call them at (800) 772-1213. TTY users should call (800) 325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	August 16, 2021
Name of Entity/Sender:	City of Baltimore
Contact:	Rajesh Gulhar Chief, Office of Employee Benefits Department of Human Resources
Address:	7 E. Redwood Street, 20th Floor Baltimore, Maryland 21202
Phone Number:	(410) 396-5830

FLEXIBLE SPENDING ACCOUNTS (FSA)

The City of Baltimore offers the opportunity to save taxes on eligible health and dependent care expenses by participating in one or both below flexible spending accounts (FSAs):

- **Health Care Flexible Spending Account (FSA)**

  An employee who chooses to participate in the Health Care FSA can contribute up to $2,750 during the 2022 plan year.

- **Dependent Care Flexible Spending Account (FSA)**

  An employee who chooses to participate in the Dependent Care FSA can contribute up to $5,000 during the 2022 plan year if the employee is married and filing a joint return or is a single parent. You can contribute up to $2,500 if you are married and filing a single return.

Participation in both types of flexible spending accounts is entirely voluntary and is administered by TASC. If you choose to enroll, simply decide how much to contribute each year to one or both accounts.

Contributions to your account(s) are deducted from your paycheck before federal, state, and Social Security taxes are withheld, reducing your taxes and saving you money. When you have an eligible expense, you may use your TASC Card or you may submit a claim for reimbursement to TASC.

FSA ELIGIBILITY

You can use your Health Care FSA to be reimbursed for eligible health care expenses incurred by you, your spouse, your qualifying child, or your qualifying relative, who can be claimed on your federal tax return.

You may use your **Dependent Care FSA** to be reimbursed for eligible dependent care expenses **for your child (under age 13)** or eligible dependent care expenses for other qualifying dependents that can be claimed on your federal tax return. **If you do not have a child age 13 or younger, do not elect this FSA plan. Any deductions taken for the HCFSA and the DCFSA plan will not be refunded, no exception.** Please enroll in the correct plan during Open Enrollment. Any questions please contact TASC at 1 (800) 422-4661.

Employees cannot claim the same expenses under the Dependent Care FSA and the federal Dependent Care Tax Credit. Please consult with your tax advisor if you have questions about whether the Dependent Care FSA or Dependent Care Tax Credit is the best option for you. Please see the FSA Participant Reference Guide at www.tasconline.com for more information. You will need to register the first time you use the TASC site with your **City of Baltimore email address**.

ENROLLING IN AN FSA

If you are a new hire, you may enroll in one or both FSA accounts. Your FSA participation becomes effective with your first payroll **deduction if you enroll online within forty-five (45) days from your date of hire**. Once enrolled, **you may not "request" to change your election mid-year unless you have a qualifying life event**, such as marriage or the birth of a child. (See the Qualifying Life Events and Status Changes page for further information).

Each year during the annual Open Enrollment period, you may choose to enroll or re-enroll in one or both FSA accounts. Following your enrollment, participation begins on January 1st.

IMPORTANT: You must re-enroll each year during Open Enrollment if you wish to participate in one or both FSAs the following plan year. Your enrollment does not automatically carry over from year to year. If you do not actively enroll in an FSA account during Open Enrollment, you will not participate in that FSA for the following year.

ESTIMATING EXPENSES

If you are enrolling during the annual Open Enrollment period, your election will be in force for the full plan year (January 1st – December 31st). Therefore, you should estimate your eligible expenses for the full twelve months. However, if you are a new hire, you should estimate only the expenses you will incur from the effective date of your enrollment through the end of the year, December 31st. **Estimate carefully to avoid forfeiting any money left in these FSA accounts.**

FSA IMPORTANT DATES TO REMEMBER

The City of Baltimore's Healthcare FSA allows up to $500 of your Health Care FSA election amount to be carried over to the next plan year. You will want to ensure that you end the plan year (December 31st) with a balance up to $500 or have expenses incurred from the current plan year that you can claim during the January 1st and March 31st grace period. **Any amount over the $500 carryover amount that remains in the Healthcare account after the March 31st grace period, will be forfeited, no exception.**

The Dependent Care FSA plan works differently – it allows a two and a half (2 ½) months run out period into the next year for you to incur expenses by March 15th that must be submitted by March 31st of the next plan year. **Any DCFSA funds that remain after March 31st will be forfeited, no exceptions.**

UPON EMPLOYMENT TERMINATION

When your employment ends, you may not submit any Health Care FSA claims for services incurred after your termination date. Any funds remaining in your Health Care FSA will be forfeited if you did not incur any eligible expenses before termination.

The Dependent Care FSA is impacted by termination differently. You must be actively employed to be eligible to participate in a Dependent Care FSA. However, you may still submit claims for expenses you incurred while you were an active employee for up to ninety (90) days after your termination date.

QUALIFYING LIFE EVENTS AND STATUS CHANGES

IRS regulations for cafeteria plans strictly govern when and how benefits election changes can be made. Generally, you can only change your health coverage during the Open Enrollment period each year.

The coverage you elect during Open Enrollment will be effective January 1st through December 31st. However, you may make certain changes to your coverage outside of the annual Open Enrollment period if you have a qualifying change in status.

Examples include the following:

- Birth or adoption/placement for adoption of a child;
- Death of a dependent;
- Marriage or divorce;
- Loss of other coverage, such as, if coverage under your spouse's employment ends or your child is no longer eligible for coverage;
- Gaining eligibility for Medicare (for retirees); OR
- Changes in your other coverage (such as through a spouse's employer), which has a different plan year

You have sixty (60) days from the date of the qualifying change in status to update your health benefits enrollment.

You must submit any supporting documentation to change your coverage to the Office of Employee Benefits within sixty (60) days. Any changes submitted later than sixty (60) days after the qualifying change in status **will not be accepted**, and you will have to wait until the next Open Enrollment period to make a change.

If you are removing an ineligible dependent past sixty (60) days, contact the Office of Employee Benefits immediately at (410) 396-5830.

For more information, contact the Office of Employee Benefits at (410) 396-5830.

WAIVER CREDITS

Employees may opt-out of certain City of Baltimore health benefits and elect a Waiver Credit. The City of Baltimore determines which waiver credit applies to you, based on your union affiliation. The Waiver Credit amount is disseminated in increments over the full plan year (either at the beginning of Open Enrollment or by the number of pay periods left in the plan year for a new employee).

New employees have forty-five (45) days from their date of hire to enroll online using Workday. If you previously waived coverage and later lose coverage due to a divorce, loss of employment, or the death of your spouse or another person who is the primary source of coverage, you may enroll in health benefits through the City of Baltimore within sixty (60) days of the qualifying life event. In this situation, once you enroll in the City of Baltimore health benefits, you will relinquish the waiver credit.

IMPORTANT: Each year, during the annual benefits Open Enrollment period, you may choose to enroll in the waiver credit. Your participation will begin on January 1st, following your enrollment. **You must re-enroll each Open Enrollment year to receive waiver credits. Your enrollment will not automatically carry over from year-to-year. No exceptions.** If your employment terminates, you are not entitled to payment for waiver credits during the month in which you become unemployed.

$2,500 WAIVER CREDIT - AFSCME LOCAL 558, 44, AND 2202

If you are represented by the AFSCME Local 558, 44, or 2202 Union, you may elect the $2,500 waiver credit. To receive the waiver credit, you must enroll online within forty-five (45) days of hire or during the Open Enrollment period each year. When you make this election, you are waiving medical, dental, prescription drug, and vision coverage with the understanding that you cannot enroll in any of these plans, as the policyholder or as a dependent, through the City of Baltimore for that plan year.

$2500 WAIVER CREDIT - CUB

If you are represented and unrepresented by the CUB Union, you may elect the $2500 waiver credit. To receive this waiver credit, you must enroll online within forty-five (45) days of hire or during the Open Enrollment period each year. When you make this election, you are waiving medical, dental, vision, and prescription drug coverage with the understanding that you cannot enroll in any of these plans, as the policyholder or as a dependent through the City of Baltimore for that plan year.

$650 WAIVER CREDIT (WAIVES MEDICAL ONLY) - CUB

If you are represented or unrepresented by the CUB Union, you may elect the $650 waiver credit. To receive this waiver credit, you must enroll online within forty-five (45) days of hire or during the Open Enrollment period each year. When you make this election, you may still elect dental, prescription drug **(Standard Option RX only)**, and vision coverage. However, you may not elect dental, prescription drug, and vision coverage as the policyholder if you are already enrolled as a dependent under the City of Baltimore plans for that plan year. When you make this election, you are waiving medical coverage only.

$650 WAIVER CREDIT (WAIVES MEDICAL ONLY) - POLICE

If you are represented by the Police Union, you may elect the $650 waiver credit. To receive this waiver credit, you must enroll online within forty-five (45) days of hire or during the Open

Enrollment period each year. When you make this election, you may still elect dental, prescription drug, and vision coverage. However, you may not elect dental, prescription drug, and vision coverage as the policyholder if you are already enrolled as a dependent under the City of Baltimore plans for that plan year.

$780 WAIVER CREDIT (WAIVES MEDICAL ONLY) - MAPS

If you are represented by MAPS, you may elect the $780 waiver credit. To receive this waiver credit, you must enroll online within forty-five (45) days of hire or during the Open Enrollment period each year. If you waive medical coverage, you may still elect dental, prescription drug, and vision coverage. However, you may not elect dental, prescription drug, and vision coverage as the policyholder if you are already enrolled as a dependent under the City of Baltimore plans for that plan year.

$650 WAIVER CREDIT (WAIVES MEDICAL AND PRESCRIPTION DRUG) - FIREFIGHTERS AND FIRE OFFICERS

If you are a firefighter or fire officer, you may elect the $650 waiver credit. To receive this waiver credit, you must enroll online within forty-five (45) days of hire or during the Open Enrollment period each year. If you waive medical and prescription drug coverage, you may still elect dental and vision coverage. However, you may not elect dental and vision coverage as the policyholder if you are already enrolled as a dependent under the City of Baltimore plans for that plan year.

Visit Workday for more information about waiver credits at:
http://workday.baltimorecity.gov/login

2022 PREMIUM RATES

BlueChoice Advantage PPO

High Option Medical Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$170.81	$128.95	**$41.86**
Participant + Child	$315.99	$238.54	**$77.45**
Participant + Spouse	$358.70	$270.78	**$87.92**
Participant + Family	$512.42	$386.83	**$125.59**

Standard Option Medical Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$157.57	$128.09	**$29.48**
Participant + Child	$291.50	$236.96	**$54.54**
Participant + Spouse	$330.90	$268.99	**$61.91**
Participant + Family	$472.71	$384.27	**$88.44**

Open Access Aetna Select (HMO)

Open Access Aetna Select (HMO)			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$131.22	$118.95	**$12.27**
Participant + Child	$242.75	$220.04	**$22.71**
Participant + Spouse	$275.56	$249.78	**$25.78**
Participant + Family	$393.65	$356.83	**$36.82**

Kaiser Permanente HMO

Kaiser Permanente HMO Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$145.47	$130.92	**$14.55**
Participant + Child	$276.39	$248.75	**$27.64**
Participant + Spouse	$305.48	$274.93	**$30.55**
Participant + Family	$436.40	$392.76	**$43.64**

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election
Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CareFirst CVS (RX - High & Standard Options)

CareFirst CVS High Option Rx Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$20.38	$15.95	**$4.43**
Participant + Child	$37.71	$29.53	**$8.18**
Participant + Spouse	$42.80	$33.51	**$9.29**
Participant + Family	$61.14	$47.87	**$13.27**

CareFirst CVS Standard Option Rx Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$19.57	$15.91	**$3.66**
Participant + Child	$36.20	$29.43	**$6.77**
Participant + Spouse	$41.09	$33.40	**$7.69**
Participant + Family	$58.70	$47.72	**$10.98**

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$341.62	$257.89	**$83.73**	Participant Only	$315.14	$256.18	**$58.96**
Participant + Child	$631.99	$477.09	**$154.90**	Participant + Child	$583.01	$473.93	**$109.08**
Participant + Spouse	$717.39	$541.56	**$175.83**	Participant + Spouse	$661.79	$537.97	**$123.82**
Participant + Family	$1,024.85	$773.66	**$251.19**	Participant + Family	$945.42	$768.54	**$176.88**

Open Access Aetna Select (HMO)

Kaiser Permanente HMO

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$262.43	$237.88	**$24.55**	Participant Only	$290.93	$261.84	**$29.09**
Participant + Child	$485.50	$440.09	**$45.41**	Participant + Child	$552.77	$497.50	**$55.27**
Participant + Spouse	$551.11	$499.56	**$51.55**	Participant + Spouse	$610.96	$549.87	**$61.09**
Participant + Family	$787.30	$713.65	**$73.65**	Participant + Family	$872.80	$785.52	**$87.28**

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election
Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CareFirst CVS (RX - High & Standard Options)

CareFirst CVS High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$40.76	$31.91	**$8.85**	Participant Only	$39.13	$31.81	**$7.32**
Participant + Child	$75.41	$59.04	**$16.37**	Participant + Child	$72.40	$58.85	**$13.55**
Participant + Spouse	$85.60	$67.02	**$18.58**	Participant + Spouse	$82.18	$66.81	**$15.37**
Participant + Family	$122.29	$95.75	**$26.54**	Participant + Family	$117.40	$95.43	**$21.97**

2022 21-PAY MEDICAL & RX PLAN RATES FOR ACTIVE EMPLOYEES

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**	**Coverage Level**	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$422.95	$319.29	**$103.66**	Participant Only	$390.17	$317.17	**$73.00**
Participant + Child	$782.46	$590.68	**$191.78**	Participant + Child	$721.82	$586.77	**$135.05**
Participant + Spouse	$888.20	$670.50	**$217.70**	Participant + Spouse	$819.36	$666.06	**$153.30**
Participant + Family	$1,268.86	$957.87	**$310.99**	Participant + Family	$1,170.52	$951.52	**$219.00**

Open Access Aetna Select (HMO)

Kaiser Permanente HMO

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**	**Coverage Level**	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$324.92	$294.53	**$30.39**	Participant Only	$360.20	$324.18	**$36.02**
Participant + Child	$601.10	$544.87	**$56.23**	Participant + Child	$684.38	$615.95	**$68.43**
Participant + Spouse	$682.33	$618.50	**$63.83**	Participant + Spouse	$756.42	$680.78	**$75.64**
Participant + Family	$974.75	$883.57	**$91.18**	Participant + Family	$1,080.61	$972.55	**$108.06**

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election
Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CareFirst CVS (RX - High & Standard Options)

CareFirst CVS High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**	**Coverage Level**	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$50.47	$39.51	**$10.96**	Participant Only	$48.45	$39.38	**$9.07**
Participant + Child	$93.37	$73.11	**$20.26**	Participant + Child	$89.63	$72.86	**$16.77**
Participant + Spouse	$105.98	$82.98	**$23.00**	Participant + Spouse	$101.74	$82.71	**$19.03**
Participant + Family	$151.41	$118.55	**$32.86**	Participant + Family	$145.35	$118.15	**$27.20**

2022 MONTHLY MEDICAL & RX PLAN RATES FOR ACTIVE EMPLOYEES

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**	**Coverage Level**	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$740.17	$558.76	**$181.41**	Participant Only	$682.80	$555.05	**$127.75**
Participant + Child	$1,369.31	$1,033.70	**$335.61**	Participant + Child	$1,263.18	$1,026.85	**$236.33**
Participant + Spouse	$1,554.35	$1,173.38	**$380.97**	Participant + Spouse	$1,433.88	$1,165.61	**$268.27**
Participant + Family	$2,220.50	$1,676.27	**$544.23**	Participant + Family	$2,048.40	$1,665.16	**$383.24**

Open Access Aetna Select (HMO)

Kaiser Permanente HMO

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**	**Coverage Level**	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$568.61	$515.42	**$53.19**	Participant Only	$630.35	$567.32	**$63.03**
Participant + Child	$1,051.92	$953.52	**$98.40**	Participant + Child	$1,197.67	$1,077.91	**$119.76**
Participant + Spouse	$1,194.07	$1,082.38	**$111.70**	Participant + Spouse	$1,323.74	$1,191.37	**$132.37**
Participant + Family	$1,705.82	$1,546.25	**$159.57**	Participant + Family	$1,891.06	$1,701.96	**$189.10**

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election
Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CareFirst CVS (RX - High & Standard Options)

CareFirst CVS High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	**Total Cost**	**City Cost**	**Employee Cost**	**Coverage Level**	**Total Cost**	**City Cost**	**Employee Cost**
Participant Only	$88.32	$69.14	**$19.18**	Participant Only	$84.79	$68.91	**$15.87**
Participant + Child	$163.39	$127.93	**$35.46**	Participant + Child	$156.86	$127.49	**$29.35**
Participant + Spouse	$185.47	$145.22	**$40.25**	Participant + Spouse	$178.05	$144.72	**$33.31**
Participant + Family	$264.96	$207.45	**$57.51**	Participant + Family	$254.36	$206.74	**$47.59**

2022 DENTAL RATES

Biweekly (26 pays)

United Concordia Dental DHMO				United Concordia Dental DPPO			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$5.93	$5.93	**$-**	Participant Only	$12.41	$5.93	**$6.48**
Participant + Child	$11.69	$11.69	**$-**	Participant + Child	$21.07	$11.69	**$9.38**
Participant + Spouse	$11.87	$11.87	**$-**	Participant + Spouse	$24.80	$11.87	**$12.93**
Participant + Family	$16.93	$16.93	**$-**	Participant + Family	$34.70	$16.93	**$17.77**

Weekly (52 Pays)

United Concordia Dental DHMO				United Concordia Dental DPPO			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$2.97	$2.97	**$-**	Participant Only	$6.20	$2.97	**$3.23**
Participant + Child	$5.84	$5.84	**$-**	Participant + Child	$10.53	$5.84	**$4.69**
Participant + Spouse	$5.93	$5.93	**$-**	Participant + Spouse	$12.40	$5.93	**$6.47**
Participant + Family	$8.47	$8.47	**$-**	Participant + Family	$17.35	$8.47	**$8.88**

21-Pays - Biweekly (10-Months)

United Concordia Dental DHMO				United Concordia Dental DPPO			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$7.34	$7.34	**$-**	Participant Only	$15.36	$7.34	**$8.02**
Participant + Child	$14.47	$14.47	**$-**	Participant + Child	$26.08	$14.47	**$11.61**
Participant + Spouse	$14.69	$14.69	**$-**	Participant + Spouse	$30.71	$14.69	**$16.02**
Participant + Family	$20.97	$20.97	**$-**	Participant + Family	$42.97	$20.97	**$22.00**

Monthly (12-Months)

United Concordia Dental DHMO				United Concordia Dental DPPO			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	$12.85	$12.85	**$-**	Participant Only	$26.88	$12.85	**$14.03**
Participant + Child	$25.32	$25.32	**$-**	Participant + Child	$45.64	$25.32	**$20.32**
Participant + Spouse	$25.71	$25.71	**$-**	Participant + Spouse	$53.74	$25.71	**$28.03**
Participant + Family	$36.69	$36.69	**$-**	Participant + Family	$75.19	$36.69	**$38.50**

2022 MONTHLY ACTIVE COBRA RATES

High Option & Standard Option Medical Plans

BlueChoice Adv High Option PPO	
Coverage Level	**High Option COBRA Cost**
Participant Only	$754.97
Participant + Child	$1,396.70
Participant + Spouse	$1,585.44
Participant + Family	$2,264.91

BlueChoice Adv Std Option PPO	
Coverage Level	**Standard Option COBRA Cost**
Participant Only	$696.46
Participant + Child	$1,288.44
Participant + Spouse	$1,462.56
Participant + Family	$2,089.37

HMO Medical Plans

Open Access Aetna Select (HMO)	
Coverage Level	**COBRA Cost**
Participant Only	$579.98
Participant + Child	$1,072.96
Participant + Spouse	$1,217.95
Participant + Family	$1,739.94

Kaiser Permanente HMO	
Coverage Level	**COBRA Cost**
Participant Only	$642.96
Participant + Child	$1,221.62
Participant + Spouse	$1,350.21
Participant + Family	$1,928.88

High Option & Standard Option Prescription Drug Plans

CareFirst CVS - RX - High Option	
Coverage Level	**COBRA Cost**
Participant Only	$90.09
Participant + Child	$166.66
Participant + Spouse	$189.18
Participant + Family	$270.26

CareFirst CVS - RX - Standard Option	
Coverage Level	**COBRA Cost**
Participant Only	$86.49
Participant + Child	$160.00
Participant + Spouse	$181.61
Participant + Family	$259.45

DHMO & DPPO Dental Plans

United Concordia Dental DHMO	
Coverage Level	**COBRA Cost**
Participant Only	$13.11
Participant + Child	$25.83
Participant + Spouse	$26.22
Participant + Family	$37.42

United Concordia Dental DPPO	
Coverage Level	**COBRA Cost**
Participant Only	$27.42
Participant + Child	$46.55
Participant + Spouse	$54.81
Participant + Family	$76.69

Vision Plan

Coverage Level	COBRA Cost
Participant Only	$3.96
Participant + Child	$3.96
Participant + Spouse	$3.96
Participant + Family	$3.96

BENEFIT INFORMATION (RX, VISION, DENTAL & LIFE INSURANCE)

2022 PRESCRIPTION DRUG COPAYS RATES

Days' Supply	Generic	Formulary (Preferred)	Non-Formulary (Non-Preferred)
CareFirst CVS/Caremark – High Option Plan			
MAPS / Unrepresented			
• Retail (30-Day Supply)	$15	$30	$40
• Mail Order / Retail (90-Day Supply)	$20	$40	$60
Represented			
• Retail (30-Day Supply)	$10	$20	$30
• Mail Order / Retail (90-Day Supply)	$15	$25	$35
CareFirst CVS/Caremark – Standard Option Plan			
• Retail (30-Day Supply)	$5	$30	$50
• Mail Order / Retail (90-Day Supply)	$10	$60	$100

The Standard Prescription Drug Plan requires that all plan participants meet a $50.00 deductible, per member, per calendar year. A deductible is the amount of covered expenses you must pay before your insurance plan pays benefits.

Medical Plan Enrollment	**Medical Out-of-Pocket Maximums – Family/Individual**		**Rx Out-of-Pocket Maximums**	**Total Out-of-Pocket Maximums** (Combined Medical &Rx)
	In-Network	**Out-of-Network**		
BlueChoice Advantage Active PPO Plans				
High Option	$1,000/$2,000	None	$5,500/$9,600	$6,500/$11,200
Standard Option <$45,000	$1,000/$2,000	$2,000/$4,000	$5,100/$10,200	$6,100/$12,200
Standard Option >$44,999	$1,500/$3,000	$3,000/$6,000	$5,100/$10,200	$6,600/$13,200
Aetna & Kaiser Active HMO Plans				
Aetna	$1,100/$2,200	N/A	$5,500/$9,600	$6,600/$11,800
Kaiser	$1,100/$3,600	N/A	$5,500/$9,600	$6,600/$13,200

Out-of-Pocket expenses are what you pay for health-related services above and beyond your monthly premium, including annual deductibles, coinsurance, and copayments.

Out-of-Pocket Maximum Definition: The yearly out-of-pocket maximum is the highest or total amount your health plan requires you to pay toward your health care cost. Once you have met your out-of-pocket maximum(s), you will not be required to pay toward the cost of services; however, you will still be required to pay your premiums.

2022 NATIONAL VISION ADMINISTRATORS (NVA)

National Vision Administrators (NVA) is the City of Baltimore's vision vendor. NVA offers additional discounts, web tools, and other features to help you save money on your eye exams, glasses, and contact lenses.

FULL-SERVICE BENEFIT PLAN

City of Baltimore members have access to a vision benefit plan that provides coverage for routine eye exams, contact lens evaluations/fittings, eyeglasses, and contact lenses. Members receive a higher level of benefit when utilizing providers in the NVA network, but still have a level of coverage if they choose to use a non-network provider. This plan provides discounted rates on non-covered eyeglass lens options.

EYE ESSENTIAL DISCOUNT PROGRAM

After the enrolled member has exhausted their full-service benefit, they can access the free EyeEssentialSM plan discounts on additional purchases during the plan period. NVA's EyeEssentialSM discount plan is a low cost, member-friendly vision plan, which includes significant discounts through participating NVA network providers. These discounts are only available with participating NVA providers.

NVA SMART BUYERSM INFORMATIONAL TOOL

The NVA Smart BuyerSM program provides City of Baltimore members with the tools they need to become educated consumers of vision care services, products, and eyewear. For members to maximize their vision benefit, they need useful, timely information on the rapidly increasing number of eyeglass lenses, frames, and contact lenses available. The NVA Smart BuyerSM program provides definitions, descriptions, and other useful information to help make educated eyewear choices.

VISION BENEFIT MAXIMIZERSM SEARCH TOOL

When using the Vision Benefit MaximizerSM search tool on the NVA website, City of Baltimore members can easily find frames available to them at no out-of-pocket cost. Members can select a provider based on specific frame inventory and the number of frames available under the frame allowance.

24/7 CUSTOMER SERVICE

NVA employs knowledgeable and professionally trained member service representatives 24 hours per day, seven (7) days per week. The Member Services Department can be reached at (800) 672-7723 (TDD (973) 574-2599). Bilingual representatives are available to assist.

2022 NATIONAL VISION ADMINISTRATORS (NVA) COPAYS

Service/Frequency	Participating Provider	Non-Participating Provider
Vision (Once per calendar year)		
• Examination	Covered 100% after $5 copay	Plan pays Up to $38
Glasses (Once per calendar year)		
Lenses		
• Single Vision	Covered 100% after $15 copay	Up to $41.50
• Bifocal	Covered 100% after $15 copay	Up to $67.00
• Trifocal	Covered 100% after $15 copay	Up to $89.50
• Lenticular (Cataract)	Covered 100% after $15 copay	Up to $100.50
Lenses Options		
• Solid Tints	Covered 100%	Up to $10
• Fashion Gradient Tint	Covered 100%	Up to $12
• Standard Progressive	Covered 100%	Up to $50
Frame		
• Frames (Per pair)	Covered up to $75 retailallowance (20% discount off remaining balance over $75 allowance)	Up to $29.50
Contact Lenses (Once per Calendar Year)		
• Medically Necessary	Covered 100%	Up to $221
• Elective **not** MedicallyNecessary	Covered up to $100 retail allowance (15% discount (conventional) or 10% discount (disposable) off remaining balance over $100 allowance)	Up to $100

2022 UNITED CONCORDIA DENTAL HMO COPAYS

Active Employees that LIVE IN Maryland and Pennsylvania

Under this DHMO plan, you will have your choice of skilled primary care dentists from the United Concordia network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist. Covered services provided by your dentist have preset copayments (dollar amounts), which are listed below and in your plan booklet. There are no maximums or deductibles.

COPAYMENTS FOR COMMON DENTAL SERVICES

Code	Description of Service	Enrollee Pays
D0100-D0999 I. Diagnostic		
D0120	Periodic oral evaluation – established patient	$5.00
D0140	Limited oral evaluation - problem-focused	$5.00
D0150	Comprehensive oral evaluation - new or established patient	$5.00
D0210	Intraoral - complete series of radiographic images	$25.00
D0220	Intraoral - periapical first radiographic image	$4.00
D0230	Intraoral - periapical each additional radiographic image	$3.00
D0272	Bitewings - two radiographic images	$5.00
D0274	Bitewings - four radiographic images	$7.00
D0330	Panoramic radiographic image	$20.00
D1000-D0999 II. Preventive		
D1110	Prophylaxis – adult	$10.00
D1120	Prophylaxis – child	$10.00
D1208	Topical application of fluoride (prophylaxis excluded) - through age 18	$5.00
D1351	Sealant - per tooth	$5.00
D2000-D2999 III. Restorative		
D2140	Amalgam - one surface, primary or permanent	$28.00
D2150	Amalgam - two surfaces, primary or permanent	$35.00
D2160	Amalgam - three surfaces, primary or permanent	$45.00
D2161	Amalgam - four or more surfaces, primary or permanent	$55.00
D2330	Resin-based composite - one surface, anterior	$35.00
D2331	Resin-based composite - two surfaces, anterior	$45.00
D2332	Resin-based composite - three surfaces, anterior	$55.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$80.00
D2391	Resin-based composite - one surface, posterior	$40.00
D2392	Resin-based composite - two surfaces, posterior	$50.00
D2750	Crown - porcelain fused to high noble metal	$390.00
D2752	Crown - porcelain fused to noble metal	$380.00
D2790	Crown - full cast high noble metal	$390.00
D2792	Crown - full cast noble metal	$380.00
D2920	Re-cement crown	$25.00
D2950	Core buildup, including any pins	$60.00

Active Employees that LIVE IN Maryland and Pennsylvania

Under this DHMO plan, you will have your choice of skilled primary care dentists from the United Concordia network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist. Covered services provided by your dentist have preset copayments (dollar amounts), which are listed below and in your plan booklet. There are no maximums or deductibles.

COPAYMENTS FOR COMMON DENTAL SERVICES

Code	Description of Service	Enrollee Pays
D2954	Prefabricated post and core in addition to crown	$70.00
D3000-D3999 IV. Endodontics		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$200.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	$300.00
D3330	Endodontic therapy, molar (excluding final restoration)	$425.00
D4000-D4999 V. Periodontics		
D4341	Periodontal scaling and root planting - four or more teeth perquadrant	$60.00
D4910	Periodontal maintenance	$50.00
D7140	Extraction, erupted tooth, or exposed root (elevation and/orforceps removal)	$35.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$60.00
D7000-D7999 VI. Oral and Maxillofacial Surgery		
D7230	Removal of impacted tooth - partially bony	$110.00
D7240	Removal of impacted tooth - completely bony	$150.00
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$10.00
D9230	Inhalation of Nitrous Oxide/Anxiolytics Analgesia	$28.00

2022 UNITED CONCORDIA DENTAL PPO COPAYS

Active employees who live outside of MD and PA should enroll in the DPPO plan to receive dental coverage from the United Concordia.

2022 Plan Year: January 1st – December 31st **Network: Elite Plus**

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage—if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a United Concordia PPO dentist.

PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

	CONCORDIA FLEX PLAN	
Benefit Category[1]	**In-Network**[2]	**Non-Network**[2]
Class I – Diagnostic/Preventive Services		
Exams 2 per calendar year	100%	100%
X-rays Bitewing 2 per calendar year; Full Mouth 1 per 36 months		
Cleanings 2 per calendar year		
Fluoride Treatments 2 per calendar year to age 19		
Sealants 1 per tooth per 36 months to age 19 on permanent first and second molars		
Space Maintainers 1 per 60 months		
Palliative Treatment (Emergency)		
Class II – Basic Services		
Basic Restorative (Fillings, etc.) 1 per surface per 12 months	80%	80%
Simple Extractions		
Complex Oral Surgery		
General Anesthesia		

[1] Dependent children covered to age 26.

[2] Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 80th Percentileof such data. Non-network dentists may bill the member for any difference between our allowance and their fee.

Active employees who live outside of MD and PA should enroll in the DPPO plan to receive dental coverage from the United Concordia.		
2022 Plan Year: January 1st – December 31st	**Network: Elite Plus**	
This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage—if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a United Concordia PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.		
	CONCORDIA FLEX PLAN	
Benefit Category[1]	**In-Network[2]**	**Non-Network[2]**
Nonsurgical Periodontics Scaling & Root Planing 1 per 24 months, per quadrant	60%	50%
Surgical Periodontics Including bone surgery, tissue surgery, and bite adjustments 1 per 60 months		
Endodontics		
Inlays, Onlays, Crowns 1 per 60 months		
Prosthetics (Bridges, Dentures) Full and/or partial dentures 1 per 60 months		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures 1 in any 12-month period per specific area of appliance		
Implants 1 per 60 months		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (Applies to the combination of services received from network and non-network dentists)		
Calendar Year Program Deductible (per member/per family) January 1 – December 31	$50 / $150 Excludes Class I & Orthodontics	
Calendar Year Program Maximum (per member) January 1 – December 31	$1,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per child dependent)	$1,500	

METLIFE: LIFE / ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Basic Life and AD&D insurance coverage

Basic Life and AD&D insurance coverage is automatically provided to eligible active City employees after one year of employment. The Benefit amount is based on your union affiliation. The City pays the full cost of this coverage. You do not need to actively enroll.

Active Basic Life / AD&D Coverage	
Union	**Benefit Amount**
AFSCME Local 2202	1 x Annual Salary, Minimum $15,000
AFSCME Local 44	1 x Annual Salary, Minimum $15,000
AFSCME Local 558	1 x Annual Salary, Minimum $15,000
CUB	1 x Annual Salary, Minimum $17,630
Fire	1 x Annual Salary + $1,500
MAPS	2.5 x Annual Salary
Police	1 x Annual Salary

Optional Term Life/AD&D Insurance Coverage

Optional Life/AD&D is an optional benefit you are eligible to elect as a new hire. **It is important for you to note that as a new employee you have 45 days to elect optional life/AD&D insurance online.** Coverage goes into effect on the first day of the month following the hire date and unlike your Basic Life Insurance, the Optional Life Insurance benefit is 100% employee paid.

As a new employee you may elect 1x to 5x your annual salary to a maximum of $500,000 without providing medical evidence. If you elect optional life/AD&D as a new employee, you have the option to increase your coverage by 1 level during subsequent open enrollment periods, an evidence of insurability (*EOI) will not be required. ***see EOI information below.**

However, if you do not elect optional life/AD&D insurance as a new employee and decide to elect it during a subsequent open enrollment period, you will be required to provide evidence of insurability (EOI) for any coverage amount.

If you select more than 1 level of coverage during a subsequent open enrollment period, an evidence of insurability will be required.

NOTE: You may decide to elect only Optional Life insurance without AD&D coverage. However, you may not elect AD&D insurance without electing Optional Life insurance.

This Optional Life is a Group Term life insurance policy and it has no cash value and is only payable, to beneficiaries upon the death of the participant.

Optional Life Insurance Coverage	
For you:	1 time your basic annual earnings, to a maximum of $100,000
	2 times your basic annual earnings, to a maximum of $200,000
	3 times your basic annual earnings, to a maximum of $300,000
	4 times your basic annual earnings, to a maximum of $400,000
	5 times your basic annual earnings, to a maximum of $500,000

Optional Life Insurance benefit is 100% employee paid and is rounded to the next higher multiple of $1,000, if not already a multiple of $1,000.

Monthly Costs for Optional Life and AD&D Insurance		
Below are the monthly rates, deducted bi-weekly (based on your age as of January 1,2022).		
Age	**Monthly Cost Per $1,000 of Employee Coverage**	**Monthly Cost Per $1,000 of Employee Coverage plus AD&D**
Under 30	$0.060	$0.085
30 – 34	$0.080	$0.105
35 – 39	$0.090	$0.115
40 – 44	$0.110	$0.135
45 – 49	$0.180	$0.205
50 – 54	$0.315	$0.340
55 – 59	$0.485	$0.510
60 – 64	$0.780	$0.805
65 – 69	$1.360	$1.385
70 – 74	$2.660	$2.685
75 +	$3.610	$3.635

NOTE: The City of Baltimore does not offer spousal or dependent life insurance.

How to designate a Life Insurance Beneficiary?

MetLife requires a valid beneficiary designation on file. Designate your beneficiary online.

1. Log on to **metlife.com/mybenefits** and enter **'City of Baltimore'** in the Employer or Association field.
2. On the '**Welcome to MyBenefits**' page you can register as a new user or if you have already registered, select Login and then enter your username and password.
3. Once you log into MyBenefits, select the '**Group Life Insurance**' link.
4. Click on '**Beneficiaries**' at the top of the page and follow the instructions

Changes to your beneficiary are effective immediately. Beneficiaries can be added or changed at any time throughout the year. You can also print a paper copy for your records.

The Life Insurance Beneficiaries can only be designated through Metlife. The beneficiary is not designated through Workday.

Employees without computer access may call MetLife at 1 (866) 492-6983 to request a new beneficiary designation form if needed or if they cannot remember previous designations. MetLife will not identify current beneficiaries over the phone due to HIPPA. **If you are not sure, complete a new form.**

Once you have requested and completed the form, please mail it or fax it back to **Metlife** for processing, please use the address on the form.

What happens if I do not designate a beneficiary?

If you do not name a beneficiary, or if you are not survived by your named beneficiary, benefits will be paid according to the plan provisions listed in MetLife's certificate of group coverage.

*When is an Evidence of Insurability (EOI) required?

During your 45-day new employee Enrollment Period, you may elect up to the maximum coverage level of five (5) times your annual earnings (maximum of $500,000) without providing evidence of insurability (proof of good health).

If you initially elect an amount that is less than the maximum, you may later increase your coverage (up to the maximum coverage level), but you may have to provide evidence of insurability.

During any Open Enrollment, you may increase your coverage (up to the maximum). If you increase your coverage by just one (1) level, you do not have to provide evidence of insurability. If you want to increase your coverage by more than one level during open enrollment, you will need to provide an evidence of insurability.

If you have a qualified life event, you may elect to increase your coverage by one (1) level without answering medical questions, if you elect this option within 60 days of the event.

If you decide to increase your optional life insurance by more than one (1) level during Open Enrollment, you will be required to complete an evidence of insurability (EOI).

Once the Open Enrollment period has ended and it is determined by MetLife that an EOI is needed based on the criteria, the Metlife underwriting department will send the EOI application to the employee.

This is done via email / US Mail depending on the information in Workday. If the employee has a City of Baltimore email address the EOI is sent to that email address. If the employee does not have a City of Baltimore email address, the EOI will be mailed to their home address. If no response is received to the EOI application within 30 days of the initial request, Metlife will mail a paper EOI form to the employee's home address on file.

Once an EOI application is received, MetLife will send approval and denial notifications to the City of Baltimore weekly.

If the EOI is denied, the employee's Optional Life coverage amount will remain at the current level of coverage.

If the EOI is approved, the employee's Optional Life coverage amount will be updated in Workday with the new Optional Life benefit amount. The new deduction amount will begin on or after the day the City receives the approval.

How to Register on the MetLife website

Website: https://online.metlife.com/edge/web/public/benefits

- **Step 1:** Provide your group name and click to select it and then click "Next."
- **Step 2:** The login screen. To begin accessing personal plan information, click on "Log In" at the top-middle of the page, and on the next screen, select "Create New Account" and complete the registration process.
- **Step 3:** Enter personal information. Enter your first and last name, identifying data, and e-mail address.
- **Step 4:** Establish account credentials. You will need to create a unique username and password for future access to My Benefits. You will also need to choose and answer three identity verification questions to be used in the event you forget your password. In addition to reading and agreeing to the website's Term of Use, you will be asked to opt into electronic consent.
- **Step 5:** Process complete. Now you will be brought to the "Thank You" page.
- If you have any questions about your basic or optional life insurance coverage, please contact Metlife at 1 (866) 492-6983 or the Office of Employee benefits at 410-396-5830 with any questions.

MEDICAL PLAN COMPARISON

COMPARING MEDICAL PLAN BENEFITS

The following charts are a summary of generally available benefits and do not guarantee coverage. Check each carrier's website to determine if your providers and the facilities in which your providers work are included in the various plan networks. To ensure coverage under your plan, contact the plan before receiving services or treatment to obtain more information on coverage limitations, exclusions, medical necessity determinations, and pre-authorization requirements.

2022 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Dependent Eligibility (See Enrolling Eligible Dependents)				
Deductible	$250 per individual $500 per family	$500 per individual $1,000 per family	None	None
Out-of-Pocket Maximum (based on annual salary)	Employee Salary: <$45,000 $1,000 individual/ $2,000 family >$44,999 $1,500 individual/ $3,000 family	Employee Salary: <$45,000 $2,000 individual/ $4,000 family >$44,999 $3,000 individual/ $6,000 family	$1,000 per individual $2,000 per family	N/A
Plan Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Routine & Preventive Services				
Routine Office Visit (Annual physical)	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Well Baby/Child Care	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Routine GYN Examination	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Screenings: Mammography, Colorectal & Prostate	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Physician Office Visits (Not-Routine)				
Physician's Office Visit (Sickness) (Maps & Unrepresented)	$25 Copay	80% Allowed Benefit, after deductible	$5 copay per visit	80% Allowed Benefit
Physician's Office Visit (Sickness) (Represented)	$25 Copay	80% Allowed Benefit after deductible	$5 copay per visit	80% Allowed Benefit

2022 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Specialist Office Visit (Maps & Unrepresented)	$40 Copay	80% Allowed Benefit after deductible	$5 copay per visit	80% Allowed Benefit
Specialist Office Visit (Represented)	$40 Copay	80% Allowed Benefit after deductible	$5 copay per visit	80% Allowed Benefit
Hearing Exams - one exam every 36 months (routine exams excluded)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit with medical diagnosis	80% Allowed Benefit with medical diagnosis
Emergency Room and Urgent Care Services				
Ambulance Service (based on medical necessity) (ground only)	90% AllowedBenefit after deductible	90% Allowed Benefit after deductible	100% Allowed Benefit	100% Allowed Benefit
Emergency Room Observation – up to 24 hours or more,presented via Emergency Department (copay waived ONLY if admitted)	90% AllowedBenefit after deductible	90% Allowed Benefit after deductible	$50 copay	$50 copay
Urgent Care	$25 Copay, 90% AllowedBenefit	$25 Copay, 90% AllowedBenefit	$5 copay per visit	100% Allowed Benefit
Hospital Inpatient Services				
Anesthesia	90% AllowedBenefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Maps & Unrepresented Hospital Services, including Room, Board & General Nursing Services	90% AllowedBenefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit pre-authorization required	$100 deductible per admission, then plan plays 80% up to $1,500 out of pocket maximum per admission then 100% Allowed Benefit

2022 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Represented Hospital Services, including Room, Board & General Nursing Services (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	$100 deductible per admission, then plan plays 80% up to $1,500 out of pocket maximum per admission, then 100% Allowed Benefit
Medical-Surgical Physician Services	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Physical, Speech &Occupational Therapy	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Organ Transplant (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	100% Allowed Benefit
Acute Inpatient Rehab	90% of Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Outpatient Services				
Cardiac Rehab	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Chemotherapy & Radiation	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Renal Dialysis	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Diagnostic Lab Work & X-rays	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Outpatient Surgery	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Physical, Speech & Occupational Therapy (Maps & Unrepresented)	90% Allowed Benefit after deductible - limit 60 visits combined limit/year	70% Allowed Benefit after deductible - limit 60 visits combined	100% Allowed Benefit limited to 100 combined visits per calendar year	80% Allowed Benefit - limited to 100 combined visits per calendar year

2022 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Physical, Speech & Occupational Therapy (Represented)	90% Allowed Benefit after deductible - limit 60 visits combined/year	70% Allowed Benefit after deductible, - limit 60 visits combined/year	facility $5 copay; 100 combined visits per calendar year	80% Allowed Benefit, limited to 100 visits per calendar year for physical, speech, and occupational therapies combined
Pre-Admission Testing	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Allergy Testing	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Allergy Serum	90% Allowed Benefit after Deductible, no maximum	70% Allowed Benefit after deductible, no maximum	100% Allowed Benefit, no maximum	80% Allowed Benefit, no maximum
Maternity				
Pre & Post-Natal (Physician Services)	Covered in full	80% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Fertility Testing & Family Planning				
Fertility Testing & Family Planning	90% Allowed Benefit	70% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
In-Vitro Fertilization (pre-authorization required)	90% Allowed Benefit; $100,000 lifetime maximum	70% Allowed Benefit; $100,000 lifetime maximum	100% Allowed Benefit; $100,000 lifetime maximum	80% Allowed Benefit; $100,000 lifetime maximum
Inpatient Mental Health & Substance Abuse				
Inpatient Alcohol & Substance Abuse/ Mental Health (Maps & Unrepresented) (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	$100 deductible per admission, then plan pays 80% up to $1,500 out-of-pocket maximum per admission, then 100% Allowed Benefit

2022 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Inpatient Alcohol & Substance Abuse/ Mental Health (Represented) (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	$100 deductible per admission, then plan pays 80% up to $1,500 out-of-pocket maximum per admission, then 100% Allowed Benefit
Outpatient Mental Health & Substance Abuse				
Outpatient Mental Health/Alcohol & Substance Abuse (Maps & Unrepresented)	$25 Copay	80% Allowed Benefit after deductible	$5 copay/visit; 100% Allowed Benefit	80% Allowed Benefit
Outpatient Mental Health/Alcohol & Substance Abuse (Represented)	$25 Copay	80% Allowed Benefit after deductible	$5 copay/visit; 100% Allowed Benefit	80% Allowed Benefit
Miscellaneous Supplies & Services				
Nutrition Counseling	90% Allowed Benefit after deductible	70% of Allowed Benefit after deductible	$5 copay/visit	80% Allowed Benefit
Diabetic Supplies	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Insulin & Syringes Covered by Rx Plan				
Durable Medical Equipment	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Private duty nursing Outpatient Only (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100 % of Allowed Benefit	80 % Allowed Benefit

2022 BlueChoice Advantage (PPO)				
*Any out-of-network provider can balance bill the difference between the allowed amount and the billed amount.				
	Standard Option		**High Option**	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Hospice Care	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Prosthetic Devices (such as artificial limbs)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% allowed benefit	80% Allowed Benefit

2022 HEALTH MAINTENANCE ORGANIZATIONS (HMOS)

	Aetna Select Open Access (HMO)	Kaiser Permanente (HMO)
NOTE: Out-of-network services are not covered under an HMO unless in the event of an emergency.		
Dependent Eligibility (See Enrolling Eligible Dependents)		
Are Referrals Required?	No	Yes
Out-of-Pocket Maximum	$1,100 per individual $2,200 per family	$1,100 per individual $3,600 per family
Plan Lifetime Maximum Benefit	Unlimited	Unlimited
Routine & Preventive Services		
Physician's Office Visit (Annual Physical)	Covered in full	Covered in full
Well Baby/Child Care	Covered in full	Covered in full
Routine GYN Examination	Covered in full	Covered in full
Immunizations	Covered in full	Covered in full
Screenings: Mammography, Colorectal & Prostate	Covered in full - call plan for details	Covered in full - call plan for details
Physician Office Visit (Non-Routine)		
Specialist Office Visit	$5 copay per visit	$5 copay per visit
Hearing Exams	$5 copay per visit	$5 copay per visit
Emergency Room and Urgent Care Services		
Ambulance Service (Based on medical necessity)	Covered in full for emergency only	Covered in full for emergency only
Emergency Room Observation – up to 24 hours or more presented via Emergency Department (Copay waived ONLY if admitted)	$50 copay	$50 copay
Urgent Care	$5 copay per visit	$5 copay per visit
Hospital Inpatient Services		
Anesthesia	Covered in full	Covered in full
Hospital Services Including Room, Board & General Nursing Services	Covered in full	Covered in full
Diagnostic Lab Work & X-rays	Covered in full	Covered in full
Medical-Surgical Physician Services	Covered in full	Covered in full
Physical, Speech & Occupational Therapy	Covered in full	Covered in full
Organ Transplant (Pre-authorization required)	Covered in full for non-experimental transplants	Covered in full for non-experimental transplants
Acute In-Patient Rehab	Covered in full	Covered in full

	Aetna Select Open Access (HMO)	Kaiser Permanente (HMO)
NOTE: Out-of-network services are not covered under an HMO unless in the event of an emergency.		
Outpatient Services		
Cardiac Rehab	$5 copay per visit	$5 copay per visit
Chemotherapy & Radiation	$5 copay per visit	$5 copay per visit
Renal Dialysis	Covered in full	$5 copay per visit
Diagnostic Lab Work & X-rays	Covered in full	Covered in full
Outpatient Surgery	Covered in full	$5 copay per visit
Physical, Speech & Occupational Therapy	$5 copay per visit, limited to 90 visits per calendar year	$5 copay per visit call plan for visit limits
Pre-Admission Testing	Covered in full	$5 copay per visit
Allergy Testing	$5 copay per visit	$5 copay per visit
Allergy Serum	Covered in full	Covered in full
Maternity		
Pre and Post-Natal (Physician Services)	Covered in full	Covered in full
Delivery (Inpatient)	Covered in full	Covered in full
Newborn Care (Inpatient)	Covered in full	Covered in full
Fertility Testing & Family Planning		
Fertility Testing & Family Planning	Member cost-sharing based on type of service performed and place of service where rendered	$5 copay per visit for family planning. Fertility testing office visit and any other fertility services covered at 50%
In-Vitro Fertilization	Call plan for specific state- mandated benefits	50% of allowable charges; $100,000 maximum lifetime benefit for up to 3 attempts per live birth
Mental Health & Substance Abuse Benefits		
Inpatient Mental Health/Alcohol & Substance Abuse	Covered in full (pre-authorization required)	Covered in full
Outpatient Mental Health/Alcohol & Substance Abuse	$5 copay per visit	$5 copay per visit
Miscellaneous Supplies & Services		
Nutrition & Health Education	$5 copay per visit	$5 copay per visit
Diabetic Supplies-Lancets, test strips, Glucometers	$5 copay	Covered in full
Insulin & Syringes Covered by Rx plan		
Durable Medical Equipment (Pre-authorization required)	Covered in full	Covered in full

	Aetna Select Open Access (HMO)	Kaiser Permanente (HMO)
NOTE: Out-of-network services are not covered under an HMO unless in the event of an emergency.		
Private Duty Nursing (Pre-authorization required)	Not covered	Covered in full
Hospice Care	Covered in full	Covered in full
Prosthetic Devices (Such as artificial limbs) (Pre-authorization required)	Covered in full	Covered in full

City of Baltimore

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