

know your **NUMBERS**

YOUR 2023 M-NCPPC BENEFITS





YOUR 2023 M-NCPPC BENEFITS



Note: The information in this guide is a summary of the benefit plans offered to employees/retirees and their dependents. In the event of any discrepancies between the information in the guide and official plan documents the plan documents supersede. The Commission reserves the right to make changes to its benefits program for all employees, retirees and beneficiaries. Benefits are subject to the actual plan terms in effect as of a given time. In the event of a conflict between the terms of any benefit plan and this summary, the terms of the benefit plan will control.

NUMBERS, NUMBERS EVERYWHERE! PLATO SAID - "NUMBERS ARE THE HIGHEST DEGREE OF KNOWLEDGE. IT IS KNOWLEDGE ITSELF."

In this guide, learn how numbers beyond your premiums are associated with your benefits.

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ENROLLING IN YOUR BENEFITS

ELIGIBILITY

- ▶ **Eligible Employees** include - Career FT/PT, Appointed, P/T Commissioners, Merit Board, and Contract (limited benefits).
- ▶ **Retirees** are eligible to enroll in the healthcare plans if they were enrolled in health coverage (either through the Commission or another source) for the 36 months immediately preceding their retirement date and began receiving their retirement annuity immediately following active employment. (If receipt of retirement annuity is delayed, retiree may enroll later with proof of continuous comparable coverage during period not enrolled in a Commission Plan, Medicare is not comparable coverage.)
- ▶ **Eligible dependents** include your:
 - Legal spouse (as recognized under Maryland law).
 - Child up to age 26, including your biological, stepchildren, adopted children, children for whom you have legal guardianship (prior to 18th birthday).
 - Disabled children, regardless of age, if the disability occurred prior to age 26.
 - Domestic partner (as certified by the Commission) and eligible child(ren).



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WHEN TO ENROLL

- ▶ **New Hires/Rehires/Change to a Benefit Eligible Status** – 45 days following your date of hire.
- ▶ **Open Enrollment**– Eligible employees and retirees must enroll/make allowed changes in their benefit elections by November 14, 2022. Elections will be effective January 1, 2023.
- ▶ **Qualifying Life Events**– Eligible employees can make changes in their benefit elections mid-year within 45 days of a qualifying event such as, marriage, birth/adoption, divorce, gaining other coverage or loss of coverage.



Employees adding dependents, must submit marriage license for your spouse, birth certificate/adoption/guardianship documents for your children, and Social Security card for each dependent.

- ▶ **Dropping Coverage**– If a retiree drops coverage, they may not later re-enroll unless they show proof of continuous coverage during the time not covered under the Commission plans. Medicare is not a comparable medical plan, since the Commission does not offer Medicare. Retirees may not add new dependents-spouse, children after retirement.



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HOW TO ENROLL

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It is preferable that employees enroll via the Employee Self Service System (ESS). Follow the ESS Guide.



Employee Self Service Guide

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Retirees and employees unable to enroll via ESS may enroll using the Benefits/Enrollment Change Form.



EMPLOYEE Benefits Enrollment/Change Form



RETIREE Benefits/Enrollment Change Form

FORMS CAN BE SUBMITTED AS FOLLOWS:



HAND DELIVERED OR MAILED

M-NCPPC Health & Benefits Office
6611 Kenilworth Avenue, Suite 404
Riverdale, MD 20737

Drop Box on 1st Floor in the Lobby



EMAIL benefits@mncppc.org



FAX 301-454-1687



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HEALTHCARE, LEGAL SERVICES AND CREDIT UNION FOR EMPLOYEES AND RETIREES



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MEDICAL PLAN


KNOW YOUR NUMBERS

Knowing your numbers is important for preventing many serious health conditions. Body Mass Index (BMI) measures your general health based on the ratio of your height and your weight. The ideal BMI range is 18.3 – 24.9. If your BMI is high, you may have an increased risk of developing certain diseases including high blood pressure, heart disease, Type 2 diabetes, high cholesterol, sleep apnea, gallstones, female infertility, breathing problems and certain cancers.

Get more information on BMI and other important numbers for good health (blood pressure, blood cholesterol and blood sugar) from the

 **American Heart Association.**



Use the  **National Heart and Lung Institute's calculator** to determine your BMI and what actions you can take for better health.



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Medical Plans sponsored by the Commission for employees and retirees are through Kaiser Permanente and UnitedHealthcare. A brief outline of each medical plan follows. First for those not eligible for Medicare and second for those eligible for Medicare.

COMPARE YOUR MEDICAL PLAN OPTIONS
(If You are Not Eligible for Medicare)

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	 UNITEDHEALTHCARE CHOICE PLUS POS		 UNITEDHEALTHCARE SELECT EPO	 KAISER PERMANENTE HMO WITH PRESCRIPTION DRUG COVERAGE
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY
Annual Deductible	None	\$250 individual \$500 2-member \$600 family	None	None
Annual Out-of-Pocket Limit	\$600 individual \$1,200 2-member \$1,800 family <i>Includes copays; does not include deductible</i>		\$1,100 individual \$3,600 family <i>Does not include copays</i>	\$1,100 individual \$3,600 family <i>Includes copays</i>
Preventive Care	\$0 copay	Covered 80% after deductible	\$0 copay	\$0 copay
Office Visits	\$10 copay	Covered 80%	\$10 copay	\$10 copay
Emergency Room	\$50 copay, waived if admitted	\$50 copay, waived if admitted	\$50 copay, waived if admitted	\$50 copay, waived if admitted
Urgent Care Center	\$10 copay	Covered 80% after deductible	\$15 copay	\$15 copay
Virtual Visit	\$0 copay  Go to: UHC Virtual Visits	Covered 80% after deductible  SAME	\$0 copay  SAME	\$0 copay
24/7/365 Care by video chat or phone	 For Behavioral Health: Confidential Counseling	 SAME	 SAME	 Go to: Kaiser Permanente Virtual Health

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	UNITEDHEALTHCARE CHOICE PLUS POS		UNITEDHEALTHCARE SELECT EPO	KAISER PERMANENTE HMO WITH PRESCRIPTION DRUG COVERAGE
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY
Inpatient Surgery	\$0 copay	Covered 80% after deductible, plus \$100 inpatient deductible	\$0 copay	\$0 copay
Outpatient Surgery	\$10 copay in office \$0 copay at facility	Covered 80% after deductible	\$0 copay in office \$25 copay at facility	\$25 copay
Mental Health & Substance Abuse • Inpatient	Covered 100%	Covered 80% after deductibles	Covered 100%	Covered 100%
Mental Health & Substance Abuse • Out-Patient Services	\$10 copay	Covered 80% after deductibles	\$10 copay	\$5 copay, group therapy \$10 copay, individual therapy
Out-of-the-Country	Bona fide emergencies are covered	Bona fide emergencies are covered	Bona fide emergencies are covered	Bona fide emergencies are covered
Hearing Aids	80% covered every 36 months, up to \$3,000 maximum  Go to: www.UHChearing call 1-866-926-6632	80% covered every 36 months, up to \$3,000 maximum 	80% covered every 36 months, up to \$3,000 maximum 	1 hearing aid every 6 months covered up to \$1,000

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COMPARE YOUR MEDICAL PLAN OPTIONS (If You are Eligible for Medicare due to Age or Disability at any Age)

- You must enroll in Medicare Part A and Part B.
- Medicare is primary and the Commission plans is secondary.

Active employees (and their eligible dependents) are not required to enroll in Medicare when they reach age 65; your medical plan remains primary for you and your eligible dependents.

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	UNITEDHEALTHCARE CHOICE PLUS POS	UNITEDHEALTHCARE SELECT EPO	KAISER PERMANENTE MEDICARE ADVANTAGE HMO WITH PRESCRIPTION DRUG COVERAGE
	MEDICARE COMPLEMENT	MEDICARE ELIGIBLE	
Annual Deductible	None; the plan pays Part A and Part B deductibles	None; but you must pay Part A and Part B deductibles	None
Annual Out-of-Pocket Limit	N/A	\$1,100 individual \$3,600 family <i>Does not include copays</i>	\$3,400 <i>Includes copay and coinsurance</i>
Preventive Care	Remaining 20% of Medicare approved amount	\$0 copay	\$0 copay
Office Visits	Remaining 20% of Medicare approved amount	\$10 copay	\$10 copay
Emergency Room	Remaining 20% of Medicare approved amount	\$50 copay, waived if admitted	\$50 copay, waived if admitted
Urgent Care Center	Remaining 20% of Medicare approved amount	\$15 copay	\$15 copay

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COMPARE YOUR MEDICAL PLAN OPTIONS
 (If You are Eligible for Medicare due to Age or Disability at any Age)

- You must enroll in Medicare Part A and Part B.
- Medicare is primary and the Commission plans is secondary.

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	MEDICARE COMPLEMENT	MEDICARE ELIGIBLE	
Virtual Visit	Remaining 20% of Medicare approved amount Go to: UHC Virtual Visits For Behavioral Health: Confidential Counseling	\$0 copay 	\$0 copay Go to: Kaiser Permanente Virtual Health
Inpatient Surgery	Covered in full by Medicare	\$0 copay	\$0 copay
Outpatient Surgery	Remaining 20% of Medicare approved amount	\$0 copay in office \$25 copay at facility	\$0 copay
Mental Health & Substance Abuse • Inpatient	Remaining 20% of Medicare approved amount	Covered 100%	Covered 100%
Mental Health & Substance Abuse • Out-Patient Services	Remaining 20% of Medicare approved amount	\$10 copay	\$5 copay, group therapy \$10 copay, Individual therapy
Out-of-the-Country	Bona fide emergencies covered	Bona fide emergencies covered	Bona fide emergencies covered
Hearing Aids	80% covered every 36 months, up to \$3,000 maximum Go to: UHC Hearing or call 1-866-926-6632	80% covered every 36 months, up to \$3,000 maximum 80 	1 hearing aid up to \$1,000 per ear every 36 months



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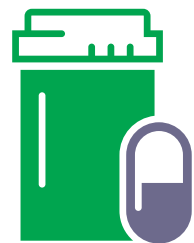
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PRESCRIPTION DRUG PLAN

KNOW YOUR NUMBERS

The Federal Drug Administration uses a unique three-segment number, the National Drug Code (NDC), to identify a drug or related drug item. The NDC is updated daily and has 10 or 11 digits divided into 3 sections. The NDC can be found on your prescription drug labels.

Learn how to decipher the  **NDC**.



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COMPARE YOUR PRESCRIPTION DRUG PLANS (for eligible Employees and Retirees Not Medicare Eligible)

- Caremark is a standalone plan. You can enroll in this plan separately or along with a UnitedHealthcare plan.
- You cannot enroll in Caremark if you enroll in the Kaiser Permanente as it includes prescription drug coverage.

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DRUG TYPE	CVS CAREMARK PRESCRIPTION PLAN		KAISER PERMANENTE PRESCRIPTION PLAN	
	Participating Retail Pharmacy (up to 34-day supply)	CVS Mail Order or CVS Pharmacy (up to 90-day supply)	Pharmacy/Network Pharmacy (up to 30-day supply)	Mail Order Pharmacy/Network Pharmacy (up to 90-day supply)
Generic Drugs	\$8 copay	\$16 copay	\$7/\$10 copay	\$14/\$20 copay
Preferred Brand Name Drugs	\$16 copay	\$32 copay	\$15/\$20 copay	\$30/\$40 copay
Non-Preferred Brand Name Drugs	\$25 copay	\$40 copay	\$30/\$35 copay	\$60/\$70 copay
Specialty Drugs	N/A	\$0 copay if enrolled in PrudentRx; otherwise, you pay 30% of the cost of the Specialty Drug	N/A	N/A
Lifestyle Drugs	50% copay	50% copay	N/A	N/A



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COMPARE YOUR PRESCRIPTION DRUG PLANS (for Medicare Eligible)

- SilverScript is a standalone Medicare Part D plan administered by Caremark. You can enroll in this plan separately or along with a UnitedHealthcare medical plan. You must be enrolled in Medicare Part A and Part B.
- Do not enroll in SilverScript if you enroll in the Kaiser Medicare Advantage or in another Medicare Part D plan.



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DRUG TYPE	SILVERSCRIPT PRESCRIPTION PLAN (Approved Medicare Part D Prescription Drug Plan Administered by CVS Caremark)*		KAISER MEDICARE ADVANTAGE PRESCRIPTION PLAN		
	Network Pharmacy (up to 30-day supply)*	Network Mail Order or Network Retail Pharmacy (up to 90-day supply)	Pharmacy/ Network Pharmacy (up to 60-day supply)	Mail Order Pharmacy/ Network Pharmacy (up to 90-day supply)	Affiliated Network Pharmacy (Giant, Rite Aid, Target, Walmart) (up to 90-day supply)
Generic Drugs	\$8 copay*	\$16 copay*	\$10 copay	\$5 copay	\$15 copay
Preferred Brand Name Drugs	\$16 copay*	\$32 copay*	\$10 copay	\$5 copay	\$15 copay
Non-Preferred Brand Name Drugs	\$25 copay*	\$40 copay*	\$10 copay	\$5 copay	\$15 copay

*As a SilverScript participant, you pay the copayments listed above, up to \$7,050. If your copays exceed this amount in the plan year, catastrophic coverage begins and you will pay the lesser of 5% of the cost of the drug, or \$3.95 for generics and \$9.85 for all other drugs.

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DENTAL PLAN

KNOW YOUR NUMBERS

Dentists use the Universal Tooth Numbering System to identify your teeth. What is Your tooth Number? Learn to identify each of your teeth using the Universal Numbering System for teeth and impress your dentists during your next visit.

 The [Universal Numbering System](#) for teeth.



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COMPARE YOUR DENTAL PLAN OPTIONS

- The DeltaCare USA HMO only pays benefits when you see a provider in the DeltaCare network
- The Delta Dental PPO allows you to receive care from any dentist. Your out-of-pocket costs will be lowest when you see a provider in the Delta Dental PPO network and slightly higher when you see a provider in the Delta Dental Premier network and highest when you see a non-Delta Dental provider.



	DELTACARE USA HMO	DELTA DENTAL PPO	
	In-Network	In-Network	Non-Delta Dental Provider
Annual Deductible	None	\$50/person \$150/family	\$50/person \$150/family
Annual Benefit Maximum	None	\$2,000/person each calendar year	\$2,000/person each calendar year
Diagnostic & Preventive Services- Exams, cleanings, x-rays and sealants	Refer to the  DeltaCare Fee Schedule	Covered at 100%	Covered at 100%**
Basic Services – Fillings, root canals, gum treatments, oral surgery	Refer to the  DeltaCare Fee Schedule	Covered at 80% after deductible	Covered at 80%** after deductible
Major Services – Crowns, inlays, onlays and cast restorations	Refer to the  DeltaCare Fee Schedule	Covered at 60% after deductible	Covered at 60%** after deductible
Orthodontics – Adults and dependent children	Refer to the  DeltaCare Fee Schedule	Covered at 60% \$2,000 lifetime maximum	Covered at 60%** \$2,000 lifetime maximum

**Non-Delta Dental providers can bill you for charges that exceed their reimbursement from Delta Dental.



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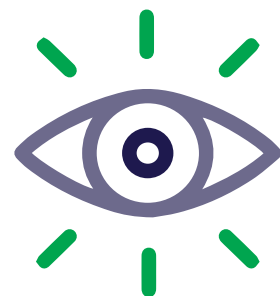
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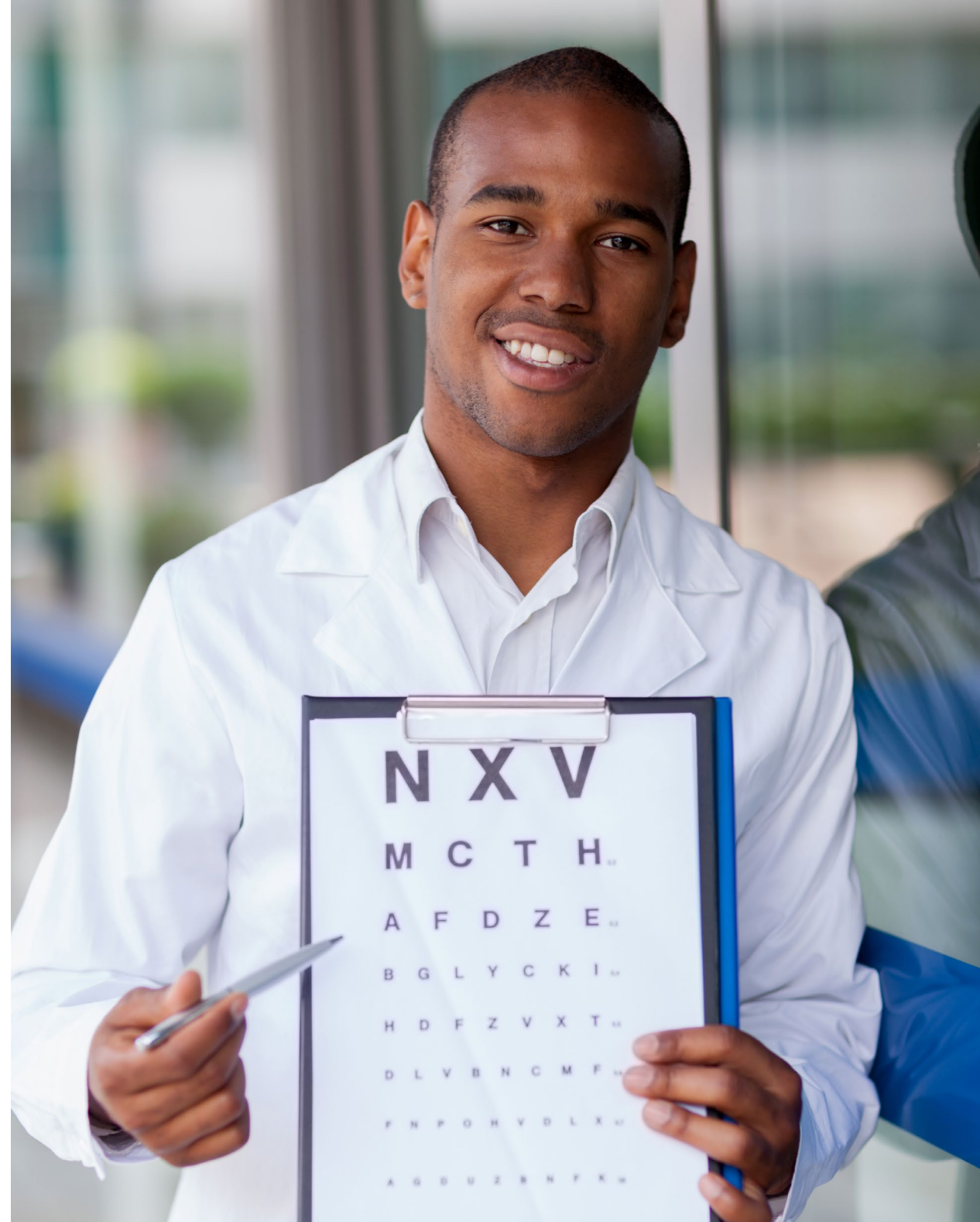


VISION PLAN

KNOW YOUR NUMBERS

What is 20/20 vision? We all want 20/20 vision, but what does it mean? Is 20/20 vision the best? The Cleveland Clinic can answer these questions and more.

 Visit [Cleveland Clinic](#) to learn more.



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PLAN FEATURE	LOW PLAN*	MODERATE PLAN*	HIGH PLAN*
FREQUENCY OF VISION CARE SERVICES			
Exam	Every plan year	Every plan year	Every plan year
Frame	Every other plan year	Every other plan year	Every plan year
Lenses	Every other plan year	Every plan year	Every plan year
Contact Lenses	Every other plan year	Every plan year	Every plan year
IN-NETWORK PROVIDER MEMBER COST*			
Frames	\$150 allowance; 20% off balance over \$150	\$150 allowance; 20% off balance over \$150	\$250 allowance; 20% off balance over \$250
Conventional Contact Lenses	\$130 allowance; 15% off balance over \$130	\$130 allowance; 15% off balance over \$130	\$200 allowance; 15% off balance over \$200
IN-NETWORK COVERED LENS OPTIONS			
Standard Anti-Reflective Coating	Up to \$45 copay	Up to \$45 copay	\$0 copay
Standard Progressive	\$55 copay	\$55 copay	\$0 copay
Standard Tint (Solid/Gradient)	Up to \$15 copay	Up to \$15 copay	\$0 copay
Standard Photochromic/Transition	\$75 copay	\$75 copay	\$0 copay

*If you use an out-of-network provider, you will need to pay at time of service and submit a claim for any applicable reimbursements. If the provider charges more than EyeMed's allowance, you may have to pay the difference.

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LEGAL SERVICES PLAN

KNOW YOUR NUMBERS

Legal Resources has you covered when you need a lawyer-traffic accident, divorce, marriage prenuptial agreement, will preparation, adoption, consumer disputes, uncontested divorce, landlord disputes, bankruptcy, identity theft, elder care, etc.*



View a short video

[Legal Plan Overview](#)

to discover what Legal Resources has to offer.

If you do not have a legal services plan, your cost for an attorney could range from \$200-\$1,500/hour for common legal services. What will you pay as a member of Legal Resources?

Click here to find out [Your Cost With Legal Resources](#)

LEGAL RESOURCES	
Who is Covered	You, your spouse, and your dependent children up to age 19 or up to age 23, if a full-time student. *Your parents will receive a 25% discount for legal needs
Attorney Assignment	You must select one participating firm for all of your legal needs.
Legal Consultation	Unlimited in-person or telephone advice and consultation for fully covered services
Cost of Services Not Covered Under the Plan	25% discount

*Legal services may not be used for any Commission related law suits. You must remain in the plan for 12-months.

For more information on these services go to [LegalResources.com](#) or call 1-800-728-5768.

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CREDIT UNION

KNOW YOUR NUMBERS

All employees/retirees and members of their extended families are eligible for membership with the M-NCPPC Federal Credit Union (FCU). FCU membership provides Loans (Signature, Cash, Used/New/Hybrid Vehicles, Home Equity), Savings Accounts, IRAs, Holiday Accounts, Certificates of Deposit and more. The minimum needed to open an account is \$5.00. All deposits up to \$250,000 are insured by the National Credit Union Association. For more information, contact the M-NCPPC FCU at 301-277-8630.



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FLEXIBLE SPENDING ACCOUNTS (FSAs)

KNOW YOUR NUMBERS

Give yourself a raise! FSAs allow you to pay for your and your family’s eligible medical, prescription, dental, and vision expenses with pre-tax dollars. What you save in taxes increases your spendable income.



IMPORTANT

FSA elections do not roll over to the next calendar year. you must re-enroll each year, even if choosing the same amount.



Voya-Benefit Strategies can show you how much you could save in taxes; increasing your spendable income.

Need to know more about FSAs, including how they work, eligible Healthcare and Dependent Care expenses and the use it or lose it rule?

Review **Voya-Benefit Strategies’ FAQs.**

FSA 2023 Annual Maximum	Healthcare FSA: \$2,850	Dependent Care FSA: \$2,500 Single/\$5,000 Married Filing Jointly	
January 1, 2023 – March 15, 2024 (includes 2.5-month grace period)	Incur Eligible Expenses on or before3/15/2024	File Claims no later than3/31/2024	Forfeiture (Loss) of Unused Funds4/1/2024

FLEXIBLE SPENDING ACCOUNTS

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GROUP LIFE AND AD&D INSURANCE

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How much life insurance do you need?

How much life insurance can you afford?



Let Securian help you calculate how much you need and how much it will cost you to obtain additional group supplemental Life Insurance.

 [Securian Estimator](#) is here to help!

The Basic and Accidental Death & Dismemberment (AD&D) plans are automatic (unless you opt-out). You pay 20% of the premium. You can also *obtain* Supplemental and Spouse/Dependent coverage and you pay 100% of the cost. All plans are term insurance-there is no cash or surrender value.

Coverage	Amount
Basic Life	2 times annual base salary up to \$200,000
AD&D	2 times annual base salary up to \$200,000
Supplemental	1-5 times your annual base pay up to \$750,000 (Guaranteed Issue up to 3 times annual base pay not to exceed \$300,000 without Evidence of Insurability for newly eligible employees)
Spouse/Dependent	\$10,000/\$5,000, \$20,000/\$10,000, or \$30,000/\$15,000 *Spouse must submit Evidence of Insurability if \$30,000/\$15,000 is elected

If you apply outside of your initial eligibility period (45-days after hire/rehire or QLE), Evidence of Insurability will be required; subject to carrier approval.

FOP members receive FREE \$50,000 Supplemental AD&D coverage.



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ANYONE CAN BECOME DISABLED AT ANY AGE AND AT ANY TIME.

What are the chances that you will become disabled, unable to work, during your career and need income replacement to help you meet your financial obligations?

For the complete details, view the [Administrative Procedure](#). The Council for Disability Awareness can provide insight on your chances of disability, common causes for short and long-term disability and how to reduce your chances for disability.



SICK LEAVE BANK

KNOW YOUR NUMBERS

The Sick Leave Bank is a voluntary short-term, income-replacement disability program that enables members who exhaust their accrued leave (except for 80 hours of annual leave) to access a source of paid leave when they are unable to perform their job for an extended period of time and need it most; in the event of their own serious illness (including pregnancy), the illness of a family member or parental responsibilities (newborn, adoption, foster care). Participants may be required to donate up to 8 hours of their sick/annual leave each year. You can enroll within your first 60 days of hire/rehire or open enrollment.

For the complete details, view the

[Administrative Procedures](#).



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LONG-TERM PROGRAMS: BASIC LONG-TERM DISABILITY AND SUPPLEMENTAL LONG-TERM DISABILITY

KNOW YOUR NUMBERS

Basic Long-Term Disability (LTD)

You are automatically enrolled in the basic Long-Term Disability plan. You pay 20% of the premium. If you become disabled more than 120 days, your LTD plan replaces 66 2/3% of your basic monthly earnings up to a maximum of \$6,000 per month. (Note: Park Police may have different benefit levels and/or cost share of premiums; refer to your collective bargaining agreement.)

Supplemental Long-Term Disability

If you earn more than \$108,000 annually, you may enroll in the Supplemental Long-Term Disability Plan. Coverage provides additional coverage beyond the \$6,000 monthly cap under the basic LTD. You will receive 66 2/3% of your base salary between \$108,000 to \$216,000 in addition to any benefit received under the basic LTD plan. The maximum benefit for supplemental coverage is \$6,000 per month. You pay 100% of the premium. You can enroll in the Supplemental LTD plan when your first become eligible or during Open Enrollment each Fall. If you enroll more than 45 days after your initial eligibility period, you must provide Evidence of Insurability.

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2023 PREMIUM RATES

Click on the **RATE SYMBOL** symbol to view the 2023 premium rates for the medical, prescription, dental, vision and group legal services plans. Employees will also find the premium rates for the long-term disability, and group term basic life and AD&D plans.



FRATERNAL ORDER OF POLICE (FOP)



MCGEO, NON-UNION PREPRESENTED EMPLOYEES



CONTRACT EMPLOYEES



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REQUIRED BENEFIT NOTICES

Go here to view the

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CONTACT US

If you have questions about the benefits described in this guide, you can contact the Health & Benefits Office at benefits@mncppc.org or 301-454-1694. You may also contact the benefit providers listed here.

BENEFITS PROVIDER	PHONE NUMBER	WEBSITE
UnitedHealthcare (All Plans)	1-800-603-4190 (M-F, 8 a.m. to 8 p.m.)	www.myuhc.com
Kaiser Permanente HMO with Prescription Drug Coverage	1-800-777-7902 (24 hours a day/7 days a week)	my.kp.org/mncppc/
-CVS Caremark -SilverScript (Medicare Eligible)	1-800-421-5501, 1-800-231-4403 (TTY) 1-866-329-2088, TTY Users call 711	www.caremark.com
DeltaCare USA HMO and Delta Dental PPO	1-800-422-4234 (DeltaCare HMO) 1-800-932-0783 (Delta Dental PPO) (Monday-Friday, 8:00 a.m. to 9:00 p.m.)	www.deltadentalins.com
EyeMed Vision	1-866-800-5457 (Monday-Friday, 7:30 a.m. to 11:00 p.m.) (Saturday-Sunday, 11:00 a.m. to 8:00 p.m.)	www.eyemed.com
Benefit Strategies	1-888-401-FLEX (Monday-Thursday, 8:00 a.m. to 6:00 p.m.) (Friday 8:00 a.m. to 5:00 p.m.)	www.benstrat.com
Securian Financial	1-866-293-6047 (Monday-Friday, 6:00 a.m. to 5:00 p.m.)	www.LifeBenefits.com
Legal Resources	1-800-728-5768 (Monday-Friday, 8:30 a.m. to 5:30 p.m.)	www.legalresources.com

