



EXPLORING YOUR BENEFIT CHOICES.

YOU DECIDE



YOUR 2025 M-NCPPC BENEFITS

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**BENEFITS FOR
EMPLOYEES
AND RETIREES**



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NAVIGATION
MENU**

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YOUR 2025 M-NCPPC BENEFITS

**WHEN IT COMES TO
EMPLOYEE BENEFITS
PACKAGES, THERE IS NO O
NE SIZE FITS ALL SOLUTION.**

That is why you have the flexibility to choose plans that meet your needs as well as those of your family while supporting your personal and financial health. Review the information in this guide with key decision makers in your family to choose the benefit plans best for you and your family in 2025. Throughout this guide, you will find information, tips, and resources along the way to help you decide.

Note: The information in this guide is a summary of the benefit plans offered to employees and retirees and their dependents. 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 documents will control.

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ENROLLING IN YOUR BENEFITS

YOU DECIDE

Enrolling in your benefits

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ELIGIBILITY FOR HEALTHCARE BENEFITS

- ▶ **Eligible Employees:** Career FT/PT, Appointed, P/T Commissioners, Merit Board, and Contract (limited benefits)
- ▶ **Retirees** must meet the 36-month Coverage Rule: Insured under Commission-sponsored group healthcare plan(s) (or able to prove comparable coverage in another plan) during the three years immediately preceding the date of retirement.
- ▶ **Eligible dependents:**
 - Legal spouse (as recognized under Maryland law)
 - Child up to age 26: biological, stepchildren, adopted, and children for whom you have legal guardianship (prior to 18th birthday).
 - Disabled children, beyond age 26, regardless of age, as determined by medical certification upon approval by carrier prior to the dependent child reaching 26.

BEGINNING 1/1/2025



Healthcare benefits will no longer be extended to domestic partners. Couples must be legally married.

- Domestic partners approved as of 12/31/2024 will be grandfathered and remain eligible for health benefits, ending upon dissolution of the partnership.
- Anyone hired on or before 12/31/2024 may submit a domestic partnership affidavit for healthcare to the Health & Benefits Office for consideration within their 45-day window for enrollment in benefits.
- Verification of continued domestic relationship may be requested during future dependent eligibility audits.



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WHEN TO ENROLL

- ▶ **New Hires/Rehires/Change to a Benefit Eligible Status:** 45 days following your date of hire (60 days to enroll in the Sick Leave Bank).
- ▶ **Retirees:** Changes can be made to medical, dental and vision plan elections at any time throughout the year. (Exception: If you enroll in the Prepaid Legal Plan, during any Plan Year (Jan 1 – December 31), you must remain enrolled until the end of that Plan Year, i.e., December 31 before cancelling.)

- If a retiree drops coverage for themselves or a dependent, reinstatement at a later date requires proof of continuous comparable coverage up to the date of request for reinstatement. Medicare plan is not a comparable medical plan, since the Commission does not offer Medicare.
- Retirees may not add new dependents-spouse, children after retirement.

- ▶ **Annual Open Enrollment:** Eligible employees can enroll/make allowed changes in their benefit plan elections beginning October 21 with a deadline of November 8, 2024. Elections will be effective January 1, 2025.
- ▶ **Qualifying Life Events:** Eligible employees can change their benefit elections and add/drop eligible dependents 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 spouse, birth certificate / adoption / guardianship documents for children, and Social Security card for each dependent.



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HOW TO ENROLL

1 During Open Enrollment it is preferable that employees enroll via the Employee Self Service System (ESS).



Click here to go directly to the [Employee Self Service System](#)



Click here to follow the [Employee Self Service Guide](#)

***ESS is not available for new hire enrollment or qualifying life events.**

2 Retirees and employees unable to enroll via ESS may enroll using a paper form.



Click here for the [EMPLOYEE Benefits Enrollment/Change Form](#)



Click here for the [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

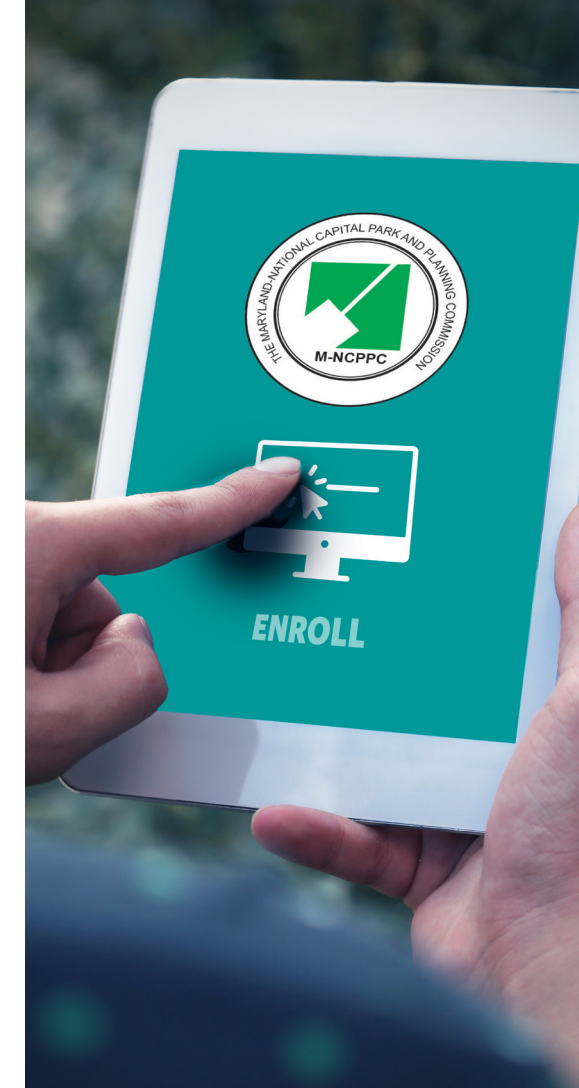
Drop Box
on 1st
Floor in the
Lobby



EMAIL benefits@mncppc.org



FAX 301-454-1687



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MEDICAL PLANS

YOU DECIDE

MEDICAL PLANS FOR EMPLOYEES AND NON-MEDICARE ELIGIBLE RETIREES

Active Employees do not have to enroll in Medicare when eligible. Our medical plan remains primary for you and any eligible dependents.



KAISER
PERMANENTE®



United
Healthcare



United
Healthcare

	KAISER PERMANENTE HMO WITH PRESCRIPTION DRUG COVERAGE	UNITEDHEALTHCARE SELECT EPO	UNITEDHEALTHCARE CHOICE POS	
	IN-NETWORK	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Provider Network	Regional (DC/MD/VA)	Nationwide Network	Nationwide Network	Any provider
Referrals Required	Yes	No	No	No
Annual Deductible	No	No	No	\$250: Individual \$500: 2-Member \$600: Family per calendar year
Office Visits	\$10 copay	\$10 copay	\$10 copay	Covered 80% after deductible
Emergency Room	\$50 copay, waived if admitted	\$50 copay, waived if admitted	\$50 copay, waived if admitted	Covered 80% after deductible
Urgent Care Center	\$15 copay	\$10 copay	\$10 copay	Covered 80% after deductible
Inpatient Hospitalization	Covered in full	Covered in full	Covered in full	\$100 copay per admission, then covered 80%

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- ▶ If you want to pay the lowest premium and still receive excellent medical benefits, consider Kaiser Permanente HMO plan. You must use in-network providers except in an emergency. This plan includes prescription drug coverage. (If you enroll in a UnitedHealthcare Plan you must pay a separate additional premium for the prescription drug plan.) Kaiser Permanente is a fully comprehensive plan with the same level of benefits compared to the in-network benefits under the UnitedHealthcare plans offered.
- ▶ UnitedHealthcare POS plan members pay the highest premium because they pay extra to be able use services of providers not only in-network but also out-of-network. **Over 98% of the providers utilized by members enrolled in the POS plan are In-Network.**
- ▶ If you are enrolled in the UnitedHealthcare POS plan and use only in-network providers, consider enrolling in the UnitedHealthcare EPO plan. You can save money by paying less premium under the EPO plan.

Decision Resources to help you compare the plans



UnitedHealthcare EPO Summary of Benefits and Coverage

Kaiser Permanente HMO Summary of Benefits and Coverage

UnitedHealthcare POS Summary of Benefits and Coverage



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MEDICAL PLANS FOR MEDICARE ELIGIBLE RETIREES

Enrollment in both Medicare Part A and Medicare Part B **is required.**



	KAISER PERMANENTE MEDICARE ADVANTAGE HMO WITH PRESCRIPTION DRUG COVERAGE	UNITEDHEALTHCARE SELECT EPO FOR MEDICARE ELIGIBLE	UNITEDHEALTHCARE MEDICARE COMPLEMENT
	IN-NETWORK	IN-NETWORK ONLY	N/A
Provider Network	Regional (DC/MD/VA)	Nationwide Network	Use any provider that accepts Medicare
Out-of-Network	No	No	Yes
Office Visits	\$10 copay	\$10 copay	Medicare pays 80% of approved amount
Emergency Room	\$50 copay, waived if admitted	\$50 copay, waived if admitted	Medicare pays 80% of approved amount
Urgent Care Center	\$10 copay	\$15 copay	Medicare pays 80% of approved amount
Virtual Visit	\$0 copay	\$0 copay	Medicare pays 80% of approved amount
Inpatient Surgery	Covered in full	Covered in full	Covered in full by Medicare



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DECISION TIPS

- ▶ If you enroll in the Kaiser Medicare Advantage or UnitedHealthcare EPO Plan for those eligible for Medicare, you must obtain services in-network. Under the UnitedHealthcare Medicare Complement Plan, you can use any provider nationwide as long as they accept Medicare.
- ▶ The Kaiser Permanente Medicare Advantage Plan includes prescription drug coverage. (If you enroll in a UnitedHealthcare Plan you must pay a separate additional premium for a prescription drug plan.)



Decision Resources to help you compare the plans

UnitedHealthcare EPO Summary of Benefits and Coverage

UnitedHealthcare Medicare Complement Plan Summary of Benefits

Kaiser Medicare Complement Plan Summary of Benefits



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PLANS FOR EMPLOYEES AND NONMEDICARE ELIGIBLE RETIREES



DRUG TYPE	CVS CAREMARK PRESCRIPTION PLAN		KAISER PERMANENTE PRESCRIPTION PLAN	
	CVS Pharmacy or 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	\$8 copay	\$16 copay	\$7/\$10 copay	\$14/\$20 copay
Preferred Brand	\$16 copay	\$32 copay	\$15/\$20 copay	\$30/\$40 copay
Specialty Drugs	N/A	\$0 copay only if enrolled in PrudentRx	\$30/\$35 copay	\$60/\$70 copay
N/A	N/A	\$32 copay	\$15/\$20 copay	\$30/\$40 copay
Lifestyle Drugs	50% copay	50% copay	N/A	N/A

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DECISION TIPS

If you select a UnitedHealthcare Plan, and want prescription drug coverage, you will have to enroll in the CVS Caremark plan separately.

Kaiser members may not enroll in the CVS Caremark plan, as prescription drug coverage is already included in the Kaiser plan.



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PLANS FOR MEDICARE ELIGIBLE RETIREES /SURVIVORS

Enrollment in both
Medicare Part A and
Medicare Part B
is required.



DRUG TYPE	SILVERSCRIPT PRESCRIPTION PLAN (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	\$8 copay	\$16 copay	\$10 copay	\$5 copay	\$15 copay
Preferred	\$16 copay	\$32 copay	\$10 copay	\$5 copay	\$15 copay
Non-Preferred	\$25 copay	\$40 copay	\$10 copay	\$5 copay	\$15 copay

Special Notice for SilverScript members: (Effective 1/1/2025)

- \$0 copay for drugs in the SilverScript formulary once your out-of-pocket expenses reach \$2,000.
- Copays for drugs under the enhanced benefit (vitamins, diabetic supplies, erectile dysfunction, and cold and cough medicine) continue and will be \$0 once your out-of-pocket expense for enhanced drugs reaches \$6,250.

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DECISION TIPS

- ▶ If you enroll in a UnitedHealthcare Plan and want coverage for prescription drugs, you will have to enroll in the SilverScript plan separately.
- ▶ SilverScript is a Medicare Part D plan administered by CVS Caremark. If you enroll in another Medicare Part D plan, your coverage under SilverScript will be cancelled. You cannot be enrolled in more than one Medicare Part D plan.
- ▶ The Kaiser Medicare Advantage plan includes a prescription drug plan. Kaiser members may not enroll in the CVS Caremark plan, as prescription drug coverage is already included in the Kaiser plan.



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DENTAL PLAN

YOU DECIDE



You have a choice between two (2) dental plans: DeltaCare USA DHMO and Delta Dental PPO. Both plans cover preventive (exams, cleanings, and x-rays), basic (fillings, root canals, gum treatments, oral surgery) and major restorative (crowns, inlays) services.

	DELTACARE USA HMO	DELTA DENTAL PPO	
	In-Network	In-Network	Non-Delta Dental Provider
Annual Deductible	None	\$50/person \$150/family	\$100/person \$300/family
Annual Benefit Maximum	Unlimited	\$2,000/person each calendar year	\$2,000/person each calendar year
Orthodontia (All Ages)	Unlimited	\$2,000 Lifetime Maximum	\$2,000 Lifetime Maximum
Out-of-Network Benefits	Not covered	Yes	Yes
Implants	Not covered	Covered	Covered

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You save the most by visiting a Delta Dental PPO dentist, a little less at a Premier dentist and the least at a non-Delta Dental dentist.



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DECISION TIPS

- ▶ **DeltaCare USA HMO:** You must have an in-network Primary Care Dentist to manage and coordinate all of your care. You pay a predetermined copayment to the provider at the time services rendered. Your out-of-pocket costs are predictable. ***Refer to the [Delta Care USA Description of Benefits and Copayments](#)***
- ▶ **Delta Dental PPO:** You have three (3) options when choosing a dentist-PPO, Premier and non-Delta Dental dentists. Covered services are paid by the plan at a certain percentage (for example, preventive care is paid at 100%, fillings are covered at 80% of allowed amount and you pay the remaining 20%). For information on what the plan pays take a look at the ***[Delta Dental PPO Benefit Summary](#)***

Delta Dental PPO and Premier dentists agree to set fees as a part of their contract with Delta Dental and cannot charge PPO members more than that fee. Premier fees are typically higher than Delta Dental PPO fees, but PPO members still enjoy cost protection at Premier dentists. Non-Delta Dental dentists can set their prices wherever they want and can bill you for any difference between their fee and what Delta Dental pays.



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VISION PLAN

YOU DECIDE

Medical plans cover your eyes in the event of injury, illness or major medical problems dealing with the eyes-glaucoma, cataracts, macular degeneration). Without a vision plan, like EyeMed, you would have to pay the full price for routine eye exams and things not covered by your medical plan such as eyeglasses, frames, lenses, contact lenses and Lasik eye surgery.



- ▶ **Review the EyeMed [Summary of Benefits](#)** for the services provided and frequency (every plan year every other plan year), copays and allowances provided under each plan (Low Level, Moderate Level and High Level) to see which one may fit your personal and financial needs.
- ▶ **Still undecided? [LevEye](#)** can help you decide if EyeMed is right for you. Answer a few questions and view the video to find out how EyeMed can help you save on more than glasses and frames; keeping your eyes healthy.



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PREPAID LEGAL SERVICES PLAN

YOU DECIDE

Legal Resources advises that more than 70% of American households have a legal need each year. Your household may need legal assistance for: marriage, adoption, purchasing a home, Elder Law, preparing a will, selling a home and more. Participation only costs \$7.85 bi-weekly.



DECISION TIPS

- ▶ Read the **Legal Resources Brochure** to find out who is covered, to help you decide on enrollment in Legal Resources. Find out who is covered, how the plan works, services provided for FREE and how the plan may assist you and your family in the upcoming year.



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CREDIT UNION

YOU DECIDE

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, [click here](#) to visit the M-NCPPC FCU website or call at 301-277-8630.



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FLEXIBLE SPENDING ACCOUNTS (FSAs)

YOU DECIDE

Care FSA contributions are deducted from your paycheck each pay period-before Federal, State and FICA taxes are applied, so you pay less in taxes which increases your spendable income. You can use these funds to pay for eligible expenses.



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

PLAN CAREFULLY

Use it or lose it! You must use your 2025 plan year funds on eligible expenses by March 15, 2026, or you will lose any remaining balance. You must file claims for reimbursement for 2025 plan year funds by March 31, 2026, or any remaining balance will be forfeited.

NEW LIMITS FOR 2025

Health Care FSA | \$3,200/year

The 2025 contribution limit for the Healthcare FSA is \$3,200. Funds based on your annual goal amount are available immediately.

Dependent Care FSA | Up to \$5,000/year

The 2025 contribution limit for the Dependent Care FSA is \$5,000 if Single or Married Filing Jointly (\$2,500 if Married Filing Separately). Funds may be used as they are deposited into your account.



**Healthcare and
Dependent Care
FSA Eligible Expenses**



**Health FSA
Tax Savings Calculator**



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GROUP LIFE AND AD&D INSURANCE

YOU DECIDE

pay 20% of the premium. You can also obtain Supplemental and Spouse/Dependent coverage and 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	* NEW: Coverage elections increased to up to eight times (currently 5 times) base annual earnings, maintaining the plan maximum of \$750,000
Spouse/Dependent	\$10,000/\$5,000, \$20,000/\$10,000, or \$30,000/\$15,000 *Spouse must submit Evidence of Insurability for \$30,000/\$15,000 **You may continue coverage for disabled dependents if proof of disability provided 30 days prior to reaching age 26.

- 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.

Supplemental Life Insurance Plan One-time Special Enrollment Period:

Beginning October 21st and ending November 8th employees can elect to increase Supplemental Life Insurance coverage up to the guaranteed issue limit of the lesser of three (3) times base annual earnings or \$300,000 without Evidence of Insurability (EOI); without submitting to a physical exam. Any amounts above the Guaranteed Issue amount will be subject to EOI.

DECISIONS

How much supplemental/spouse/dependent life insurance do you need?

Benefit Scout Decision Making Tool

Use Benefit Scout, a decision making tool available 24/7 to recommend different coverage scenarios to fit your unique needs.



Securian Life Insurance Cost Estimator (Under Tools)

Now that you know what coverage is best for you, determine the cost with the Securian Life Insurance Cost Estimator.



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EVERYDAY BENEFITS

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The voluntary “Lifestyle” employee benefits available anytime, Everyday. Gives you access to solutions that help you with important things in your life and allow you to save with special rates and discounts.



Financial Wellness	Pet Health Care	Personal Protection
PerkSpot Discount Program	Pet Insurance	Identity Theft
Life Insurance with Long-Term Care	Pet Discount Program	Homeowners and Renters Insurance
Purchasing Program		Auto Insurance
Student Loan Assistance		



Payments are made through payroll deductions and you can enroll all year round. To find out more about [Everyday Benefits](#) go to click here .



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2025 PREMIUM RATES

Click on the **RATE SYMBOL** symbol to view the 2025 premium rates for the medical, prescription, dental, vision and group legal services plans. Employees will also find the premium rates for long-term disability, and group term basic life and AD&D plans.



MCGEO - NonRepresented Employees



Fraternal Order of Police (FOP)



Contract/Seasonal Employees



Retirees/Survivors



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REQUIRED BENEFIT NOTICES

Go here to view the

 [Required Benefit Notices](#)



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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 below.

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) 1-800-270-3759, 771 (TTD)	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
VOYA/Benefit Strategies	1-888-401-FLEX (Monday-Thursday, 8:00 a.m. to a.m. to 6:00 p.m.)	www.voya.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

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