

City of Baltimore

2020 Employee Benefits Book

Open Enrollment
November 1 - November 15

See Inside for “WHAT’S NEW in 2020”

New FSA Plans
New Dental Plans

New Life Insurance Plans

MAPS employees Waiver Credit has increased
The Health Care FSA Maximum increased



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Employee Contacts Phone Numbers & Websites

Provider	Phone Number	Website
Insurance Companies		
BlueChoice Advantage PPO	1-800-535-2292	www.carefirst.com
Aetna HMO	1-800-900-7562	www.aetna.com
Kaiser Permanente HMO	1-866-248-0715	www.kaiserpermanente.org
CareFirst Caremark/CVS	1-800-241-3371	www.carefirst.com
Silver Script Medicare D Rx Plan	1-877-878-1678	www.caremark.com
National Vision Administrators (NVA)	1-800-672-7723	www.e-nva.com
MetLife	1-866-492-6983	www.metlife.com/mybenefits
TASC FSA	1-800-422-4661	www.tasconline.com
United Concordia Dental	1-866-851-7568	https://unitedconcordia.com/cityofbaltimore
WageWorks COBRA	1-800-526-2750	www.benedirect.wageworks.com
Office of Employee Benefits		
7E. Redwood Street, 20th FL Baltimore, MD 21202	Phone: 410-396-5830 Fax: 410-396-5216	https://my.adp.com
Wellness Program	410-396-3872	https://www.facebook.com/DhrWellness/
Office of Employee Benefits (TTY)	TTY 711 (Maryland)	http://my.adp.com
Document Upload to Employee Benefits	410-396-5830	https://cobbenefits.wufoo.com/forms/m1wapno1gsphmm/
Retirement Agencies		
Baltimore City Retirement System (ERS)	1-877-273-7136	www.bcercs.org
Fire & Police Retirement (FPR)	1-888-410-1600	www.bcfpers.org
Maryland State Retirement (Pension Information)	1-800-492-5909	www.sra.state.md.us/
Retirement Savings Plan (RSP)	443-984-2389	https://retirement-savings-plan.baltimorecity.gov/

Section 1

**New and Important
Information**

What's New For 2020

New Flexible Spending Account Health Care (HCFSA) & Dependent Care (DCFSA) Provider

- ❖ Effective January 1, 2020, Vantagen Baker Tilley will no longer administer the Flexible Spending Account for HCFSA and DCFSA. **TASC** (Total Administrative Services Corporation) will be administering the Flexible Spending Account for HCFSA and DCFSA effective January 1, 2020. Employees must re-elect this benefit each year during Annual Open Enrollment or enroll as a new employee in order to be enrolled for the plan year. A TASC Card will be issued for all new memberships.

Health Care Flexible Spending Account (HCFSA) Maximum

- ❖ The HCFSA maximum annual contribution will increase from \$2,650 to \$2,700 for plan year 2020

New DHMO & DPPO Dental Provider

- ❖ Effective January 1, 2020, Delta Dental will no longer administer the DHMO and DPPO dental coverage for Baltimore City employees and their covered dependents. **United Concordia Dental** will be administering the DHMO and DPPO dental coverage effective January 1, 2020.
- ❖ If you are currently enrolled in the DeltaCare USA DHMO dental plan and no election changes are made during Annual Open Enrollment, you and your eligible covered dependents will default to the United Concordia Dental DHMO plan unless you reside outside of MD or PA. If you are currently enrolled in the Delta Dental DPPO dental plan and no election changes are made during Annual Open Enrollment, you and your eligible covered dependents will default to the United Concordia Dental DPPO plan. New membership ID cards will be issued for all memberships.

New Basic & Optional Life Insurance Provider

- ❖ Effective January 1, 2020, Securian Life will no longer administer the Basic and Optional Life and AD&D benefits. **MetLife** will be administering the Life and AD&D benefits for eligible active Baltimore City employees effective January 1, 2020.
- ❖ Effective January 1, 2020, Basic Life and AD&D coverage amount will change from $2\frac{1}{2} \times$ Annual Salary with a \$100,000 Maximum to $2\frac{1}{2}$ times Annual Salary without a \$100,000 Maximum for MAPS employees only

Changes For MAPS Employees Only

- ❖ Effective January 1, 2020, MAPS employees that elect the **Waiver Credit** benefit for waiving Medical coverage will receive \$780 incrementally over the course of the plan year. Employees must re-elect this benefit each year during Annual Open Enrollment or enroll as a new employee in order to receive this credit for the plan year.

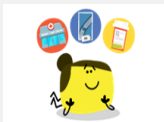
Information About Your 2020 Benefits

Please read the information provided in this Benefits Book

Diabetic Supplies	<p>Reminder: The City of Baltimore’s Diabetic Services, Supplies and Medication is covered under the Medical Plans and the Prescription Drug plans: Contact <i>your plan directly for information.</i></p> <p>Medical Plans Cover -Diabetic test supplies and services</p> <p>Prescription Drugs Plan Cover - Diabetic Medication and Diabetic Insulin/medical</p>
Duplicate Coverage Information	If you and your spouse/partner are both a City employee/retiree, you both cannot enroll each other or the same eligible dependents on your City medical,dental, vision and prescription plans during any coverage period. You will be notified to adjust duplicate coverage, if applicable.
Summary Benefits and Coverage (SBC)	The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide a Summary of Benefits and Coverage (SBC) to applicants and enrollees. The SBC is a concise document providing simple and consistent information about health plan benefits and coverage. Its purpose is to help health plan consumers better understand the coverage they have and to help them make easy comparisons of different options when shopping for new coverage. The City of Baltimore will post this document on its enrollment website: https://my.adp.com under Forms and Plan Documents labeled Summary of Benefits and Coverage.
Medicare Secondary Payer (MSP) Mandatory Reporting	Under the Medicare Secondary Payer (MSP) Mandatory Reporting Provision and the Affordable Care Act (ACA) Individual Shared Responsibility Reporting provision, the federal law requires the mandatory collection and reporting of social security numbers of all covered participants, including employees, retirees and their dependents through employer group health plans. Noncompliance may be subject to a \$50 penalty imposed by the IRS under Section 6723 of the Internal Revenue Code.
Important Medicare Information	The City requires all its members (including you and your dependents) to enroll in Medicare Part B at the time you become eligible for Medicare Part A. Once enrolled in Medicare part B, you must remain enrolled in order to continue receiving the maximum possible benefit from the City's supplemental medical plan. The CareFirst Medicare Supplemental offered by the City, will cover only 80% of your health claims not covered by Medicare up to the maximum Medicare Allowed Amount, you will be responsible for any balance due.
Disability Retirees as Determined by Social Security	When you (or spouse/child) become disabled as determined by the SSA, you must apply for Medicare Part B through SSA at the time you become eligible for Medicare Part A and provide Employee Benefits with your Medicare information immediately. If you decline your Medicare Part B, you will be responsible for all Medicare Part B (Medical) claims that would ordinarily be covered by Medicare B. The CareFirst Medicare Supplemental offered by the City, will cover only 80% of your health claims not covered by Medicare up to the maximum Medicare Allowed Amount, you will be responsible for any
Change of Address	You must notify your agency about your change of address, in writing. Your health plan information and ID cards will only be mailed to the address on file at your agency.
Enrollment Website	https://my.adp.com - see page # 14 for details

Plan Information

Medical Plan information at a Glance

Kaiser Permanente HMO	<p>Kaiser Permanente HMO</p> <ul style="list-style-type: none"> - No annual deductible - In-network providers only (except emergency care) - PCP referrals needed to see a specialist - Nationwide network access
Aetna Select Open Access HMO	<p>Aetna Select Open Access HMO</p> <ul style="list-style-type: none"> - No annual deductible - PCP (Primary Care Physician) selection not required - Referrals not required to see a specialist - Utilize In-network providers (except for emergency care)
BlueChoice Advantage Standard Option PPO	<p>BlueChoice Advantage PPO – Standard Option</p> <ul style="list-style-type: none"> - Annual deductible - In-network and Out-of-network providers (higher out-of-pocket costs) - No referrals needed to see a specialist
BlueChoice Advantage High Option PPO	<p>BlueChoice Advantage PPO – High Option</p> <ul style="list-style-type: none"> - No annual deductible - In-network and Out-of-network providers (higher out-of-pocket costs) - Reduced copays for office visits - No referrals needed to see a specialist
ID Cards	<p>New ID cards will be mailed to members, who change medical plans, enroll in new plans, or request a new FSA Debit Card during open enrollment.</p>
<p>Jelly Vision - Alex is waiting to help you!</p> 	<p>Jelly Vision is here to help during the Open Enrollment period as well as Ongoing Enrollment when applicable. Active employees and retirees without Medicare always have an opportunity to interact online with Alex the virtual benefits counselor. You can access on the City's health Benefits Enrollment System https://My.adp.com or by visiting this link http://www.myalex.com/cityofbaltimore/2020 .</p> <p>Alex will help you make smarter healthcare decisions that may save you time and money by answering a series of healthrelated questions.</p>
FSA plans and Waiver Credits	<p>Reminder: The Waiver Credit, Healthcare FSA and the Dependent Care FSA plans do not roll over, they end on December 31st each year.</p> <p><u>You must re-enroll each year during Open Enrollment.</u></p>

Enrolling Eligible Dependents

You must submit documentation for each dependent you wish to enroll for coverage verifying he/she meets the eligibility requirements of the Program. If you do not provide all required documentation by the deadline, his/her coverage may be terminated. You will be required to wait until the next annual open enrollment period to enroll new dependents or make any changes to your enrollment.

Ways to Submit Documentation to Office of Employee Benefits

Upload Scanned Documents: by following the link below and following all the necessary steps; <https://cobbenefits.wufoo.com/forms/m1wapno1gsphmm/> . You may also log onto <https://my.adp.com>, Click **“Save Time & Upload Your Documents Here!”** and follow the prompts to Upload the Required Documents directly to the Office of Employee Benefits Division (OEB) or **Fax Documents** to: 410-396-5216, or **Mail/Hand-Deliver Documents** to: Office of Employee Benefits, 7 E. Redwood Street, 20th Floor, Baltimore, MD 21202. If you have any question on the submitted documents, please contact the OEB at 410-396-5830.

The following chart lists eligible dependents and the document. Photocopies are acceptable provided any seal or official certification can be seen clearly

Documentation for Newly Added Dependents & Family Status Changes

Eligible Dependent Relationships To Employee/Retiree	Dependent Eligibility Criteria	Documentation For Verification of Relationship (Provide Copy Of)
Legal Spouse	<ul style="list-style-type: none"> Legally married as recognized by the laws of the State of Maryland or in a jurisdiction where such marriage is legal 	Official Court-Certified State Marriage Certificate (must be certified and dated by the appropriate state or County official, such as the Clerk of Court): <ul style="list-style-type: none"> From the court in the County or City in which the marriage took place; or From the Maryland Division of Vital Records; or From the Department of Health and Mental Hygiene (DHMH) website www.dhmh.maryland.gov (click Online Services) or www.vitalchek.com
Children <ul style="list-style-type: none"> Birth Adoption Stepchild Permanent Guardianship Grandchild Medical Child Support Order Disabled Child (At Age 26 as of December 31) 	<ul style="list-style-type: none"> Under age 26 as of December 31 Required to reside in your home May be married or unmarried Provide 100% economic support Covered until the end of the year they reach age 26 Over age 26 and incapable of self-support due to mental or physical incapacity incurred prior to age 26 	<ul style="list-style-type: none"> Birth: Official State Birth Certificate with name of employee/retiree as child's parent Adoption: Official Court Documents & Official State Birth Certificate Stepchild: Official Court-Certified State Marriage Certificate & Official State Birth Certificate with name of spouse of employee/retiree as child's parent Permanent Guardianship: Official Court Documents signed by a judge & Official State Birth Certificate Grandchild: Official State Birth Certificate of your child and grandchild showing line of relationship, recent Income Tax Return claiming grandchild and the "Certification of Economic Support for Grandchildren Form" (Posted on website under Forms and Plan Documents) Medical Child Support Order: Official Medical Child Support Order requiring employee/retiree to provide health coverage signed by the child support officer or judge Disabled Child: Original Disability Questionnaire Form (Posted on website under Forms and Plan Documents)

Termination of Covered Dependents Due to A Family Status Change

Termination of Dependents Due To Family Status Change	Copy of Required Documentation
Death of Spouse or Child	Death Certificate
Divorce	Divorce Decree
Gain Other Coverage (Employee, Retiree, Spouse or Child)	Letter from Employer or Medical Plan
Marriage of Dependent Child	Official State Marriage Certificate

Enrollment Due to A Family Status Change

Enrollment Due To Family Status Change	Copy of Required Documentation
Loss of Coverage (Employee, Retiree, Spouse or Child)	Letter from Employer or Medical Plan

IMPORTANT MEDICARE INFORMATION

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

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



STOP, READ, Contact your Local Social Security Office!

If you are still actively working at the time you become qualified to enroll in Medicare, it may make more sense to delay enrolling in Medicare (and continue to use the City's health insurance plan) until you **RETIRE**. **Special Enrollment Periods** allow most actively employed 65 year or older employees with employer healthcare coverage to **delay enrollment** in Parts A, B, C and D without incurring fines. If you're still working and decide to waive Medicare, you can do that under certain situations and circumstances, please contact **Social Security at 800-772-1213** with details about your situation to make sure you won't be penalized for waiving your Medicare enrollment and enrolling at a later date.

Special Enrollment Period

Once you retire and are no longer covered as an active employee with the City of Baltimore, you can get a Special Enrollment Period to sign up for Medicare Parts A and B:

- ✓ You have 8 months following the month your coverage as an active employee ends to enroll in Medicare.
- ✓ If you wait longer than eight months after your active employee coverage with the City of Baltimore ends you may have to pay a penalty when you join.
- ✓ The penalty imposed by Medicare will remain as long as you have Medicare coverage.

Prior to your Special Enrollment Period, you should obtain a **Request for Employment Information** form from your local Social Security Administration office to be completed by the Employee Benefits Division. If you are an employee of BCPSS, this form must be completed by the BCPSS - Office of Benefits Management. This form verifies your employment and health benefits status with the City of Baltimore or BCPSS at the time your employment ends. Return the completed form to your Social Security office in order to waive the late-enrollment penalty for enrollment in Medicare Part B. **Note: If you wait until after you retire (*within the 8-month special enrollment period*) to enroll in Medicare Part B, your Medicare Part B start date will be delayed causing a lapse in coverage and out of pocket expenses.**

Who do I contact if I have any questions?

If you have any questions regarding your City of Baltimore medical plan coverage, please contact our office at 410-396-5830 to speak to a customer service representative.

If you have any questions regarding the Baltimore City Medicare Part D Rx Plan, please call 410-396-1780. If you have any questions regarding Medicare enrollment in Part A and Part B, please contact the Social Security Administration at 1-800-772-1213. If you have any questions regarding Medicare benefits, please call 1-800-633-4227.



“New Vendor” Flexible Spending Accounts (FSA)

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

➤ **Healthcare Flexible Spending Account (FSA)**

An employee who chooses to participate in the Healthcare FSA can contribute up to \$2,700 during the 2020 plan year. That’s a \$50 increase over 2019

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

An employee who chooses to participate in the Dependent care FSA can contribute up to \$5000 during the 2020 plan year.

Participation in both types of flexible spending accounts is completely voluntary and as of 1/12/2020 will be administered by **TASC**. If you choose to enroll, simply decide how much to contribute each year to one or both accounts. Contributions to your account(s) are deducted from your paycheck before federal, state* income and Social Security taxes are withheld. This reduces your taxes and saves you money. When you have an eligible expense, you may use yours submit a claim for reimbursement to the City’s FSA Administrator, **TASC**.

FSA Eligibility

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

You may use your **Dependent Care FSA** to be reimbursed for eligible dependent care expenses for your **child (under age 13)** or eligible dependent care expenses for other **qualifying dependents** that **can be claimed** on your federal tax return. Please see the **FSA Participant Reference Guide** at www.tasconline.com for more information. You will need to register the first time you use the site. You may also find information on both FSA accounts on <http://My.adp.com>, under the “Plan Information” section or the 2020 Benefit Guide, both found on the Office of Employee Benefits webpage <https://humanresources.baltimorecity.gov/hr-divisions/benefits>.

Enrolling in an FSA

If you are a new hire, you may enroll in one or both of the FSAs. Your FSA participation becomes effective with your first payroll deduction, **as long as you enroll online within 45 days from your date of hire**. Once enrolled, **you may not “request” to change your election mid-year unless you have a Qualified Life Event (QLE)**, such as marriage or the birth of a child. (See page 12 for more information on Qualified Life Events).

Each year during the annual benefits Open Enrollment period, you may choose to enroll or re-enroll in one or both of the FSAs. Your participation starts on January 1st following your enrollment. You must re-enroll each year during Open Enrollment if you wish to participate in one or both FSAs the following plan year. Your enrollment does not automatically carry over from year to year. **If you do not actively enroll in an FSA during Open Enrollment, you will not participate in that FSA for the following year.**

Estimating Your Expenses

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

QUALIFYING LIFE EVENTS AND STATUS CHANGES

IRS regulations for cafeteria plans strictly govern when and how benefits election changes can be made.

Generally, you can only change your health coverage during the Open Enrollment period each year.

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

Examples include the following:

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

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

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

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



Waiver Credits

You have the option of opting out of certain City of Baltimore health benefits and electing the waiver credit. The City of Baltimore determines which waiver credit applies to you, based on your union affiliation. **The Waiver Credit amount is provided in increments over the course of the full plan year if enrolling during Open Enrollment or based on the number of pay periods left in the year for a new employee.**

New employees have 45 days from their date of hire to enroll online for the waiver credit. If, after waiving coverage with the City of Baltimore, you (the employee) lose coverage due to divorce, loss of employment, or the death of your spouse or other person who is the source of coverage, you may enroll in health benefits through the City within 60 days of the qualifying life event. In this case, you will relinquish the waiver payment.

\$2,500 Waiver Credit

AFSCME Local 558, 44, and 2202

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

\$650 Waiver Credit (waives Medical only)

CUB, and Police

If you are represented by the CUB, or Police union, you may elect the \$650 waiver credit. To receive this waiver credit, you must enroll online within 45 days of hire or during the Open Enrollment period each year. If you waive medical coverage, you may still elect dental, prescription drug, and vision coverage. However, you may not elect dental, prescription drug, and vision coverage as the policyholder if you are already enrolled as a dependent under the City plans for that plan year. **You must re-enroll each year.**

\$ 780 Waiver Credit (waives Medical only)

MAPS ONLY

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

\$650 Waiver Credit (waives Medical and Prescription Drug)

Firefighters and Fire Officers

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

Your enrollment does not automatically carry over from year to year. each year during the annual benefits Open Enrollment period, you may choose to enroll in the waiver credit. Your participation starts on the January 1 following your enrollment. You must re-enroll each year during Open Enrollment if you wish to receive the waiver credit the following plan year, **NO EXCEPTIONS!**

For more information about the Waiver credit plans please visit the enrollment website at [https:// my.adp.com](https://my.adp.com) and view the Benefit Guide located under “planInformation”.

New Enrollment Process

Effective May 6, 2019, the City of Baltimore moved its Health Benefits Enrollment System to a new ADP platform called ADP Benefits Marketplace (BenMark) Enrollment System.

In order to access the new ADP Benefits Marketplace Enrollment System, you must log onto the new Employee Self-Service Portal at <https://my.adp.com>, where you can access both your Pay Information as well as the new ADP Benefits Marketplace Enrollment System (Benefit Information).

All benefit-eligible employees must have a **Baltimore City Government or Quasi Baltimore City Government Agency email address** in order to self-register one time on the Employee Self-Service Portal to gain access to your Pay and Benefit Information.

One-Time Self Registration Process With The New Employee Self-Service Portal

1. Once you have acquired a Baltimore City Government or Quasi Baltimore City Government Agency email address, you must email DHR Systems Support at dhrsystems.support@baltimorecity.gov using your Baltimore City Government or Quasi Baltimore City Government Agency email address to request the “Registration Code” for the day. The “Registration Code” changes daily.
2. When you receive the “Registration Code” by email from DHR Systems Support, you must register with the Employee Self-Service Portal on the same day you receive the registration code. Otherwise, you will have to request the “Registration Code” again from DHR System Support on the next business day.
3. Go to <https://my.adp.com>
4. Click **FIRST TIME USER? REGISTER NOW**
5. Enter the registration code you received from DHR System Support and click NEXT.
6. Click YES (Do you want to set up an account with Baltimore City?)
7. Identify Yourself: Enter your First Name, Last Name, full Social Security Number and partial Date of Birth (Month/Day). Check the “I’m not a robot” box and then click CONFIRM.
8. If the reCAPTCHA prompt page appears, follow the step by step instructions.
9. Help Us Verify Your Identity: At this step, you may be asked to answer several identity questions based on public records. Then click NEXT.
10. Help Us Protect Your Account: Enter your Baltimore City Government/Quasi Baltimore City Government Agency email address as your primary email address and at least one telephone number including your mobile phone number. If you wish to receive text messages, please click on the box at the bottom of the page. Click CONTINUE. (Important Note: Personal email accounts are prohibited by Baltimore City.)
11. Create a password and click CREATE YOUR ACCOUNT.
12. Select and answer (3) security questions. Click CONTINUE.
13. Your one-time self-registration with Employee Self-Service Portal is complete.
14. An email will be sent to your Baltimore City Government or Quasi Baltimore City Government Agency email address to confirm your registration, which include your assigned User ID.
15. **Save your User ID and Password that was created during the one-time self-registration process. Your User ID and Password will be required to log onto the new Employee Self-Service Portal to access your Pay Information and the New ADP Benefits Enrollment System.**

If you have trouble registering with or logging onto the new Employee Self-Service Portal, please contact DHR Systems Support at dhrsystems.support@baltimorecity.gov for assistance.

REGISTER NOW

Enroll Today!



alex[®]

Find the Benefit Plans Your Wallet Will Love

One thing your wallet hates? Paying too much for health insurance when you don't have to. ALEX[®], your easy-to-use online benefits counselor, will look at how you and your family use insurance and point out what makes the most sense for you. That way you and your wallet can live happily ever after.

Discover your lowest-cost benefit options (and more) at:

<https://www.myalex.com/cityofbaltimore/2020>



Section 2

Premium Deductions

2020 Medical Premiums

2020 Weekly Medical & Rx Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 143.47	\$ 105.88	\$ 37.59	Participant Only	\$ 132.35	\$ 105.88	\$ 26.47
Participant + Child	\$ 265.42	\$ 195.88	\$ 69.54	Participant + Child	\$ 244.85	\$ 195.88	\$ 48.97
Participant + Spouse	\$ 301.29	\$ 222.35	\$ 78.94	Participant + Spouse	\$ 277.94	\$ 222.35	\$ 55.59
Participant + Family	\$ 430.42	\$ 317.65	\$ 112.77	Participant + Family	\$ 397.06	\$ 317.65	\$ 79.41

Open Access Aetna Select (HMO)

Kaiser Permanente HMO

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	110.22	99.20	11.02	Participant Only	\$ 122.79	\$ 110.51	\$ 12.28
Participant + Child	203.90	183.51	20.39	Participant + Child	\$ 233.29	\$ 209.96	\$ 23.33
Participant + Spouse	231.46	208.32	23.14	Participant + Spouse	\$ 257.85	\$ 232.07	\$ 25.78
Participant + Family	330.65	297.59	33.06	Participant + Family	\$ 368.35	\$ 331.51	\$ 36.84

Bundled Medical & Rx Election Chart

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

CareFirst CVS (RX - High & Standard Options)

High Option Rx Plan				Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 17.12	\$ 13.15	\$ 3.97	Participant Only	\$ 16.43	\$ 13.14	\$ 3.29
Participant + Child	\$ 31.67	\$ 24.32	\$ 7.35	Participant + Child	\$ 30.40	\$ 24.32	\$ 6.08
Participant + Spouse	\$ 35.95	\$ 27.61	\$ 8.34	Participant + Spouse	\$ 34.51	\$ 27.61	\$ 6.90
Participant + Family	\$ 51.36	\$ 39.44	\$ 11.92	Participant + Family	\$ 49.30	\$ 39.44	\$ 9.86

2020 Biweekly Medical & Rx Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 286.94	\$ 211.76	\$ 75.18	Participant Only	\$ 264.70	\$ 211.76	\$ 52.94
Participant + Child	\$ 530.85	\$ 391.77	\$ 139.08	Participant + Child	\$ 489.70	\$ 391.76	\$ 97.94
Participant + Spouse	\$ 602.58	\$ 444.70	\$ 157.88	Participant + Spouse	\$ 555.88	\$ 444.70	\$ 111.18
Participant + Family	\$ 860.83	\$ 635.29	\$ 225.54	Participant + Family	\$ 794.11	\$ 635.29	\$ 158.82

Open Access Aetna Select (HMO)

Open Access Aetna Select (HMO)			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	220.43	198.39	22.04
Participant + Child	407.80	367.02	40.78
Participant + Spouse	462.91	416.62	46.29
Participant + Family	661.30	595.17	66.13

Kaiser Permanente HMO

Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 245.57	\$ 221.01	\$ 24.56
Participant + Child	\$ 466.58	\$ 419.92	\$ 46.66
Participant + Spouse	\$ 515.70	\$ 464.13	\$ 51.57
Participant + Family	\$ 736.71	\$ 663.04	\$ 73.67

Bundled Medical & Rx Election Chart

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

CareFirst CVS (RX - High & Standard Options)

High Option Rx Plan				Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 34.24	\$ 26.29	\$ 7.95	Participant Only	\$ 32.87	\$ 26.29	\$ 6.58
Participant + Child	\$ 63.34	\$ 48.64	\$ 14.70	Participant + Child	\$ 60.81	\$ 48.65	\$ 12.16
Participant + Spouse	\$ 71.90	\$ 55.22	\$ 16.68	Participant + Spouse	\$ 69.03	\$ 55.23	\$ 13.80
Participant + Family	\$ 102.72	\$ 78.89	\$ 23.83	Participant + Family	\$ 98.61	\$ 78.89	\$ 19.72

2020 21-Pay Medical & Rx Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 355.26	\$ 262.18	\$ 93.08	Participant Only	\$ 327.73	\$ 262.18	\$ 65.55
Participant + Child	\$ 657.24	\$ 485.04	\$ 172.20	Participant + Child	\$ 606.30	\$ 485.04	\$ 121.26
Participant + Spouse	\$ 746.05	\$ 550.58	\$ 195.47	Participant + Spouse	\$ 688.23	\$ 550.58	\$ 137.65
Participant + Family	\$ 1,065.79	\$ 786.55	\$ 279.24	Participant + Family	\$ 983.19	\$ 786.55	\$ 196.64

Open Access Aetna Select (HMO)

Kaiser Permanente HMO

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	272.92	245.63	27.29	Participant Only	\$ 304.04	\$ 273.63	\$ 30.41
Participant + Child	504.90	454.41	50.49	Participant + Child	\$ 577.67	\$ 519.90	\$ 57.77
Participant + Spouse	573.13	515.82	57.31	Participant + Spouse	\$ 638.48	\$ 574.63	\$ 63.85
Participant + Family	818.75	736.88	81.87	Participant + Family	\$ 912.11	\$ 820.90	\$ 91.21

Bundled Medical & Rx Election Chart

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

CareFirst CVS (RX - High & Standard Options)

High Option Rx Plan				Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 42.39	\$ 32.55	\$ 9.84	Participant Only	\$ 40.70	\$ 32.56	\$ 8.14
Participant + Child	\$ 78.42	\$ 60.22	\$ 18.20	Participant + Child	\$ 75.29	\$ 60.23	\$ 15.06
Participant + Spouse	\$ 89.02	\$ 68.37	\$ 20.65	Participant + Spouse	\$ 85.46	\$ 68.37	\$ 17.09
Participant + Family	\$ 127.17	\$ 97.66	\$ 29.51	Participant + Family	\$ 122.09	\$ 97.67	\$ 24.42

2020 Monthly Medical & RX Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$621.71	\$458.82	\$162.89	Participant Only	\$573.53	\$458.82	\$114.71
Participant + Child	\$1,150.16	\$848.82	\$301.34	Participant + Child	\$1,061.02	\$848.82	\$212.20
Participant + Spouse	\$1,305.59	\$963.52	\$342.07	Participant + Spouse	\$1,204.40	\$963.52	\$240.88
Participant + Family	\$1,865.13	\$1,376.46	\$488.67	Participant + Family	\$1,720.58	\$1,376.46	\$344.12

Open Access Aetna Select (HMO)

Kaiser Permanente HMO

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$477.61	\$429.85	\$47.76	Participant Only	\$532.07	\$478.86	\$53.21
Participant + Child	\$883.57	\$795.22	\$88.35	Participant + Child	\$1,010.92	\$909.83	\$101.09
Participant + Spouse	\$1,002.97	\$902.68	\$100.29	Participant + Spouse	\$1,117.34	\$1,005.61	\$111.73
Participant + Family	\$1,432.82	\$1,289.54	\$143.28	Participant + Family	\$1,596.20	\$1,436.58	\$159.62

Bundled Medical & Rx Election Chart

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

CareFirst CVS (RX - High & Standard Options)

High Option Rx Plan				Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$74.19	\$56.97	\$17.22	Participant Only	\$71.22	\$56.97	\$14.25
Participant + Child	\$137.24	\$105.40	\$31.84	Participant + Child	\$131.75	\$105.40	\$26.35
Participant + Spouse	\$155.79	\$119.65	\$36.14	Participant + Spouse	\$149.56	\$119.65	\$29.91
Participant + Family	\$222.56	\$170.92	\$51.64	Participant + Family	\$213.65	\$170.92	\$42.73

2020 Prescription Drug Premium

Weekly Prescription Premium

High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 17.12	\$ 13.15	\$ 3.97	Participant Only	\$ 16.43	\$ 13.14	\$ 3.29
Participant + Child	\$ 31.67	\$ 24.32	\$ 7.35	Participant + Child	\$ 30.40	\$ 24.32	\$ 6.08
Participant + Spouse	\$ 35.95	\$ 27.61	\$ 8.34	Participant + Spouse	\$ 34.51	\$ 27.61	\$ 6.90
Participant + Family	\$ 51.36	\$ 39.44	\$ 11.92	Participant + Family	\$ 49.30	\$ 39.44	\$ 9.86

Bi-Weekly Prescription Premium

CareFirst CVS High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 34.24	\$ 26.29	\$ 7.95	Participant Only	\$ 32.87	\$ 26.29	\$ 6.58
Participant + Child	\$ 63.34	\$ 48.64	\$ 14.70	Participant + Child	\$ 60.81	\$ 48.65	\$ 12.16
Participant + Spouse	\$ 71.90	\$ 55.22	\$ 16.68	Participant + Spouse	\$ 69.03	\$ 55.23	\$ 13.80
Participant + Family	\$ 102.72	\$ 78.89	\$ 23.83	Participant + Family	\$ 98.61	\$ 78.89	\$ 19.72

21-Pay Prescription Premium

CareFirst CVS High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 42.39	\$ 32.55	\$ 9.84	Participant Only	\$ 40.70	\$ 32.56	\$ 8.14
Participant + Child	\$ 78.42	\$ 60.22	\$ 18.20	Participant + Child	\$ 75.29	\$ 60.23	\$ 15.06
Participant + Spouse	\$ 89.02	\$ 68.37	\$ 20.65	Participant + Spouse	\$ 85.46	\$ 68.37	\$ 17.09
Participant + Family	\$ 127.17	\$ 97.66	\$ 29.51	Participant + Family	\$ 122.09	\$ 97.67	\$ 24.42

Monthly Prescription Premium

CareFirst CVS High Option Rx Plan				CareFirst CVS Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$74.19	\$56.97	\$17.22	Participant Only	\$71.22	\$56.97	\$14.25
Participant + Child	\$137.24	\$105.40	\$31.84	Participant + Child	\$131.75	\$105.40	\$26.35
Participant + Spouse	\$155.79	\$119.65	\$36.14	Participant + Spouse	\$149.56	\$119.65	\$29.91
Participant + Family	\$222.56	\$170.92	\$51.64	Participant + Family	\$213.65	\$170.92	\$42.73

2020 Dental Rates

Biweekly (26 Pays)

DeltaCare USA DHMO – Biweekly Rates				Delta Dental PPO – Biweekly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 5.93	\$ 5.93	\$ -	Participant Only	\$ 12.36	\$ 5.93	\$ 6.43
Participant + Child	\$ 11.69	\$ 11.69	\$ -	Participant + Child	\$ 20.99	\$ 11.69	\$ 9.30
Participant + Spouse	\$ 11.87	\$ 11.87	\$ -	Participant + Spouse	\$ 24.71	\$ 11.87	\$ 12.84
Participant + Family	\$ 16.93	\$ 16.93	\$ -	Participant + Family	\$ 34.57	\$ 16.93	\$ 17.64

Weekly (52 Pays)

DeltaCare USA DHMO – Weekly Rates				Delta Dental PPO – Weekly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 2.97	\$ 2.97	\$ -	Participant Only	\$ 6.18	\$ 2.97	\$ 3.21
Participant + Child	\$ 5.84	\$ 5.84	\$ -	Participant + Child	\$ 10.49	\$ 5.84	\$ 4.65
Participant + Spouse	\$ 5.93	\$ 5.93	\$ -	Participant + Spouse	\$ 12.35	\$ 5.93	\$ 6.42
Participant + Family	\$ 8.47	\$ 8.47	\$ -	Participant + Family	\$ 17.28	\$ 8.46	\$ 8.82

21-Pays - Biweekly (10-Months)

DeltaCare USA DHMO – 21-Pays (Biweekly) Rates				Delta Dental PPO – 21-Pays (Biweekly) Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 7.34	\$ 7.34	\$ -	Participant Only	\$ 15.30	\$ 7.34	\$ 7.96
Participant + Child	\$ 14.47	\$ 14.47	\$ -	Participant + Child	\$ 25.98	\$ 14.47	\$ 11.51
Participant + Spouse	\$ 14.69	\$ 14.69	\$ -	Participant + Spouse	\$ 30.59	\$ 14.69	\$ 15.90
Participant + Family	\$ 20.97	\$ 20.97	\$ -	Participant + Family	\$ 42.80	\$ 20.97	\$ 21.83

Monthly (12-Months)

United Concordia DHMO – Monthly Rates				United Concordia PPO – Monthly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 12.85	\$ 12.85	\$ -	Participant Only	\$ 26.78	\$ 12.85	\$ 13.93
Participant + Child	\$ 25.32	\$ 25.32	\$ -	Participant + Child	\$ 45.47	\$ 25.32	\$ 20.15
Participant + Spouse	\$ 25.71	\$ 25.71	\$ -	Participant + Spouse	\$ 53.53	\$ 25.71	\$ 27.82
Participant + Family	\$ 36.69	\$ 36.69	\$ -	Participant + Family	\$ 74.90	\$ 36.69	\$ 38.21

2020 Monthly Active COBRA Rates

High Option & Standard Option Medical Plans

BlueChoice Adv High Option PPO

Coverage Level	High Option COBRA Cost
Participant Only	\$634.14
Participant + Child	\$1,173.16
Participant + Spouse	\$1,331.70
Participant + Family	\$1,902.43

BlueChoice Adv Std Option PPO

Coverage Level	Standard Option COBRA Cost
Participant Only	\$585.00
Participant + Child	\$1,082.24
Participant + Spouse	\$1,228.49
Participant + Family	\$1,754.99

HMO Medical Plans

Open Access Aetna Select (HMO)

Coverage Level	COBRA Cost
Participant Only	\$487.16
Participant + Child	\$901.24
Participant + Spouse	\$1,023.03
Participant + Family	\$1,461.48

Kaiser Permanente HMO

Coverage Level	COBRA Cost
Participant Only	\$542.71
Participant + Child	\$1,031.14
Participant + Spouse	\$1,139.69
Participant + Family	\$1,628.12

High Option & Standard Option Prescription Drug Plans

CareFirst CVS - RX - High Option

Coverage Level	COBRA Cost
Participant Only	\$75.67
Participant + Child	\$139.98
Participant + Spouse	\$158.91
Participant + Family	\$227.01

CareFirst CVS - RX - Standard Option

Coverage Level	COBRA Cost
Participant Only	\$72.64
Participant + Child	\$134.39
Participant + Spouse	\$152.55
Participant + Family	\$217.92

DHMO & DPPO Dental Plans

DeltaCare DHMO

Coverage Level	COBRA Cost
Participant Only	\$13.11
Participant + Child	\$25.83
Participant + Spouse	\$26.22
Participant + Family	\$37.42

Delta Dental PPO (Dental DPPO)

Coverage Level	COBRA Cost
Participant Only	\$27.32
Participant + Child	\$46.38
Participant + Spouse	\$54.60
Participant + Family	\$76.40

Vision Plan

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

Section 3

Benefit Information

(Rx, Vision, Dental & Life Insurance)

2020 Prescription Drug Copays

2020 Prescription Drug Copays			
Days' Supply	Generic	Formulary (Preferred)	Non-Formulary (Non-Preferred)
CareFirst CVS/Caremark - High Option Plan			
MAPS/Unrepresented			
Retail (30-Day Supply)	\$15	\$30	\$40
Mail Order/Retail (90-Day Supply)	\$20	\$40	\$60
Represented			
Retail (30-Day Supply)	\$10	\$20	\$30
Mail Order/Retail (90-Day Supply)	\$15	\$25	\$35
CareFirst CVS/Caremark - Standard Option Plan			
Retail (30 Day Supply)	\$5	\$30	\$50
Mail Order/Retail (90-Day Supply)	\$10	\$60	\$100

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

Medical and Prescription Out-of-Pocket Maximums				
Medical Plan Enrollment	2020 Medical Out-of-Pocket Maximums – Family/Individual		2020 Rx Out-of-Pocket Maximums NOTE: Based on medical plan enrollment	2020 Total Out-of-Pocket Maximums (Combined Medical & Rx)
	In-Network	Out-of-Network		
BlueChoice Advantage Active PPO Plans				
High Option	\$1,000/\$2,000	None	\$5,500/\$9,600	\$6,500/\$11,200
Standard Option <\$45,000	\$1,000/\$2,000	\$2,000/\$4,000	\$5,100/\$10,200	\$6,100/\$12,200
Standard Option >\$44,999	\$1,500/\$3,000	\$3,000/\$6,000	\$5,100/\$10,200	\$6,600/\$13,200
Aetna & Kaiser Active HMO Plans				
Kaiser	\$1,100/\$3,600		\$5,500/\$9,600	\$6,600/\$13,200
Aetna	\$1,100/\$2,200		\$5,500/\$9,600	\$6,600/\$11,800

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

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



City of Baltimore Vision Program



Administered by National Vision Administrators (NVA) (For Retirees of MAPS, Police & Fire Only)

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

Here are some features of your new NVA benefit!

FULL-SERVICE BENEFIT PLAN

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

EYE ESSENTIAL DISCOUNT PROGRAM

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

NVA SMART BUYERSM

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

VISION BENEFIT MAXIMIZERSM SEARCH TOOL

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

24/7 CUSTOMER SERVICE

NVA employs knowledgeable and professionally-trained Member Service Representatives 24 hours per day; 7 days per week. The Member Services Department can be reached at 800-672-7723 (TDD: 973-574-2599). Bilingual representatives are available.

2020 National Vision Administrators (NVA)

2020 National Vision Administrators (NVA)		
Service/Frequency	Participating Provider	Non-Participating Provider
Vision Once Every Calendar Year		
Examination	Covered 100% after \$10 copay	Plan pays Up to \$38
Glasses Once Every Calendar Year		
Lenses		
Single Vision	Covered 100% after \$15 copay	Up to \$41.50
Bifocal	Covered 100% after \$15 copay	Up to \$67.00
Trifocal	Covered 100% after \$15 copay	Up to \$89.50
Lenticular (Cataract)	Covered 100% after \$15 copay	Up to \$100.50
Lenses Options		
Solid Tints	Covered 100%	Up to \$10
Fashion Gradient Tint	Covered 100%	Up to \$12
Standard Progressive	Covered 100%	Up to \$50
Frame		
Frames Per Pair	Covered up to \$75 retail allowance (20% discount off remaining balance over \$75 allowance)	Up to \$29.50
Contact Lenses Once Every Calendar Year		
Medically-Necessary	Covered 100%	Up to \$221
Elective not Medically Necessary	Covered up to \$100 retail allowance (15% discount (conventional) or 10% discount (disposable) off remaining balance over \$100 allowance)	Up to \$100

NOTE: The only Retirees eligible for the City Vision Benefits are MAPS, Fire & Police.



United Concordia Dental HMO

2020 United Concordia Dental HMO Active Employees that LIVE IN Maryland and Pennsylvania

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

COPAYMENTS FOR COMMON DENTAL SERVICES

Code	Description of Service	Enrollee Pays
D0100-D0999 I. Diagnostic		
D0120	Periodic oral evaluation – established patient	\$5.00
D0140	Limited oral evaluation - problem focused	\$5.00
D0150	Comprehensive oral evaluation - new or established patient	\$5.00
D0210	Intraoral - complete series of radiographic images	\$25.00
D0220	Intraoral - periapical first radiographic image	\$4.00
D0230	Intraoral - periapical each additional radiographic image	\$3.00
D0272	Bitewings - two radiographic images	\$5.00
D0274	Bitewings - four radiographic images	\$7.00
D0330	Panoramic radiographic image	\$20.00
D1000-D0999 II. Preventive		
D1110	Prophylaxis – adult	\$10.00
D1120	Prophylaxis – child	\$10.00
D1208	Topical application of fluoride (prophylaxis excluded) - through age 18	\$5.00
D1351	Sealant - per tooth	\$5.00
D2000-D2999 III. Restorative		
D2140	Amalgam - one surface, primary or permanent	\$28.00
D2150	Amalgam - two surfaces, primary or permanent	\$35.00
D2160	Amalgam - three surfaces, primary or permanent	\$45.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$55.00
D2330	Resin-based composite - one surface, anterior	\$35.00
D2331	Resin-based composite - two surfaces, anterior	\$45.00
D2332	Resin-based composite - three surfaces, anterior	\$55.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$80.00
D2391	Resin-based composite - one surface, posterior	\$40.00
D2392	Resin-based composite - two surfaces, posterior	\$50.00
D2750	Crown - porcelain fused to high noble metal	\$390.00
D2752	Crown - porcelain fused to noble metal	\$380.00
D2790	Crown - full cast high noble metal	\$390.00
D2792	Crown - full cast noble metal	\$380.00
D2920	Re-cement crown	\$25.00
D2950	Core buildup, including any pins	\$60.00
D2954	Prefabricated post and core in addition to crown	\$70.00

2020 United Concordia Dental HMO

Active Employees that LIVE IN Maryland and Pennsylvania

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

COPAYMENTS FOR COMMON DENTAL SERVICES

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

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN. The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment



United Concordia Dental PPO

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

United Concordia Dental PPO		
2020 Plan Year: January 1 – December 31	Network: Elite Plus	
This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage—if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a United Concordia PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.		
	CONCORDIA FLEX PLAN	
Benefit Category ¹	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams 2 per calendar year	100%	100%
X-rays Bitewing 2 per calendar year; Full Mouth 1 per 36 months		
Cleanings 2 per calendar year		
Fluoride Treatments 2 per calendar year to age 19		
Sealants 1 per tooth per 36 months to age 19 on permanent first and second molars		
Space Maintainers 1 per 60 months		
Palliative Treatment (Emergency)		
Class II – Basic Services		
Basic Restorative (Fillings, etc.) 1 per surface per 12 months	80%	80%
Simple Extractions		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Nonsurgical Periodontics Scaling & Root Planing 1 per 24 months, per quadrant	60%	50%
Surgical Periodontics Including bone surgery, tissue surgery, and bite adjustments 1 per 60 months		
Endodontics		
Inlays, Onlays, Crowns 1 per 60 months		
Prosthetics (Bridges, Dentures) Full and/or partial dentures 1 per 60 months		

¹ Dependent children covered to age 26.

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

United Concordia Dental PPO

2020 Plan Year: January 1 – December 31

Network: Elite Plus

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage—if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a United Concordia PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures 1 in any 12-month period per specific area of appliance		
Implants 1 per 60 months		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Calendar Year Program Deductible (per member/per family) January 1 – December 31	\$50 / \$150 Excludes Class I & Orthodontics	
Calendar Year Program Maximum (per member) January 1 – December 31	\$1,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per child dependent)	\$1,500	

MetLife: Basic /AD&D Coverage

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

MetLife: Optional Life/AD&D Coverage

Supplemental Term Life Insurance Coverage Options

For You

- 1 times your basic annual earnings, to a maximum of \$100,000
- 2 times your basic annual earnings, to a maximum of \$200,000
- 3 times your basic annual earnings, to a maximum of \$300,000
- 4 times your basic annual earnings, to a maximum of \$400,000
- 5 times your basic annual earnings, to a maximum of \$500,000

Monthly Costs* for Supplemental Term Life and Accidental Death and Dismemberment Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of **01/01/2020**).

Age	Monthly Cost Per \$1,000 of Employee Coverage	Monthly Cost Per \$1,000 of Employee Coverage plus AD&D
Under 30	\$0.060	\$0.085
30 – 34	\$0.080	\$0.105
35 – 39	\$0.090	\$0.115
40 – 44	\$0.110	\$0.135
45 – 49	\$0.180	\$0.205
50 – 54	\$0.315	\$0.340
55 – 59	\$0.485	\$0.510
60 – 64	\$0.780	\$0.805
65 – 69	\$1.360	\$1.385
70 – 74	\$2.660	\$2.685
75 +	\$3.610	\$3.635

MetLife Life: How to Register on MyBenefits

Website Address:

<https://online.metlife.com/edge/web/public/benefits>

Step 1: Provide your group name and click to select it and then click **“Next”**

Step 2: The login screen. To begin accessing personal plan information, click on **“Log In”** at the top-middle of the page and on the next screen select **“Create New Account”** and complete the registration process.

Step 3: Enter personal information. Enter your first and last name, identifying data and e-mail address.

Step 4: Establish account credentials. You will need to create a unique user name and password for future access to MyBenefits. You will also need to choose and answer three identity verification questions, to be used in the event you forget your password. In addition to reading and agreeing to the website’s Term of Use, you will be asked to opt into electronic consent.

Step 5: Process complete. Now you will be brought to the **“Thank You”** page.

Section 4

Medical Plan Comparison

Comparing Medical Plan Benefits

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

2020 BlueChoice Advantage PPO

*Any Out-of-Network Provider can balance bill the difference between the Allowed Amount and the billed amount.

	Standard Option		High Option	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Dependent Eligibility: Dependent children, until the end of the calendar year they reach age 26, regardless of student or marital status.				
Deductible	\$250 per individual \$500 per family	\$500 per individual \$1,000 per family	None	None
Out-of-Pocket Maximum (based on annual salary)	Employee Salary: <\$45,000 \$1,000 individual/ \$2,000 family >\$44,999 \$1,500 individual/ \$3,000 family	Employee Salary: <\$45,000 \$2,000 individual/ \$4,000 family >\$44,999 \$3,000 individual/ \$6,000 family	\$1,000 per individual \$2,000 per family	N/A
Plan Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Routine & Preventive Services				
Routine Office Visit (Annual physical)	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Well Baby/Child Care	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Routine GYN Examination	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Screenings: Mammography, Colorectal & Prostate	100% Allowed Benefit	100% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
Physician Office Visits (Not-Routine)				
Physician's Office Visit (Sickness) (Maps & Unrepresented)	\$25 Copay	80% Allowed Benefit, after deductible	\$5 copay per visit	80% Allowed Benefit
Physician's Office Visit (Sickness) (Represented)	\$25 Copay	80% Allowed Benefit after deductible	\$5 copay per visit	80% Allowed Benefit
Specialist Office Visit (Maps & Unrepresented)	\$40 Copay	80% Allowed Benefit after deductible	\$5 copay per visit	80% Allowed Benefit
Specialist Office Visit (Represented)	\$40 Copay	80% Allowed Benefit after deductible	\$5 copay per visit	80% Allowed Benefit
Hearing Exams- one exam every 36 months (routine exams excluded)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit with medical diagnosis	80% Allowed Benefit with medical diagnosis

2020 BlueChoice Advantage PPO

*Any Out-of-Network Provider can balance bill the difference between the Allowed Amount and the billed amount.

	Standard Option		High Option	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
	Emergency Room and Urgent Care Services			
Ambulance Service (based on medical necessity) (ground only)	90% Allowed Benefit after deductible	90% Allowed Benefit after deductible	100% Allowed Benefit	100% Allowed Benefit
Emergency Room Observation – up to 24 hours or more, presented via Emergency Department (copay waived ONLY if admitted)	90% Allowed Benefit after deductible	90% Allowed Benefit after deductible	\$50 copay	\$50 copay
Urgent Care	\$25 Copay, 90% Allowed Benefit	\$25 Copay, 90% Allowed Benefit	\$5 copay per visit	100% Allowed Benefit
Hospital Inpatient Services				
Anesthesia	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Maps & Unrepresented Hospital Services , including Room, Board & General Nursing Services	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit preauthorization required	\$100 deductible per admission, then plan pays 80% up to \$1,500 out of pocket
Represented Hospital Services , including Room, Board & General Nursing Services (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	\$100 deductible per admission, then plan pays 80% up to \$1,500 out of pocket maximum per admission, then 100%
Medical Surgical Physician Services	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Physical, Speech & Occupational Therapy	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Organ Transplant (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	100% Allowed Benefit
Acute Inpatient Rehab	90% of Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit

2020 BlueChoice Advantage PPO

*Any Out-of-Network Provider can balance bill the difference between the Allowed Amount and the billed amount.

	Standard Option		High Option	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Outpatient Services				
Cardiac Rehab	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Chemotherapy & Radiation	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Renal Dialysis	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Diagnostic Lab Work & X-rays	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Outpatient Surgery	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Physical, Speech & Occupational Therapy (Maps & Unrepresented)	90% Allowed Benefit after deductible - limit 60 visits combined limit/year	70% Allowed Benefit after deductible - limit 60 visits combined	100% Allowed Benefit limited to 100 combined visits per calendar year	80% Allowed Benefit - limited to 100 combined visits per calendar year
Physical, Speech & Occupational Therapy (Represented)	90% Allowed Benefit after deductible - limit 60 visits combined/year	70% Allowed Benefit after deductible, - limit 60 visits combined/year	facility \$5 copay; 100 combined visits per calendar year	80% Allowed Benefit, limited to 100 visits per calendar year for physical, speech and occupational therapies combined
Pre-Admission Testing	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Allergy Testing	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Allergy Serum	90% Allowed Benefit after Deductible, no maximum	70% Allowed Benefit after deductible, no maximum	100% Allowed Benefit, no maximum	80% Allowed Benefit, no maximum
Maternity				
Pre & Post-Natal (Physician Services)	Covered in full	80% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Fertility Testing & Family Planning				
Fertility Testing & Family Planning	90% Allowed Benefit	70% Allowed Benefit	100% Allowed Benefit	80% Allowed Benefit
In-Vitro Fertilization (pre-authorization required)	90% Allowed Benefit; \$100,000 lifetime maximum	70% Allowed Benefit; \$100,000 lifetime maximum	100% Allowed Benefit; \$100,000 lifetime maximum	80% Allowed Benefit; \$100,000 lifetime maximum

2020 BlueChoice Advantage PPO

*Any Out-of-Network Provider can balance bill the difference between the Allowed Amount and the billed amount.

	Standard Option		High Option	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Inpatient Mental Health & Substance Abuse				
Inpatient Alcohol & Substance Abuse/ Mental Health (Maps & Unrepresented) (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	\$100 deductible per admission, then plan pays 80% up to \$1,500 out-of-pocket maximum per admission, then 100% Allowed Benefit
Inpatient Alcohol & Substance Abuse/ Mental Health (Represented) (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	\$100 deductible per admission, then plan pays 80% up to \$1,500 out-of-pocket maximum per admission, then 100% Allowed Benefit
Outpatient Mental Health & Substance Abuse				
Outpatient Mental Health/Alcohol & Substance Abuse (Maps & Unrepresented)	\$25 Copay	80% Allowed Benefit after deductible	\$5 copay/visit; 100% Allowed Benefit	80% Allowed Benefit
Outpatient Mental Health/Alcohol & Substance Abuse (Represented)	\$25 Copay	80% Allowed Benefit after deductible	\$5 copay/visit; 100% Allowed Benefit	80% Allowed Benefit
Miscellaneous Supplies & Services				
Nutrition Counseling	90% Allowed Benefit after deductible	70% of Allowed Benefit after deductible	\$5 copay/visit	80% Allowed Benefit
Diabetic Supplies	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Insulin & Syringes Covered by Rx Plan				
Durable Medical Equipment	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Private duty nursing Outpatient Only (pre-authorization required)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100 % of Allowed Benefit	80 % Allowed Benefit
Hospice Care	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% Allowed Benefit	80% Allowed Benefit
Prosthetic Devices (such as artificial limbs)	90% Allowed Benefit after deductible	70% Allowed Benefit after deductible	100% allowed benefit	80% Allowed Benefit

2020 Health Maintenance Organizations (HMOs)

NOTE: Out-of-Network Services are not covered under HMO unless an emergency

	Kaiser Permanente HMO	Open Access Aetna Select (HMO)
Dependent Eligibility: Dependent children, until the end of the calendar year they reach age 26, regardless of student or marital status.		
Are Referrals Required?	Yes	No
Out-of-Pocket Maximum	\$1,100 per individual; \$3,600 per family	\$1,100 per individual; \$2,200 per family
Plan Lifetime Maximum Benefit	Unlimited	Unlimited
Routine & Preventive Services		
Physician's Office Visit (Annual Physical)	Covered in full	Covered in full
Well Baby/Child Care	Covered in full	Covered in full
Routine GYN Examination	Covered in full	Covered in full
Immunizations	Covered in full	Covered in full
Screenings: Mammography, Colorectal & Prostate	Covered in full - call plan for details	Covered in full - call plan for details
Physician Office Visit (Non-Routine)		
Specialist Office Visit	\$5 copay per visit	\$5 copay per visit
Hearing Exams	\$5 copay per visit	\$5 copay per visit
Emergency Room and Urgent Care Services		
Ambulance Service (based on medical necessity)	Covered in full for emergency only	Covered in full for emergency only
Emergency Room Observation – up to 24 hours or more presented via Emergency Department (copay waived ONLY if admitted)	\$50 copay	\$50 copay
Urgent Care	\$5 copay per visit	\$5 copay per visit
Hospital Inpatient Services		
Anesthesia	Covered in full	Covered in full
Hospital Services Including Room, Board & General Nursing Services	Covered in full	Covered in full
Diagnostic Lab Work & X-rays	Covered in full	Covered in full
Medical Surgical Physician Services	Covered in full	Covered in full
Physical, Speech & Occupational Therapy	Covered in full	Covered in full
Organ Transplant (pre-authorization required)	Covered in full for non-experimental transplants	Covered in full for non-experimental transplants
Acute In-Patient Rehab	Covered in full	Covered in full

2020 Health Maintenance Organizations (HMOs)

NOTE: Out-of-Network Services are not covered under HMO unless an emergency

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



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