



M-NCPPC RETIREE BENEFIT GUIDE

MAKE THE BEST CHOICE!!!

JANUARY 1 – DECEMBER 31, 2021



For Benefits Effective January 1, 2021

Make the Best Choice!

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M-NCPPC Retiree Benefit Guide

Make the Best Choice! M-NCPPC Retiree Benefits

M-NCPPC is pleased to offer our retirees access to a benefits program that provides you and your eligible dependents with valuable coverage and protection at competitive rates. This guide describes the benefits offered to eligible M-NCPPC retirees.

This benefit guide is designed to provide you with an overview of your 2021 benefit options, including:

- How the plans work
- How your plans pay benefits
- Programs and features available as a plan participant
- Where to find more details about each plan

You will also find copies of required benefit notices at the end of this guide, which provide important legally required information about your plans.

Please take a close look at this information to help you choose the benefits that fit your needs in 2021.

Your 2021 Benefit Options

If you are an eligible retiree, you have the following benefit options for the 2021 plan year:

Benefit Plan	Your Options
Medical Plan	<p>Non-Medicare Eligible Retirees and Dependents:</p> <ul style="list-style-type: none"> • UnitedHealthcare Choice Plus POS • UnitedHealthcare Select EPO • Kaiser Permanente HMO (includes prescription drug coverage) <p>Medicare Eligible Retirees and Dependents:</p> <ul style="list-style-type: none"> • UnitedHealthcare Choice Plus POS – Medicare Complement • UnitedHealthcare Select EPO – Medicare Complement • Kaiser Permanente HMO – Medicare Complement (includes prescription drug coverage)
Prescription Drug	<ul style="list-style-type: none"> • CVS Caremark (if you are a Non-Medicare Eligible Retiree or Dependent and enrolled in a UHC medical plan) • SilverScript (if you are a Medicare Eligible Retiree or Dependent and enrolled in the UHC Medicare Complement medical plan) • Kaiser Permanente (automatically included when you enroll in the HMO plan)
Dental Plan	<ul style="list-style-type: none"> • Delta Dental PPO • DeltaCare USA (Delta Dental HMO)
Vision Plan	<ul style="list-style-type: none"> • EyeMed – Low Plan • EyeMed – Moderate Plan • EyeMed – High Plan
Legal Services Plan	<ul style="list-style-type: none"> • Legal Resources • U.S. Legal Services

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Who is Eligible

You are eligible to participate in the plans described in this guide if you retired from M-NCPPC. Retirees are eligible for health care coverage if they receive a retirement annuity immediately following active employment and were enrolled in health coverage (either through M-NCPPC or another source) for the 36 months immediately preceding retirement date.

You may also choose to cover your eligible dependents, as applicable. Your eligible dependents include your:

- Legal spouse (as recognized under Maryland law)
- Natural, step, or adopted child under age 26
- Unmarried natural, step, or adopted child age 26 or older who before turning age 26 became totally and permanently incapacitated due to mental or physical limitations; if they meet certain criteria
- Domestic partner (as certified by the Commission) and eligible children
- A child for whom you or your covered dependent spouse/partner has permanent (12 months or longer) legal guardianship before his/her 18th birthday who meets the above requirements (copy of court order required)

After you retire, new dependents are not eligible for coverage. You may not add a new spouse, newborn child(ren), or any other dependents who were not enrolled in coverage or deemed eligible at the time of retirement.

How to Enroll

You may elect any benefits listed for retirees on the previous page, provided that you were deemed eligible at the time of retirement based on the 36-month rule. However, if you drop coverage you may not later re-enroll unless you show proof of coverage with a similar plan during the time you were not covered under the M-NCPPC plans.

After your initial retiree enrollment period, you will have the opportunity to enroll in or change benefits each fall during open enrollment for benefits effective the following plan year. If you wish to enroll or make changes to your benefits during the 2021 Open Enrollment period, you must complete and return your Application for Benefit Enrollment to the Health & Benefits Office by your enrollment deadline, November 13, 2020. Completed enrollment forms can be submitted as follows:

- Hand delivered or mailed (interoffice or U.S. mail) to the office at:
M-NCPPC Health & Benefits Office
6611 Kenilworth Avenue, Suite 404
Riverdale, MD 20737
*****During Open Enrollment use the secure drop box on the 1st Floor in the lobby.**
- Sent via email to benefits@mncppc.org
- Sent via fax to 301-454-1687

For your convenience, an Application for Benefit Enrollment is included in this guide.

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Qualifying Life Events

In general, your benefit elections remain in effect for the entire plan year: January 1 to December 31. However, if you experience a qualifying life event, you may be permitted to enroll in or change your coverage before the end of the year.

Examples of qualifying life events include:

- Your divorce, annulment, or legal separation.
- A change in you or your spouse's or child's employment status.
- You or your dependent's loss of healthcare coverage.

Remember, you cannot add new dependents that were not eligible at the time of retirement.

If you experience a qualifying life event, contact the Health & Benefits Office within 45 days for more information about how this impacts your benefits.

Medical Plan

M-NCPPC offers you three medical plan options from which to choose. Once you have selected a medical plan option, you and your dependents' Medicare eligibility will determine which plan design you are enrolled in.

If you and/or your dependents are not eligible for Medicare:

You may enroll in the UHC Choice Plus POS, UHC Select EPO, or Kaiser HMO.

If you and/or your dependents are eligible for Medicare:


You may enroll in the plan options that coordinate with Medicare: UHC Choice Plus POS Medicare Complement, UHC Select EPO Medicare Complement, or Kaiser HMO Medicare Complement. If you and/or your dependents are eligible for Medicare, you **MUST** enroll in Medicare Parts A and B if you wish to participate in a M-NCPPC medical plan.

You and your dependents may have different plan designs, but you may only choose one medical plan option. For example:

- If you are eligible for Medicare and your spouse is not Medicare eligible, you may enroll in the UHC Choice Plus POS Medicare Complement Plan and your spouse will have to enroll in the UHC Choice Plus POS Plan.
- If you are not eligible for Medicare and your spouse is Medicare eligible, you may enroll in the Kaiser HMO Plan and your spouse will have to enroll in the Kaiser HMO Medicare Complement Plan.

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Your medical plan options are outlined below.

Medical Plan Option	How it Works	Prescription Drug Coverage	Cost for Coverage
UnitedHealthcare Choice Plus POS and UnitedHealthcare Choice Plus POS Medicare Complement	<p>This plan covers eligible services when you use a provider or facility in the network or outside of the network – you choose where to receive care.</p> <p>You do not need referrals to see a specialist.</p> <p>However, in general, your out-of-pocket costs will be lower when you see a provider or facility in the network.</p>	<p>This plan does NOT include prescription drug coverage; you must elect prescription drug coverage separately.</p>	
UnitedHealthcare Select EPO and UnitedHealthcare Select EPO Medicare Complement	<p>This plan covers eligible services only when you use an in-network provider or facility (except in the case of an emergency).</p> <p>You do not need referrals to see a specialist.</p>	<p>This plan does NOT include prescription drug coverage; you must elect prescription drug coverage separately.</p>	
Kaiser Permanente HMO and Kaiser Permanente HMO Medicare Complement	<p>This plan covers eligible services only when you receive care at Kaiser facilities, through Kaiser doctors, and affiliated hospitals (except in the case of an emergency).</p> <p>You have the convenience of same day service for your office visit, lab tests, X-rays, and prescription fills at a Kaiser facility.</p> <p>You must elect a primary care physician when you enroll.</p>	<p>This plan includes prescription drug coverage at no additional cost.</p>	

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How the Plans Compare – Non-Medicare Eligible Plans

Below is a look at some of the key plan features of your three medical plan options for non-Medicare eligible participants. For more details about how each plan pays for specific services and care, refer to the Employee Benefits Handbook, available on www.mncppc.org.

Plan Feature	UHC Choice Plus POS		UHC Select EPO	Kaiser HMO
	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 Does not include copays; does include deductible		\$1,100 individual \$3,600 family Does not include copays	\$1,100 individual \$3,600 family Includes copays
Preventive Care	\$0 copay	Covered 80% after deductible	\$0 copay	\$0 copay
Office Visits	\$10 copay	Covered 80%	\$10 copay	\$10 copay
Emergency Room (medical emergency only)	\$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	Covered 80% after deductible	\$0 copay	\$0 copay
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

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How the Plans Compare – Medicare Eligible Plans

Below is a look at some of the key plan features of your three medical plan options for Medicare Eligible participants. Remember: this coverage assumes you are enrolled in both Medicare Parts A and B if you are eligible for Medicare.

For more details about how each plan pays for specific services and care, refer to the Employee Benefits Handbook, available on www.mncppc.org.

Plan Feature	UHC Choice Plus POS Medicare Complement		UHC Select EPO Medicare Eligible	Kaiser HMO Medicare Complement
	In-network	Out-of-network	In-network only	In-network only
Annual Deductible	None; the plan pays Part A and Part B deductibles		None; but you must pay Part A and Part B deductible	None
Annual Out-of-Pocket Limit	N/A		\$1,100 individual \$3,600 family Does not include copays	\$3,400 Includes copay and coinsurance
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 (medical emergency only)	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	\$10 copay
Virtual Visit	Not covered		\$0 copay	\$0 copay
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	\$25 copay

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Choosing a Medical Plan

Choosing a medical plan can be an overwhelming task. To help you consider your options and make a choice that is best for you and your situation, see the decision tool below. It is designed to help you weigh your options. Plans refer to both Medicare eligible and non-Medicare eligible retirees and dependents.

Do you have an existing relationship with a doctor, but would be open to switching doctors?	
If you answered NO:	The UHC Choice Plus POS plans may be right for you. They offer you the greatest freedom to see any provider, by allowing you to receive benefits for care both with in-network and out-of-network providers. Therefore, if your current doctor is not in the UHC network, you can continue to receive services from that doctor. However, when you receive care from an out-of-network provider, you will pay more for care than if you see an in-network provider.
If you answered MAYBE:	The UHC Select EPO plans may be right for you. They only pay benefits for care received in-network. However, the UHC network includes a nationwide network of providers for you to choose from and many doctors in the area participate in the UHC network.
If you answered YES:	The Kaiser HMOs may be right for you. They only provide benefits for care received from Kaiser doctors. This network is more limited than the UHC network as many Kaiser doctors do not participate in other plan networks.

Do you consider the premium you pay bi-weekly as a deal breaker; the lowest premium is best for your financial situation?	
If you answered YES:	The Kaiser Permanente plans may be the right choice for you, since not only is the premium the lowest, but these plans include prescription drug coverage. If you select one of the UHC plans, you not only pay a higher premium, but will also pay additional for prescription drug coverage.
If you answered NO:	Take a closer look at the UHC plans, as well as the Kaiser HMO.

Do you anticipate having a lot of out-of-pocket medical expenses in 2021? For example, do you know of any upcoming major medical events such as birth of a baby, surgeries, procedures, or tests that you or your dependents may need?	
If you answered YES:	The UHC Choice Plus POS plans may be right for you since they offer the lowest out-of-pocket maximum; which is the annual amount you will pay out of pocket before the plan begins to pay 100%.
If you answered NO:	The UHC Select EPO plans or Kaiser HMO plans may be right for you since they offer similar coverage for basic medical services for a lower premium.

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Make the Best Choice!

All of the medical plans include programs and features in addition to basic medical coverage. Are you getting the most out of your benefits? Review each plan and make the best choice!

UnitedHealthcare

UHC offers plan members access to a program called Rally on myuhc.com to help track and improve your health. This online, interactive experience is designed to make it easy to understand your healthy behaviors and take any needed steps to live a healthier life. You can earn Rally points and redeem them for discounts on popular name-brand items.

UHC also offers programs to help you get and stay healthy, such as:

- Health coaching
- Urgent care at Minute Clinics
- Healthcare Advocate services
- Smoking cessation
- And more!

Visit www.myuhc.com for more information and to start earning those Rally points.

Kaiser Permanente

Kaiser offers plan members access to the following added benefits and services:

- Wellness Coaching
- Online Mobile Tools
- Vision Essentials
- Cosmetic Dermatology (fee for service)
- Urgent Care at Minute Clinics (outside the Kaiser service area)
- Healthy Resources Guide
- Transgender Services (adult and child)
- Choose Healthy (discounts for fitness centers, chiropractic care, acupuncture, and massage therapy)

Visit www.my.kp.org/mncppc to learn more.

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Prescription Drug Plan

The prescription drug plan option available to you depends on which medical plan option you enroll in:

- UHC medical plan non-Medicare eligible participants: you may choose to separately enroll in prescription drug coverage through CVS Caremark
- UHC medical plan Medicare eligible participants: you may choose to separately enroll in Part D prescription drug coverage through SilverScript. If you and/or your dependents are eligible for Medicare, you **MUST** enroll in Medicare Parts A and B if you wish to participate in the SilverScript prescription drug plan
- Kaiser medical plan participants: when you enroll in Kaiser HMO, you automatically receive prescription drug coverage through Kaiser

All three prescription drug plans provide coverage for generic drugs, preferred brand name drugs, and non-preferred brand name drugs, as outlined below. In addition, the CVS Caremark plan provides coverage for lifestyle drugs.

Non-Medicare Eligible Plans

Drug Type	CVS Caremark		Kaiser 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)
Tier 1 – Generic Drugs	\$8 copay	\$16 copay	\$7/\$10 copay	\$14/\$20 copay
Tier 2 – Preferred Brand Name Drugs	\$16 copay	\$32 copay	\$15/\$20 copay	\$30/\$40 copay
Tier 3 – Non-Preferred Brand Name Drugs	\$25 copay	\$40 copay	\$30/\$35 copay	\$60/\$70 copay
Tier 4 – Lifestyle Drugs	50% copay	50% copay	N/A	N/A

Medicare Eligible Plans

Drug Type	Kaiser Prescription Plan			SilverScript	
	Kaiser Medical Center (up to 60-day supply)	Mail Order Pharmacy (up to 90-day supply)	Affiliated Network Pharmacy (Giant, Rite Aid, Safeway, Target, Walmart; up to 60-day supply)	Network Retail Pharmacy (up to 30-day supply)	Network Mail Service Pharmacy (up to 90-day supply)
Tier 1 – Generic Drugs	\$10 copay	\$5 copay	\$15 copay	\$8 copay*	\$16 copay*
Tier 2 – Preferred Brand Name Drugs	\$10 copay	\$5 copay	\$15 copay	\$16 copay*	\$32 copay*
Tier 3 – Non-Preferred Brand Name Drugs	\$10 copay	\$5 copay	\$15 copay	\$25 copay*	\$40 copay*

* As a SilverScript participant, you pay the required copays listed above up to \$6,350. If your copays total more than \$6,350 in the plan year, catastrophic coverage begins, and you will pay the lesser of 5% of the cost of the drug or \$3.60 for generic drugs and \$8.95 for all other drugs.

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Important for SilverScript participants: if you enroll in Medicare Part D coverage through the commercial market, your SilverScript coverage will be cancelled. You may only enroll in one Medicare Part D plan at any given time.

For more specific details about the prescription drug plans, refer to the Employee Benefits Handbook, available on www.mncppc.org.

Make the Best Choice!

Both prescription drug plans provide you with programs and features you may not be aware of. Look at each plan to ensure that you make the best choice!

CVS Caremark

Go to www.caremark.com to find information about:

- Online access to track your prescription spending throughout the year at www.caremark.com
- Mobile app for access to your prescriptions and refills, on the go
- Mail order service for long term medications
- Drug cost tool to help you find the lowest cost around for your prescription

Kaiser Permanente

Go to www.my.kp.org/mncppc to find information about:

- Online access to access your prescriptions and order refills
- Mobile app for access to your prescriptions and refills, on the go
- Mail order service for long term medications

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Dental Plan

You have two dental plan options from which to choose:

- Delta Dental PPO plan – you can receive care from any dentist, but your out of pocket costs will be lowest when you see a provider in the Delta Dental PPO network, slightly higher when you see a provider in the Delta Dental Premier network, and the highest when you see a non-Delta Dental provider
- DeltaCare USA HMO – the plan will only pay benefits when you see a provider in the DeltaCare network

Plan Feature/ Services	DeltaCare USA HMO	Delta Dental PPO		
		Delta Dental PPO Network	Delta Dental Premier	Non-Delta Dental Provider
Annual Deductible	None	\$50/enrollee \$150/family		
Annual Maximum	No maximum	\$2,000		
Cleanings	You pay \$0	Estimated Dentist Fee: \$48 You pay 0%	Estimated Dentist Fee: \$66 You pay 0%	Estimated Dentist Fee: \$66+ You pay 0%
Fillings (2 surface silver)	You pay \$0	Estimated Dentist Fee: \$88 You pay 20%, or \$17.78	Estimated Dentist Fee: \$130 You pay 20%, or \$26	Estimated Dentist Fee: \$130+ You pay 20%+ Any Balance After Delta Pays, or \$26+*
Crown (titanium)	You pay \$380	Estimated Dentist Fee: \$728 You pay 40%, or \$291.20	Estimated Dentist Fee: \$825 You pay 40%, or \$330	Estimated Dentist Fee: \$825+ You pay 40%+ Any Balance After Delta Dental Pays, or \$330+*
Orthodontics (children, up to age 19)	You pay \$1,900	Estimated Dentist Fee: \$4,098 You pay \$2,098	Estimated Dentist Fee: \$5,000 You pay \$3,000	Estimated Dentist Fee: \$5,000+ You pay \$3,000+ Any Balance After Delta Dental Pays, or \$3,000+*
(Plan pays \$2,000 lifetime maximum)				
Teeth Whitening	You pay \$125/arch	Estimated Dentist Fee: \$280 You pay 100%, Whitening is not covered	Estimated Dentist Fee: \$400 You pay 100%, Whitening is not covered	Estimated Dentist Fee: \$400+ You pay 100%, Whitening is not covered
Implants	Not covered	Estimated Dentist Fee: \$1,127.00 You pay 40%, or \$450.80	Estimated Dentist Fee: \$1,600.00 You pay 40%, or \$640.00	Estimated Dentist Fee: \$1,600+ You pay 40%+ Any Balance After Delta Dental Pays, or \$640.00+*
* If you see a non-Delta Dental provider, the provider can charge more than the fee estimated by Delta Dental. You will be balance billed. That means you pay the difference between the Delta Dental allowance and the provider's billed amount. Estimated Dentist Fees are for illustration only, since fees can vary by geographic location.				

The description above is a brief summary of some plan features and how the benefits are covered under the dental plans. For more details about what is covered and your share of the costs for services, refer to the Employee Benefits Handbook, available on www.mncppc.org.

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Choosing a Dental Plan

Choosing a dental plan can be confusing. To help you consider your options and make a choice that is best for you, see the decision tool below. It is designed to help you weigh your options.

Do you have an existing relationship with a dentist, but would be open to switching providers?	
If you answered NO:	The Delta Dental PPO plan may be right for you. It offers you the greatest freedom to see any dentist, by allowing you to receive benefits for care both with in-network and out-of-network dentists. Therefore, if your current dentist is not in the Delta Dental network, you can continue to receive services from that dentist. However, when you receive care from an out-of-network dentist, you will pay more for care than if you see a network dentist.
If you answered YES:	The DeltaCare HMO may be right for you. It only provides benefits for care received from DeltaCare dentists, but you pay less in premiums and copayments.

Do you anticipate having a lot of dental needs in 2021 outside of your regular cleanings? For example, will your dependent children need braces or do you anticipate needing a crown or root canal?	
If you answered YES:	Carefully review the plan coverage details above and available in the Employee Benefits Handbook to see which plan would pay higher benefits for the services you will need. Also remember, that the Delta Care USA plan has no annual maximum, while the Delta Dental PPO plan will only pay out \$2,000 each year no matter how many procedures you have. <i>If you anticipate getting an implant next year, it will only be covered under the Delta Dental PPO plan</i>
If you answered NO:	Then consider whether you would prefer to pay higher premiums for the freedom to see any dentist in or out of the Delta Dental PPO network or if you would prefer to pay lower premiums, but be restricted to receiving care from network dentists only in the DeltaCare HMO.

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Vision Plan

You have three vision plan options from which to choose. All three plans are provided through EyeMed and vary in how the plan pays for benefits and how often you can receive certain services.

When receiving vision care, you can use a provider in or out of the EyeMed network. EyeMed is a national network of 78,000 vision care providers, including independent providers and major retail chains such as LensCrafters, Target Optical, Pearle Vision, America’s Best and MyEyeDr.

Here’s how the plans compare:

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 for Lens Enhancements			
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

Out-of-Network Providers

If you use an out-of-network provider, you will need to pay at time of service and submit a claim for reimbursement. Your out-of-pocket cost will be more than with an in-network provider. You can find the Reimbursement Schedule in the Employee Benefits Handbook on www.mncppc.org.

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Make the Best Choice!

The EyeMed vision plans offer more than just coverage for your basic vision needs. Take a closer look at other discounts and services available:

- You can receive these additional discounts when you see an EyeMed Access Network provider:
 - o 40% off unlimited additional eyeglasses after initial benefit is exhausted
 - o 20% discount on remaining frame balance (once allowance has been applied) and 15% discount on any balance over the conventional contact lens allowance
 - o 15% savings off retail price of LASIK – or 5% off promotional pricing
 - o 15% off any balance over the conventional contact lens allowance or 20% off any non-covered item
- Your EyeMed vision coverage includes a discount for hearing exams and hearing-related services and supplies through Amplifon. Call 1-844-526-5432 to find a hearing care provider near you.
- If you have a vision emergency while traveling abroad, you can get 24/7 international support through International Travel Solution. This may also provide temporary, adjustable eyewear delivered the next day.

Choosing a Vision Plan

Choosing a vision plan can be confusing. To help you consider your options and make a choice that is best for you, see the decision tool below. It is designed to help you weigh your options.

Do you or your dependents need new glasses and/or contacts each year?	
If you answered NO:	The Low Plan or Moderate Plan may be right for you. The Low plan provides coverage for frames, lenses, and contact lenses every other year for a lower premium. The Moderate Plan provides coverage for frames every other year and lenses and contact lenses every year for a moderate premium.
If you answered YES:	The High Plan may be right for you. It provides coverage for frames, lenses, and contact lenses every year, but is the highest premium plan.

Do you or your dependents need lens enhancements: standard anti-reflective coating, standard progressive, tint (solid/gradient), or photochromic/transition?	
If you answered NO:	The Low Plan or Moderate Plan may be right for you. Lens enhancements are covered, but you must pay a copay.
If you answered YES:	The High Plan may be right for you. Standard Option lens enhancements are covered in full. You pay a copayment for premium lens enhancements.

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Legal Services Plan

You have access to **one prepaid legal plan option**: Legal Resources . Ask yourself if you will need legal services during the upcoming year: adoption, marriage/divorce, buying or selling a home, eviction/foreclosure or landlord/tenant issues. Review a few of the features of the plan below so you can make the best choice to fit your needs!

Plan Feature	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
Family Coverage Offered	Your parents can get 25% discount off legal needs
Covered Services	<ul style="list-style-type: none">• Legal Consultation• Will Preparation• Traffic Violations• Purchase and Sale of Your Home• Criminal Law• Family Law – Uncontested Divorce Uncontested Domestic Adoption, Uncontested Name Change• Identity Theft Assistance
Cost of Services Not Covered Under the Plan	25% discount
Attorney Assignment	You must select one participating firm for all your legal needs
Monthly Premium	\$17.00/month

Important:

- If you enroll in the prepaid legal plan, you must remain enrolled for 12 months before you can cancel coverage
- You cannot use your coverage under these plans for any M-NCPPC related lawsuits

Make the Best Choice!

Legal Resources also provides additional services:

- ** Identity Theft Assistance including prevention, education and identity recovery assistance.
- ** Consumer Relations and Credit Protection Assistance for warranty disputes, billing disputes, and collection agency harassment.
- ** For more information on these services call 1-800-728-5768.

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Your Costs for Coverage

Below are your bi-weekly rates (monthly for retirees) for medical, dental, and vision coverage for 2021.

Plan	Retirees & Survivors Monthly Rates		
	Single	Two Member	Family
UHC Choice Plus POS	\$143.09	\$286.18	\$429.26
UHC Medicare Complement	\$55.28	\$110.56** \$198.37***	\$165.85+ \$253.65++ \$341.46+++
UHC Select EPO	\$117.60	\$235.20	\$352.80
UHC Select EPO Medicare Eligible	\$82.06	\$164.11** \$199.66***	\$246.17+ \$281.71++ \$317.26+++
Caremark Prescription (for UHC plans only)	\$45.60	\$91.20	\$136.80
Kaiser HMO	\$104.95	\$209.89	\$314.84
Kaiser HMO Medicare Complement	\$61.13	\$122.26** \$166.07***	\$183.38+ \$227.20++ \$271.02+++
Delta Dental PPO	\$6.45	\$12.93	\$23.92
Delta Dental HMO	\$3.61	\$7.02	\$10.17
EyeMed Vision Plan* – Low	\$0.63	\$1.27	\$1.90
EyeMed Vision Plan* – Moderate	\$2.95	\$5.89	\$8.85
EyeMed Vision Plan* – High	\$7.00	\$13.98	\$20.99

* M-NCPPC caps employer contribution to the vision plan at 80% of the cost for the Low Vision Plan. You pay the remainder.

** 2 Medicare Complement

*** 1 Medicare Complement, 1 non-Medicare

+ 3 or more Medicare Complement

++ 2 Medicare Complement, 1 or more non-Medicare

+++ 1 Medicare Complement, 2 or more non-Medicare

Legal Service Plans Rates

Plan	Retiree Monthly Rate
Legal Resources	\$17.00

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For More Information

If you have questions about the benefits described in this guide, you can contact the Health & Benefits Office at 301-454-1694 or benefits@mncppc.org. For other questions, contact the benefit providers as listed below.

Benefits Provider	Phone Number	Website
Medical		
UnitedHealthcare Choice Plus POS and Select EPO and Medicare Complement Plans	1-800-603-4190 (M-F, 8 a.m. to 8 p.m.)	www.myuhc.com
Kaiser Permanente HMO and Medicare Complement Plan	1-800-722-7902 (M-F, 8:30 a.m. - 5:30 p.m.)	www.my.kp.org/mncppc
Prescription Drug		
CVS Caremark (UnitedHealthcare Plans only)	1-800-421-5501, 1-800-231-4403 (TTD), 1-800-213-0879 (Rx request) (Monday-Friday, 6:30 a.m. to 9:00 p.m.)	www.caremark.com www.rxrequest.com (online refills)
Dental		
Delta Dental (PPO and HMO)	1-800-422-4234 (HMO), 1-800-932-0783 (PPO) (Monday-Friday, 8:00 a.m. to 9:00 p.m.)	www.deltadentalins.com
Vision		
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
Legal Service Plan		
Legal Resources	1-800-728-5768 (Monday-Friday, 8:30 a.m. to 5:30 p.m.)	www.legalresources.com

M-NCPPC Retiree Benefit Guide

Required Benefit Notices

Health Insurance Portability and Accountability Act (HIPAA)

An Important Notice About Your Privacy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health plans protect the confidentiality of your private health information. The Plan uses health information about you and your covered dependents only for the purposes of providing treatment, paying claims, and related functions. To protect the privacy of health information, access to your health information is limited to such purposes. In addition, effective April 14, 2003, the Plan complies with the applicable health information privacy requirements of federal regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's privacy notice. You may contact the Commission's Health & Benefits Office if you would like to receive a copy of the HIPAA notice.

HIPAA Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan in the following circumstances:

- If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage);
- If you or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage. However, you must request enrollment within 60 days after the loss of such coverage; or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 60 days after you or your dependents become eligible for such assistance.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact the Health & Benefits Office at 301-454-1694

COBRA - Continuing Coverage for Health

Benefits Under certain circumstances, you and your enrolled dependents have the right to continue coverage under the medical and dental plans, as well as the health care flex account, beyond the time that coverage would have ordinarily ended. You may elect continuation of coverage for yourself and your dependents if you lose coverage under the plan due to one of the following qualifying events:

- Termination (for reasons other than gross conduct)
- Reduction in employment hours
- Retirement
- You become entitled to Medicare

In addition, continuation of coverage may be available to your eligible dependents if:

- You die
- You and your spouse divorce or separate
- A covered child ceases to be an eligible dependent
- You become entitled to Medicare

To apply for COBRA coverage, you or a dependent must contact the Health & Benefits Office at 301-454-1694 within 60 days of a qualifying life event. You and/or your dependents must pay the 102% of the group monthly premium (full cost plus 2% for administration fees). See the chart on the next page.

Under the law, COBRA must be offered to eligible individuals at group rates. These rates are subject to change annually, based on plan experience.

M-NCPPC Employee Benefit Guide

Your Costs for COBRA

Below are your monthly rates for medical, dental, prescription and vision coverage for 2021.

Plan			
	Single Monthly	Two Member Monthly	Family Monthly
UHC Choice Plus POS	\$729.75	\$1,459.50	\$2,189.25
UHC Medicare Complement	\$281.94	\$563.88	\$845.81
UHC Select EPO	\$599.76	\$1,199.52	\$1,799.28
UHC Select EPO Medicare Eligible	\$418.49	\$836.97	\$1,255.46
Caremark Prescription (for UHC plans only)	\$232.56	\$465.12	\$697.68
Kaiser HMO	\$535.22	\$1,070.45	\$1,605.66
Kaiser HMO Medicare Complement	\$311.75	\$623.51	\$935.26
Delta Dental PPO	\$32.91	\$65.96	\$121.98
Delta Dental HMO	\$18.41	\$35.80	\$51.87
EyeMed Vision Plan* – Low	\$3.22	\$6.49	\$9.71
EyeMed Vision Plan* – Moderate	\$5.59	\$11.20	\$16.80
EyeMed Vision Plan* – High	\$9.72	\$19.45	\$29.18

M-NCPPC Retiree Benefit Guide

Newborns and Mothers Health Protection Act

Group health plans and health insurance issuers offering group insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth, for the mother of newborn child, to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable).

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of the above periods.

Women's Health and Cancer Rights Act of 1998

This law requires group health plans that provide coverage for medically necessary mastectomies to also provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to provide a symmetrical appearance; and
- Prosthesis and the treatment of physical complications during all stages of the mastectomy.

The Commission's plans cover mastectomies and the benefits required by this act. If you would like more information on WHCRA benefits, call the Health & Benefits Office at 301-454-1694.

Children's Health Insurance Program Reauthorization Act (CHIPRA)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, or call 877-KIDSNOW (877.543.7669); or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. For more information, contact the Health & Benefits Office at 301-454-1694.

M-NCPPC BENEFITS ENROLLMENT/CHANGE FORM

If you are an employee: new hire, rehire, newly eligible for benefits or have experienced a qualifying life event (marriage, divorce, newborn, etc.), it is your responsibility to complete and submit this form to the Health & Benefits Office within 45 days of the date of your hire, becoming eligible for benefits or qualifying life event. After the 45-day window your next opportunity to enroll will be Open Enrollment or within 45 days of a qualifying life event. *Retirees and their dependents who have reached age 65 must enroll in Medicare Part A and Medicare Part B.*

Submit completed enrollment form/documents by Fax: 301-454-1687, email: (Benefits@mncppc.org) or mail: MNCPPC, Health & Benefits Office, 6611 Kenilworth Avenue, Suite 404, Riverdale, MD 20737.

1. PERSONAL INFORMATION												
Last Name			First Name			M.I.		Employee ID #				
2. ELIGIBILITY EVENT												
<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Newly Eligible <input type="checkbox"/> Qualifying Life Event (Marriage, Newborn, Divorce, etc.) <input type="checkbox"/> Retiree/Survivor												
3. DEPENDENTS - REQUIRED: Proof of relationship (marriage certificate, birth certificate for children, etc.) and copy of Social Security Card for EACH dependent. If you have more than 4 dependents complete a second form and fill out sections 1, 3 and 4. For each Dependent note A-Add or D-Delete under each plan.												
Name (Last (if different), First, Middle Initial)		Birth Date mm/dd/yyyy		Gender: M/F	Relation	Social Security No. (Need Copy of Card)		Non-Medicare Medical	Medicare Medical	Dental	Vision	Prescription
EMPLOYEE/RETIREE/SURVIVOR (See Above)					SELF							
					Spouse							
					Child							
					Child							
					Child							
4. BENEFIT PLAN ELECTIONS (Go to www.mncppc.org/275 to view the Benefit Guide and supplemental information for more plan details.												
MEDICAL PLAN					PRESCRIPTION DRUG PLAN			DENTAL PLAN				
<input type="checkbox"/> UHC POS and/or UHC Medicare Complement <input type="checkbox"/> UHC EPO and/or UHC EPO Medicare Eligible <input type="checkbox"/> Kaiser HMO and/or Kaiser Medicare Complement					<input type="checkbox"/> Caremark Elect ONLY if you enroll in a UnitedHealthcare Plan.			<input type="checkbox"/> Delta Dental PPO <input type="checkbox"/> DeltaCare USA HMO				
VISION PLAN					LEGAL PLAN							
EyeMed <input type="checkbox"/> Low Level <input type="checkbox"/> Moderate Level <input type="checkbox"/> High Level					<input type="checkbox"/> Legal Resources							
PLANS BELOW FOR ACTIVE EMPLOYEES ONLY *****												
BASIC LIFE INSURANCE and AD&D					SUPPLEMENTAL LIFE INSURANCE - EOI May Be Required							
<input type="checkbox"/> Two times base annual salary, maximum \$200,000					<input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X (maximum \$750,000)							
DEPENDENT LIFE (CHILD(REN)/SPOUSE)			SUPPLEMENTAL LTD		FLEXIBLE SPENDING ACCOUNT							
<input type="checkbox"/> \$5,000/\$10,000 <input type="checkbox"/> \$10,000/\$20,000 <input type="checkbox"/> \$15,000/\$30,000 (EOI required for Spouse)			<input type="checkbox"/> (Base Annual Salary MUST exceed \$108,000)		<input type="checkbox"/> Healthcare Account \$_____/year or \$_____/Bi-weekly <input type="checkbox"/> Dependent Care Account \$_____/year or \$_____/Bi-weekly							
LIFE INSURANCE PLAN BENEFICIARY DESIGNATION - Applies to both Basic and Supplemental Life Insurance Plans.												
Primary Beneficiary(ies)												
Name (Last, First, MI)			Relationship		Social Security No.		Address if Different from Yours		Percent/\$Amount			
Secondary Beneficiary(ies)												
Name (Last, First, MI)			Relationship		Social Security No.		Address if Different from Yours		Percent/\$Amount			
ICMA-RC Defined Contributions - Complete Enrollment Form at www.mncppc.org/275 to set up account. Call ICMA-RC for Account questions: 800-669-7400.												
<input type="checkbox"/> 457 Pre-Tax Deferral \$_____/year or \$_____/Bi-weekly					<input type="checkbox"/> Roth IRA After-Tax \$_____/year or \$_____/Bi-weekly							
<input type="checkbox"/> Traditional IRA Pre-Tax \$_____/year or \$_____/Bi-weekly												
5. AUTHORIZATION AND SIGNATURE: My signature below indicates that I have read the eligibility requirements and provisions of the benefit plans in which I have enrolled referring to the Benefits Guide and supplemental materials at www.mncppc.org/275 . I declare under penalty of perjury that all of the above information is true to the best of my knowledge. I authorize M-NCPPC to take deductions from my earnings/pension to cover contributions towards the cost of the plans that I have elected for myself and my eligible dependents.												
Employee Signature					Date							
Phone Number					Email Address							
For Office Use ONLY: HRIS:					Verified:							

