

City of Baltimore Retiree Benefits Book 2020



Open Enrollment
November 1 - November 15

See Inside for “WHAT’S NEW in 2020”

New Dental Plan for Non-Medicare retirees
New Life Insurance Vendor
New Enrollment Process

See page 5 for more information

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Section 1

New and Important Information

Retiree Contacts Phone Numbers & Websites

| Provider | Phone Number | Website |
|---|--|---|
| Insurance Companies | | |
| BlueChoice Advantage PPO (Non-Medicare Retirees) | 1-800-535-2292 | www.carefirst.com |
| CareFirst Medicare Supplemental | 1-800-535-2292 | www.carefirst.com |
| Kaiser Permanente HMO | 1-866-248-0715 | www.kaiserpermanente.org |
| CareFirst Caremark/CVS (Non-Medicare) | 1-800-241-3371 | www.carefirst.com |
| Silver Script Medicare Prescription 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 |
| 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/ |
| Employee Benefits Division | | |
| Baltimore City Medicare Rx Plan (Medicare Part D) | 410-396-1780 | |
| Employee Benefits Division | 410-396-5830 | https://my.adp.com |
| Employee Benefits Division (TTY) | TTY 711 (Maryland) | http://my.adp.com |
| Document Upload to Employee Benefits | 410-396-5830 | https://cobbenefits.wufoo.com/forms/m1wapno1gsphmm/ |
| Employee Benefits Division | | |
| 7E. Redwood Street, 20th FL Baltimore, MD 21202 | Phone: 410-396-5830 Fax: 410-396-5216 | http://my.adp.com |
| Medicare/CMS/ SSA | | |
| Medicare Service Center | 1-800-MEDICARE (800-633-4227) TTY: 877-486-2048 | https://www.medicare.gov/ |
| Centers for Medicare & Medicaid Services (CMS) | Local: 410-786-3000 TTY Toll-Free: 1.866-226-1819 TTY Local: 410-786-0727 | https://www.cms.gov/ |
| Social Security Administration | 1-800-772-1213 TTY 1-800-325-0778 | https://www.ssa.gov/ |

Information About Your Benefits for 2020

Please read the information provided in this benefit book.

| | |
|---|---|
| What's New for 2020 | <ul style="list-style-type: none"> ✓ New Dental Benefits for non-Medicare retirees enrolled in Bluechoice PPO is provided through the United Concordia DHMO plan. Dental Benefits for Non-Medicare retirees that <u>live outside of MD and PA</u> is provided through the Low Option United Concordia PPO plan. See Dental schedules on pages 42-44 Visit www.unitedconcordia.com/cityofbaltimore to find a dentist in your area ✓ The City of Baltimore moved to a new enrollment platform called ADP Benefits Marketplace (BenMark) effective May 6, 2019. Retirees and beneficiaries <u>will not</u> have direct online access to the BenMark System. See page 7-8 for more information. ✓ MetLife will be the New Life Insurance vendor effective 1/1/2020. See pages 49-50 for more information. |
| Document Upload | <p>Retirees may upload their information directly to Employee Benefits.</p> <p>Uploading Your Enrollment forms, and Dependent Documents has been made easy. You now have the option to "Upload Required Documents" directly to the Office of Employee Benefits by using the following link and follow all the necessary steps; https://cobbenefits.wufoo.com/forms/m1wapno1gsphmm/. See page 8 for more information</p> <p>See Page 8 for more information.</p> |
| 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. <i>Contact your plan directly for information.</i></p> <p>Medical Plans Cover -Diabetic test supplies and services Prescription Drugs Plan Cover - Diabetic Medication and Diabetic Insulin/medical supplies used to inject insulin.</p> |
| CareFirst Medicare Supplemental Plan | <p>Reminder: Effective January 1, 2017, the City's CareFirst Medicare Supplemental plan pays 80% of the 20 % balance due after Medicare. The City will no longer pay 100 % after Medicare. The retiree must pay the remaining balance.</p> |
| Dental Coverage | <p>The New Dental Vendor is United Concordia, under the DHMO plan, you must select a dentist or one will be automatically assigned to you. Visit www.unitedconcordia.com/cityofbaltimore to find a dentist in your area Retirees enrolled in Kaiser Medicare Advantage Plan have dental coverage. Please contact Kaiser for more information. Reminder: Retirees enrolled in the CareFirst Medicare Supplemental Plan are not eligible for dental benefits.</p> |

| | |
|---|--|
| Kaiser Permanente Medicare Advantage | <p>Kaiser now offers a Medicare Advantage (MA) Plan as opposed to the Kaiser Medicare Cost (MC) Plan.</p> <p>Once enrolled in the Kaiser Medicare Advantage plan you will no longer be able to use your red, white and blue Medicare card to seek services from Medicare providers outside of Kaiser Permanente for non-emergency care. With Kaiser Permanente Medicare Advantage, you will need to always use Kaiser Permanente providers, or providers that they send you to, for the bill to be covered.</p> <p>Retirees enrolled in Kaiser Medicare Advantage Plan have dental coverage. Please contact Kaiser for more information</p> |
| Administrative Information | |
| Dependent Eligibility | Dependent children are eligible for benefits until the end of the calendar year they reach age 26, regardless of student status. |
| Summary Benefits and Coverage (SBC) | <p>The Patient Protection and Affordable Care Act (PPACA) require 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 the City of Baltimore's Webpage:</p> <p>https://humanresources.baltimorecity.gov/hr-divisions/benefits</p> |
| Prescription Coverage | You and your dependents must be enrolled in a City of Baltimore medical plan in order to enroll in a prescription drug plan. |
| Duplicate Coverage Information | If you and your spouse are City employees/retirees, you 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. |
| Medicare Secondary Payer (MSP) Mandatory Reporting | Under the Medicare Secondary Payer (MSP) Mandatory Reporting, federal law requires the mandatory collection and reporting of social security numbers for all covered participants including employees, retirees and their dependents through employer group health benefits. Noncompliance may result in the loss of coverage for participants with invalid or missing social security numbers. |
| Change of Address | You must notify your retirement agency, in writing, about your change of address the Employee Benefits Division cannot change your address. |
| Enrollment Information | SEE PAGE #7-8 FOR NEW RETIREE ENROLLMENT INFORMATION! |
| New Membership ID Cards | New membership ID cards will only be issued for new plans, new enrollments and coverage level changes. |

Review Your Options with Alex!

Alex walks you through the process of picking your best benefits and provide understand explanations for any questions you might have along the way. best benefits decision with **ALEX** at

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



NEW Enrollment Process

The City of Baltimore moved to a new ADP platform called ADP Benefits Marketplace (BenMark) effective May 6, 2019. Retirees/beneficiaries will not have direct access to the BenMark System. As an alternative, retirees/beneficiaries will be required to make health benefit elections and changes by using a [Baltimore City Retiree Health Benefits Enrollment Form](#).

❖ Open Enrollment-

During the City of Baltimore's Annual Open Enrollment period held from November 1, 2019 through November 15, 2019, retirees will receive a retiree 2020 Open Enrollment Packet that includes; a personalized 2020 Retiree Benefits Summary of their current health benefit elections at the 2020 costs, Retiree Open Enrollment Health Benefits Enrollment Form, 2020 Retiree Benefits Booklet and Open Enrollment Benefit Fair Flyer.

During Open Enrollment, if the retiree wants to:

- **Remain Enrolled in their Current Health Benefit Elections at the 2020 Costs: No action is required.** The retiree's current health benefit elections with the 2020 costs as stated on their 2020 Retiree Benefit Summary will remain and be effective **January 1, 2020**.
- **Make Health Benefit Enrollment Election and/or Dependent Enrollment Changes:** If the retiree would like to make benefit and/or dependent election changes to their medical, prescription drug or vision benefits, if eligible, effective January 1, 2020, they must complete the **2020 Retiree Open Enrollment Health Benefits Enrollment Form** included in the Open Enrollment packet. The signed and completed form along with required documentation if required, must be mailed to **DHR-Office of Employee Benefits, 7 E. Redwood Street, 20th Floor, Baltimore, MD 21202** by **November 15, 2019**. An Employee Benefits Specialist will process the open enrollment elections accordingly effective January 1, 2020.
- **NOTE: If the retiree is not making any benefit and/or dependent election changes, there is no need to complete or return the 2020 Open Enrollment Health Benefits Enrollment Form to DHR-Office of Employee Benefits. KEEP THIS FOR YOUR RECORDS!**

❖ New Retiree Enrollment-

As a new retiree/beneficiary, the retiree will have 60 days, from their date of retirement to enroll in health benefits. Retirees are entitled to enroll in retiree health benefits through the City of Baltimore using their Personalized Retiree Health Benefits Enrollment Form that will be enclosed in their new retiree packet.

The retiree's enrollment deadline will be printed at the top right-hand corner of their personalized enrollment form. Once completed the retiree must mail the completed form and required documentation, if applicable, to DHR – Office of Employee Benefits, 7 E. Redwood Street, 20th Floor, Baltimore, MD 21202 **before the enrollment deadline.**

If the new retiree does not enroll in health benefits by completing the Personalized Retiree Health Benefits Enrollment Form **during the 60-day enrollment period**, their Medical, Prescription Drug, Dental and Vision benefits, if eligible, will default to “No Coverage” at the end of the enrollment period.

❖ **Qualified Life Changes -**

If a retiree experiences a qualified life event, they must request a **Baltimore City Retiree Health Benefits Enrollment Form** from the **Office of Employee Benefits**. The retiree must complete the requested Baltimore City Retiree Health Benefits Enrollment Form, attach the supporting and required documentation if applicable, then return all documents to **Office of Employee Benefits within 60 days of the qualified life event**. If the Enrollment Form along with the required documentation to the office of Employee Benefits is not completed and returned within 60 days of the event date, the retiree must wait until the next annual open enrollment period to make the benefit changes.

If you have any questions or to request a **Retiree Health Benefits Enrollment Form**, please contact the Office of Employee Benefits between 8:30 AM and 4:30 PM at 410-396-5830 and select option 2 (City Retirees) or 3 (BCPSS Retirees) and then option 1 to speak to an Employee Benefits Specialist.

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 by completing the Retiree Benefits Enrollment form.

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 Employee Benefits Division immediately at **410-396-5830**.

Special enrollment period
QUALIFYING LIFE EVENTS

| | | | |
|----------------------------|-------------------------|-----------------------------|------------------------------------|
| LOSS OF ESSENTIAL COVERAGE | LOSS OF COBRA BENEFITS | MARRIAGE | BIRTH |
| PERMANENT RELOCATION | DIVORCE | PREVIOUS POLICY HOLDER DIED | ADOPTION |
| NAMED LEGAL GUARDIAN | GAINED NEW FOSTER CHILD | CHANGE IN CITIZENSHIP | NEWLY ELIGIBLE FOR GOV. ASSISTANCE |

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.

You now have the option to “**Upload Required Documents**” directly to the Office of Employee Benefits (OEB). Please use the following link and follow all the necessary steps; <https://cobbenefits.wufoo.com/forms/m1wapno1qsphmm/>. If you have any question on the submitted documents, please contact the OEB office 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 Sate 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 LIBRARY) 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 LIBRARY) |

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 |

Section 2

Medicare Information



IMPORTANT MEDICARE INFORMATION

The City of Baltimore requires all its members including retirees, beneficiaries, spouses and children covered under a Baltimore City retiree medical plan to enroll in Medicare Part B through Social Security Administration 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 benefits.

As a Baltimore City or Baltimore City Public School System (BCPSS) retiree, you and your covered dependents must enroll in **BOTH MEDICARE PART A (HOSPITAL INSURANCE) & PART B (MEDICAL INSURANCE)** as soon as you or your dependents are eligible.

Who is eligible for Medicare?

- People age 65 or older
- Some people with disabilities under age 65 as determined by Social Security Administration (SSA)
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant)

When and how do I enroll in Medicare Part A & Part B?

Attaining Age 65

If you are not already getting Social Security retirement benefit checks, you should visit your local Social Security office or call Social Security Administration (SSA) at 1-800-772-1213 to enroll in Medicare Part A & Part B when you become age 65 during your Initial Enrollment Period. Your Initial Enrollment Period begins three months before the month you turn 65 and ends three months after you turn 65. If you wait until the month you turn 65, your Medicare Part B start date will be delayed.

Disability Under Age 65

If you are already getting Social Security retirement checks due to a disability determined by SSA, you will be automatically enrolled in Medicare Parts A and B and a Medicare card will be mailed to you on the 25th month after your disability benefits began. When you receive your Medicare card, the Social Security Administration will give you the option of turning down your enrollment in Part B. ***Do not turn down your Medicare Part B.*** **BALTIMORE CITY REQUIRES THAT YOU ENROLL IN BOTH MEDICARE PART A & PART B IN ORDER TO RECEIVE THE MAXIMUM POSSIBLE BENEFITS.**

Important Note: If you (or your spouse/child) do not enroll in Medicare Part B when you are first eligible, you will not be able to enroll until Social Security Administration's General Enrollment Period. This period runs

January 1 through March 31 each year and will become effective July 1. The premium for Part B Medicare may increase by 10% for each full 12-month period that you could have had Part B, but did not enroll. If the premium for Part B increases, you will have to pay this extra amount as long as you have Part B. If you have any questions regarding how to enroll in Medicare Part A & Part B, contact Social Security Administration (SSA) at 1-800-772-1213.

What if I (or my spouse) am not eligible for Medicare Part A?

If you (or your spouse) are not eligible for premium-free Medicare Part A because you did not pay enough Medicare taxes while you worked and you are age 65 or older, you can purchase hospitalization coverage along with the supplemental coverage from the medical plan for which you are enrolled through Baltimore City. However, you must enroll in Medicare Part B through your local Social Security office. Mail a copy of your (or your spouse's) Medicare card to Employee Benefits to update your medical plan enrollment on Baltimore City's Health Benefits Enrollment System based on your Medicare status. You will receive a confirmation statement reflecting your coverage.

What do I do after I enroll in both Medicare Part A & Part B and receive my Medicare card?

Attaining Age 65

Once you (or your spouse) have enrolled in Medicare Part A & Part B due to attaining age 65 and have received your Medicare card from Social Security Administration, use your Medicare card to verify your Medicare claim number and Medicare Part A and Part B effective dates on your ***Retiree Benefit Confirmation Statement***. You will receive your ***Retiree Benefits Confirmation Statement*** from the City approximately three weeks prior to your 65th birthday. If the Medicare information printed on your Medicare card matches the Medicare information printed on your confirmation statement, no further action is required. If the Medicare information printed on your Medicare card does not match the Medicare information printed on your confirmation statement, please mail a copy of your Medicare card to DHR-Office of Employee Benefits, 7 E. Redwood Street, 20th floor, Baltimore, MD 21202 to correct your Medicare information in the City's Health Benefits Enrollment System. You will receive a new confirmation statement with the correct Medicare information in the mail.

Disability Under Age 65

Once you (or your spouse or child) have enrolled in Medicare Part A & Part B due to a disability determined by Social Security Administration and have received your Medicare card, you must provide your Medicare MBI# and Medicare Part A & Part B effective dates to the OEB. You will need to contact OEB to request a **Baltimore City Retiree Health Benefits Enrollment Form** to update your Medicare status. You must complete the requested Enrollment Form, attach the supporting and required documentation if applicable, then return all documents to Office of Employee Benefits. You may also bring or mail a copy of your (or your spouse or child's) Medicare card to DHR-Office of Employee Benefits, 7 E. Redwood Street, 20th floor, Baltimore, MD 21202 to update your Medicare information.

What will happen to my Baltimore City medical plan coverage when I become eligible for Medicare?

BlueChoice Advantage PPO High/Standard Option Enrollees

When you (or your spouse/child) become eligible for Medicare, the BlueChoice Advantage PPO High/Standard Option coverage for the Medicare eligible member will convert to the CareFirst Medicare Supplemental plan. All other Non-Medicare members, if any, will remain under BlueChoice Advantage PPO High/Standard Option coverage. The Medicare Part A & Part B coverage through SSA will become the primary coverage (all eligible claims are paid by Medicare first) and the CareFirst Medicare Supplemental plan through Baltimore City will become the secondary coverage. The Baltimore City supplemental medical plan, CareFirst Medicare

Supplemental, will cover only that portion of your health claims not covered by Medicare up to the maximum Medicare Allowed Amount. ***Dental coverage is not offered to members converted to the CareFirst Medicare Supplemental plan.***

Kaiser Permanente Medicare Advantage Enrollees

As a member of Kaiser Permanente, you (or your spouse/child) are required to complete a ***Kaiser Permanente Medicare Plan*** enrollment form ***if you are eligible for Medicare Part A and Part B***. You will receive a notice in the mail along with the Kaiser Permanente Medicare Plan enrollment form from Kaiser Permanente. The Medicare eligible member must complete the Kaiser Permanente Medicare enrollment form and return directly to Kaiser Permanente. The Kaiser Permanente Medicare enrollment form is **required** in order for you and/or your spouse/child to continue to participate in the Kaiser Permanente Medicare Plan. If Kaiser Permanente does not receive your completed form **within 30 days from the date of notice**, you and your dependents, if any, will be dis-enrolled from the Kaiser Permanente Plan and your coverage will be transferred to the City's CareFirst PPN Standard Option Plan and/or CareFirst Medicare Supplemental Plan at a greater cost to you.

As a member of Kaiser Permanente Medicare Plan, you will continue to pay Medicare Part B premiums through the Social Security Administration and receive all in-network care from Kaiser Permanente plan providers who practice at the 30 Kaiser Permanente medical centers. You cannot use your red, white and blue Medicare card to seek services from Medicare providers outside of Kaiser Permanente for non-emergency care. With Kaiser Permanente Medicare Advantage, you "must" seek treatment from an in-network Kaiser Permanente providers, and hospitals or providers that you are referred to. All members will continue to receive dental coverage through Kaiser Permanente.

If I (or spouse/child) do not enroll in both the Medicare Part A & Part B when I am eligible, how will my medical claims be affected?

If you (or your spouse/child) do not enroll in both Medicare Parts A & B when you are eligible, your Baltimore City medical plan coverage will be converted to the supplemental medical plan coverage for the member who is Medicare eligible. **THE MEMBER WHO IS MEDICARE ELIGIBLE WILL THEN BE RESPONSIBLE FOR THE PORTION OF THE CLAIMS THAT BOTH MEDICARE PART A (HOSPITAL) & PART B (MEDICAL) WOULD COVER AS PRIMARY.** Your Baltimore City supplemental medical plan will cover **only** that portion of your health claims not covered by Medicare up to the maximum Medicare Allowed Amount.

What will happen to my Baltimore City prescription drug coverage when I (or spouse/child) become eligible for Medicare?

When you (or your spouse/child) become eligible for Medicare and your Medicare information has been updated in the City's Health Benefits Enrollment system, you will receive an Opt Out letter in the mail from CareFirst Silver Scripts to enroll in the Baltimore City Medicare Rx plan with CareFirst SilverScript. No action is required if you decide to enroll in this plan. Upon CareFirst SilverScripts approval from the Centers for Medicare & Medicaid Services (CMS), you will automatically be enrolled in the Baltimore City Medicare Rx plan with CareFirst SilverScript ***unless you notify Employee Benefits - Baltimore City Medicare Rx at 410-396-1780 within 21 days from the date of the letter that you do not want to enroll in the City's Medicare Rx plan.*** Your Medicare Rx

plan will be effective the first day of the following month after CMS approves your enrollment. Once you have automatically been enrolled in the Baltimore City Medicare Rx plan, you will receive a *Welcome Packet* from CareFirst SilverScript with your new membership ID card, summary of benefits, formulary list and claim forms.

What will happen if I (or spouse/child) don't enroll or remain enrolled in the Baltimore City Medicare Part D Rx Plan when eligible?

Important: If you (or spouse/child) decide not to be enrolled in the Baltimore City Medicare Rx Plan, you will no longer have prescription drug coverage through the City of Baltimore. The City of Baltimore will not offer any other prescription drug plan to Medicare eligible retirees or eligible dependents. If you or your dependents dis-enroll from the City's Medicare Rx plan after being enrolled and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you (and/or spouse/child) will be required to pay a late enrollment penalty (LEP) if you go 63 days or more without Medicare Part D coverage or other creditable prescription drug coverage for as long as you have Medicare Part D coverage.

What happens if I have a late enrollment penalty (LEP) as a member of the City's Medicare Rx Plan?

CareFirst SilverScript will send you notification if Medicare (the Center for Medicare & Medicaid Services or CMS) has identified you as having to pay an LEP. If you are subject to an LEP while covered under the Baltimore City Medicare Rx Plan, you will be billed for this penalty. If you do not pay your LEP, you could be dis-enrolled from your Baltimore City Medicare Rx Plan.

What should I do if I am still actively working when I turn age 65?

If you are still employed and enrolled in health benefits with the City of Baltimore (COB) as an active full-time employee when you (or your spouse) turn age 65, you should contact Social Security Administration (SSA) three months before you (or your spouse) turn age 65 to enroll in Medicare Part A and Part B. However, if you decide to remain employed as an active full-time employee with the COB beyond age 65 and you (and your spouse) remain enrolled in COB group health benefits, you (or your spouse) may consider delaying your enrollment in Medicare Part B through SSA without a late-enrollment penalty. **Your (and spouse's) health plan coverage will remain primary until your employment or coverage ends, whichever occurs first.**

When your current employment or health plan coverage ends, whichever occurs first, you must visit your local Social Security office to enroll in your Medicare Part B during the Special Enrollment Period, which runs 3 months prior and 8 months after your employment or health plan coverage ends. During the Special Enrollment Period, you should obtain a ***Request for Employment Information*** form from SSA 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 Baltimore City 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 late enrollment in Medicare Part B. **Note: If you wait until after you retire (*within the 8-month special enrollment period*) to enroll in 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 Baltimore City medical plan coverage, please contact the Employee Benefits office at 410-396-5830/TTY 711 (Maryland). Baltimore City retirees should select option 2 and BCPSS retirees should select option 3, and then choose option 1 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.



Kaiser's Medicare Advantage Plan

Kaiser's Medicare Cost plan changes to a Medicare Advantage Plan

The Medicare Access and CHIP Reauthorization Act (MACRA) legislation has required the elimination of Medicare Cost contracts.

What does this mean to you?

Current Kaiser Medicare members with Medicare Part A and Part B will be enrolled in the Kaiser Medicare Advantage Plan effective January 1, 2020, unless they enroll in another medical plan. These Kaiser members will receive a new ID card for January 1 that will say Kaiser Permanente Medicare Advantage

The Kaiser retirees that reside in one of the following service areas (Maryland: Calvert County, Carroll County & Frederick County & Northern Virginia: Alexandria, Arlington, etc.) will now have access to the Kaiser Medicare Advantage Plan and provider network instead of the Kaiser Permanente Medicare Plus network. The Kaiser Membership ID number will not change. Kaiser members that do not have Medicare Part A and or Part B or do not wish to be a Kaiser Permanente Medicare Advantage member must contact the City of Baltimore's Employee Benefits Division before December 7th to discuss your plan options for 2020.

As a plan with a Medicare contract, Kaiser covers all services covered by traditional Medicare, and you will keep the same coverage and copays for inpatient and outpatient care as you have today.

You will also still have access to the same Kaiser Permanente medical providers, medical centers and participating providers, such as pharmacies. In fact, the Kaiser Permanente Medicare provider list is growing with its Medicare Advantage plan.

What will NOT change?

- ✓ Your covered benefits and copayments remain the same
- ✓ You will keep your Kaiser Permanente Medical Record Number
- ✓ Your Kaiser Permanente doctor(s) will stay the same, and any referrals currently in place will remain the same as they were in 2019.
- ✓ Your prescriptions will remain the same. There will be no changes to your Medicare Part D benefits and all remaining refills will be available.
- ✓ Your access to KP.org and your Medical Record will remain available.
- ✓ Kaiser will still cover you for emergency care and urgently needed care, locally, or anywhere in the world – even if Medicare doesn't cover the care because it is outside the U.S.
- ✓ The current vision and dental discount plans remain in place for 2020.
- ✓ Your enrollment is Silver Scripts (if applicable) will not change.

What will change?

All Kaiser Permanente members are covered for emergency care and urgently needed care, anywhere in the world. The single biggest change in changing to a Medicare Advantage plan is that you will no longer be able to use your red, white and blue Medicare card to seek services from Medicare providers outside of Kaiser Permanente for non-emergency care. With Kaiser Permanente Medicare Advantage, you “must” seek treatment from an in-network Kaiser Permanente providers, or providers that you are referred to.

What happens when I become Medicare eligible?

Kaiser Permanente will continue to be offered by the City of Baltimore for our Medicare beneficiaries who live in the service area, but only as Kaiser Permanente Medicare Advantage plan. If you are a non-Medicare retiree currently enrolled in the City’s Commercial Kaiser Permanente HMO plan, once you are eligible for Medicare you must make a decision to enroll in the Kaiser Permanente Medicare Advantage plan, the Care first Medicare Supplemental plan, or the Medicare Marketplace and select an outside MA plan. The old Kaiser Permanente Medicare Plus will no longer be available and officially closed effective 12/31/ 2019.

Please feel free to contact Kaiser Permanente Medicare Membership Services is 1-888-777-5536 if there are any additional questions. For the Medicare Advantage Plan conversion there is a special line: 1-888-777-9909

An Official notice will be provided by mail, and information will be available online. This notice will include a special telephone number for questions relating to the change.

CMS removed Social Security Number (SSN)-based Health Insurance Claim Numbers (HICNs) from Medicare cards and transitioned all HICN to the Medicare Beneficiary Identifiers (MBIs) for Medicare transactions.

Until 12/31/19 when the transition period ends, members can use either the HICN or the MBI# when they seek medical treatment. As of 1/1/2020, the HICN# will no longer be accepted, every person with Medicare will have been assigned an MBI# and must use the new card.

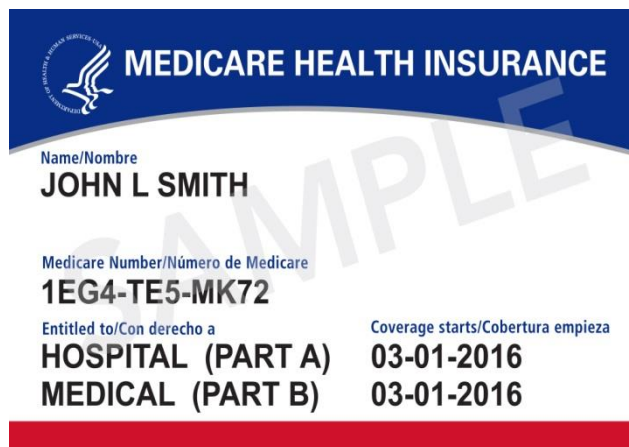
Starting January 1, 2020, providers of care **MUST** submit claims using MBIs (with a few exceptions), no matter what date the service was performed. Please makes sure to provide your new Medicare card to all your providers.

People with Medicare who belong to a Medicare Advantage plan or a Medicare drug plan (Part D) should keep using their Medicare Advantage and/or Medicare drug plan cards like they always have when they get health care services or fill a prescription. People with Medicare will also need their MBIs when they change plans or are admitted to the hospital.

The new Medicare card has a Medicare Number that's unique to each Medicare member, instead of the Social Security Number. This will help to protect members' identities.

Once you receive your new Medicare MBI Card, please destroy the old Medicare card.

YOUR NEW CARD SHOULD LOOK LIKE THIS:



If you are currently a Medicare member and have not received your new Medicare MBI card, please check your current address listed with SSA. You can check and change your address online by using "my Social Security account" at the following link <https://www.ssa.gov/myaccount/> or call 1-800-772-1213. The New card will automatically come to each Medicare member as long as the address is up to date.

CMS New Rule for the removal of Part D Drugs:

CMS has enacted new Final Rule guidance, in January 1, 2019, regarding **“Expedited Substitutions for certain generics and other midyear formulary changes.”** we would like to highlight for you. As such, SilverScript has updated its policy on Medicare Part D midyear negative formulary changes effective **January 1, 2020.**

Silver Script can immediately remove a brand name drug on the City’s Drug Formulary if, at the same time, SilverScript can replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. In many instances the brand name drug may not be removed from the formulary but will move to a higher cost tier. Transition fills are not available with these changes. The members will get notification in their monthly EOBs about any changes – with the messaging displayed in the first section if they use the medication, or in a later section if it’s not something they currently take. Please review your monthly Explanation of Benefits for notifications of new generic releases and changes to the formulary. If you decide you do not wish to take the generic alternative, you should follow up with your prescribing physician who can request an appeal on your behalf or submit a BRAND EXCEPTION REQUEST.

This is a CMS rule and not a SilverScript only rule; it will apply to all Medicare Part D plans offered in the Medicare Market. If you decide to change Medicare Part D plans, The Medicare Open Enrollment period is from **October 15 until December 7 each year.**

During the annual enrollment period (AEP), you can make changes to various aspects of your coverage.

- ✓ You can also switch from one Medicare Part D (prescription drug) plan to another.
- ✓ And if you didn’t enroll in a Medicare Part D plan when you were first eligible, you can do so during the general open enrollment, although a late enrollment penalty may apply.

Please be aware, if you should enroll in another Part D plan outside of the City’s plan, once termed you and any covered dependent(s) will remain termed for the full 2020 plan year. You must wait until the next Medicare Open Enrollment period (Oct 15-Dec 7, 2021) or Special Enrollment period before you can request to re-enroll in Medicare Part D coverage with the City or any other Medicare Part D plan offered. If you are without Part D prescription coverage for 63 days or more, Medicare will impose a penalty. Member should call Medicare at 1-800-Medicare or 1 (800) -633-4227 for any Medicare plan related questions. Call Social Security at 1 (800) 772-1213 for Medicare eligibility or Low income subsidy questions.

If you have any questions about your City of Baltimore Medicare Part D prescription drug coverage offered through SilverScript, please call the City of Baltimore at 410.396.5830 or 410.396.1780, 8:30am to 4:30pm EST. TTY users should call 711.

Questions about Medicare Part D, network pharmacies, the drugs covered by the plan or any documents you receive from SilverScript? Call SilverScript Customer Care toll-free at 1-877-878-1678, 24 hours a day, 7 days a week. TTY users should call 711.

**Retiree Premium Contribution
Medical & Rx**



Employee Benefits Division

ERS/EOS/FPR/BCPS Retirees Graduated Retiree Contribution Schedule

On November 7, 2007, the Baltimore City Board of Estimates approved a **Graduated Retiree Contribution Schedule**. The Graduated Retiree Contribution Schedule is designed to reward Baltimore City and Baltimore City Public School (BCPS) employees for employment longevity in Baltimore City government. The Graduated Retiree Contribution Schedule became effective July 1, 2008.

Employees who retire from the City of Baltimore or Baltimore City Public Schools (BCPS) **on or after July 1, 2008** with 15 or more Baltimore City or BCPS service years will continue to receive the current 50% level of contribution towards the cost of their medical plan. Employees who retire from the City of Baltimore or BCPS on or after July 1, 2008 with less than 15 years of Baltimore City or BCPS service will receive contributions towards the cost of their medical plan benefit based on City or BCPS service years excluding transfer time and pre-employment military time determined by your retirement system.

Contribution Schedule for Medical Plan Coverage Only

| Retiree | | |
|------------------------------------|-----|---------------------------------|
| If you | | Retiree Contribution |
| | | City Contribution |
| <i>Retired Before July 1, 2008</i> | 50% | 50% |

| Retiree | | |
|--|---------------------------------|------------------------------|
| If You Retired On or After July 1, 2008 | Retiree Contribution | City Contribution |
| With 15 or More City/BCPS Service Years | 50% | 50% |
| Due to Line of Duty Disability/Non Line of Duty Disability | 50% | 50% |
| With 10 to 14 City/BCPS Service Years | 80% | 20% |
| With 5 to 9 City/BCPS Service Years | 100% | 0% |
| With Less Than 5 City/BCPS Service Years | Not Eligible | Not Eligible |

Beneficiary

| If your | Beneficiary Contribution | City Contribution |
|---|---------------------------------|--------------------------|
| Beneficiary Benefit Begins Before July 1, 2008 | 50% | 50% |
| Beneficiary Benefit Begins On or After July 1, 2008 <i>Due To Line of Duty Death</i> | 50% | 50% |
| Beneficiary Benefit Begins On or After July 1, 2008 <i>Due To Line of Duty Death of Fire & Police Only (Active Employee Medical Plan Rate until Age 65)</i> | 10% (HMO) 20% (PPO) | 90% (HMO) 80% (PPO) |
| Beneficiary Benefit Begins On or After July 1, 2008 You Will Receive the Same Contribution the Deceased Retiree Received Upon His/her Death | 50% 80% 100% | 50% 20% 0% |

ERS / EOS / FPR / BCPS Retirees
Graduated Retiree Contribution Schedule
Frequently Asked Questions

Question: Who approved the Graduated Retiree Contribution Schedule?

Answer: The Board of Estimates approved the Graduated Retiree Contribution Schedule on November 7, 2007.

Question: When did the Graduated Retiree Contribution Schedule go into effect?

Answer: The Graduated Retiree Contribution Schedule went into effect July 1, 2008. Employees who retire on or after July 1, 2008 with less than 15 years of Baltimore City service will be affected by the new contribution schedule.

Question: Will my other health benefits be affected by the Graduated Retiree Contribution Schedule?

Answer: No. The Graduated Retiree Contribution Schedule only applies to your medical plan. However, you must be enrolled in a City medical plan in order to be enrolled in the City's prescription drug plan. The City will contribute 80% towards the cost of your prescription drug plan and 100% towards the cost of your vision plan, if eligible.

Question: If I retire after July 1, 2008 with a line-of-duty or non-line-of-duty disability, will I receive the 50% contribution towards the cost of my medical plan?

Answer: Yes. Employees who retire with a line of duty or non-line of duty disability will receive the maximum City contribution of 50% towards the cost of their medical plan.

Question: If my spouse receives a beneficiary pension upon my death due to a line of duty death, will my spouse be affected by the Graduated Retiree Contribution Schedule?

Answer: No. Beneficiaries who receive a pension due to an active's line of duty death will receive the maximum City contribution of 50% towards the cost of their medical plan. However, beneficiaries who receive a pension due to an active Fire or Police line of duty death will receive a City contribution of 80% (PPO) or 90% (HMO) towards the cost of the active employee medical plan rate until age 65. Beneficiaries of an active Fire or Police will receive the maximum City contribution of 50% towards the cost of their retiree medical plan when they turn age 65.

Question: If I have any questions regarding Graduated Retiree Contribution Schedule, whom should I contact?

Answer: You should contact DHR-Office of Employee Benefits at 410-396-5830/TTY 711 (Maryland) and select option 2 and then option 1 to speak to a customer service representative. You may also visit our office at 7 E. Redwood Street, 20th floor, Baltimore, MD 21202 Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m.

2020 Retiree Medical Plan Rate Chart
Monthly Deduction
50% Retiree Contribution
(Fifteen or More City Service Years)
Effective January 1, 2020

All Members Non Medicare Only

| All Members Non Medicare Only | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|-------------------------------|----------------------|-------------------------------------|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| I | 1 | Retiree Only | \$ 394.94 | \$ 327.14 | N/A | \$ 419.92 |
| P | 2 | Retiree Plus Dependent Child | \$ 769.72 | \$ 637.58 | N/A | \$ 781.84 |
| H | 2 | Retiree Plus Spouse | \$ 885.61 | \$ 733.31 | N/A | \$ 835.52 |
| F | 3 or More | Retiree Plus Two or More Dependents | \$ 965.64 | \$ 800.33 | N/A | \$ 1,440.85 |

All Members With Medicare A & B Only

| All Members With Medicare A & B Only | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|--------------------------------------|----------------------|---------------------------------|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| 1 | 1 | Retiree With Medicare A & B | N/A | N/A | \$ 140.51 | \$ 50.46 |
| 2 | 2 or More | Two or More With Medicare A & B | N/A | N/A | \$ 281.01 | \$ 100.92 |

Combination of One Non Medicare Member & One Member with Medicare A & B (Two Members Only)

| Two Members: One Non Medicare Member & One Member with Medicare A & B | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|---|----------------------|--|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| I1 | 2 | One Non Medicare Member and One Member with Medicare A & B | \$ 549.09 | \$ 454.01 | N/A | \$ 250.36 |

Combination of Three or More Members (Non Medicare Members With At Least One Medicare A & B Member)

| Three or More Members With At Least One Member With Medicare A & B Only | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|---|----------------------|---|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| F1 | 3 or More | Three or More Members With At Least One Member With Medicare A & B Only | \$ 860.23 | \$ 711.63 | N/A | \$ 1,019.54 |

Combination of Medicare Part B Only & Medicare A & B Members

| Combination of Medicare Part B Only & Medicare A & B Members | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|--|----------------------|--|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| S | 1 | Retiree With Medicare B Only | N/A | N/A | \$ 323.17 | N/A |
| SS S1 | 2 | Two Members With Medicare B Only or One Member with Medicare B Only & One Member with Medicare A & B | N/A | N/A | \$ 655.46 | N/A |

Combination of Medicare B Only & Non Medicare Members

| Combination of Medicare B Only & Non Medicare Members | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|---|----------------------|--|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| IS | 2 or more | Two or More Members With At Least One Member With Medicare B Only & Non Medicare Members | \$ 749.49 | \$ 618.92 | N/A | N/A |

2020 Retiree Medical Plan Rate Chart
Monthly Deduction
80% Retiree Contribution
(Ten to Fourteen City Service Years)
Effective January 1, 2020

All Members Non Medicare Only

| All Members Non Medicare Only | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|-------------------------------|-------------------|-------------------------------------|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| I | 1 | Retiree Only | \$ 591.22 | \$ 523.42 | N/A | \$ 616.20 |
| P | 2 | Retiree Plus Dependent Child | \$ 1,152.27 | \$ 1,020.13 | N/A | \$ 1,164.39 |
| H | 2 | Retiree Plus Spouse | \$ 1,325.60 | \$ 1,173.30 | N/A | \$ 1,275.51 |
| F | 3 or More | Retiree Plus Two or More Dependents | \$ 1,445.85 | \$ 1,280.54 | N/A | \$ 1,921.06 |

All Members With Medicare A & B Only

| All Members With Medicare A & B Only | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|--------------------------------------|-------------------|---------------------------------|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| 1 | 1 | Retiree With Medicare A & B | N/A | N/A | \$ 224.82 | \$ 134.77 |
| 2 | 2 or More | Two or More With Medicare A & B | N/A | N/A | \$ 449.62 | \$ 269.53 |

Combination of One Non Medicare Member & One Member with Medicare A & B (Two Members Only)

| Two Members: One Non Medicare Member & One Member with Medicare A & B | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|---|-------------------|--|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| I1 | 2 | One Non Medicare Member and One Member with Medicare A & B | \$ 821.50 | \$ 726.42 | N/A | \$ 522.77 |

Combination of Three or More Members (Non Medicare Members With At Least One Medicare A & B Member)

| Three or More Members With At Least One Member With Medicare A & B Only | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|---|-------------------|---|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| F1 | 3 or More | Three or More Members With At Least One Member With Medicare A & B Only | \$ 1,287.22 | \$ 1,138.62 | N/A | \$ 1,446.53 |

Combination of Medicare Part B Only & Medicare A & B Members

| Combination of Medicare Part B Only & Medicare A & B Members | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|--|-------------------|--|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| S | 1 | Retiree With Medicare B Only | N/A | N/A | \$ 517.07 | N/A |
| SS S1 | 2 | Two Members With Medicare B Only or One Member with Medicare B Only & One Member with Medicare A&B | N/A | N/A | \$ 1,048.74 | N/A |

Combination of Medicare B Only & Non Medicare Members

| Combination of Medicare B Only & Non Medicare Members | | | BlueChoice Adv (High Option) | BlueChoice Adv (Standard Option) | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|---|-------------------|--|---------------------------------|-------------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| IS | 2 or more | Two or More Members With At Least One Member With Medicare B Only & Non Medicare Members | \$ 1,120.85 | \$ 990.28 | N/A | N/A |

2020 Retiree Medical Plan Rate Chart
Monthly Deduction
100% Retiree Contribution
(Five to Nine City Service Years)
Effective January 1, 2020

All Members Non Medicare Only

| All Members Non Medicare Only | | | BlueChoice Adv (High Option) | BlueChoice Adv Standard Option | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|-------------------------------|----------------------|-------------------------------------|---------------------------------|-----------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| I | 1 | Retiree Only | \$ 722.08 | \$ 654.28 | N/A | \$ 747.06 |
| P | 2 | Retiree Plus Dependent Child | \$ 1,407.30 | \$ 1,275.16 | N/A | \$ 1,419.42 |
| H | 2 | Retiree Plus Spouse | \$ 1,618.92 | \$ 1,466.62 | N/A | \$ 1,568.83 |
| F | 3 or More | Retiree Plus Two or More Dependents | \$ 1,765.98 | \$ 1,600.67 | N/A | \$ 2,241.19 |

All Members With Medicare A & B Only

| All Members With Medicare A & B Only | | | BlueChoice Adv (High Option) | BlueChoice Adv Standard Option | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|--------------------------------------|----------------------|---------------------------------|---------------------------------|-----------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| 1 | 1 | Retiree With Medicare A & B | N/A | N/A | \$ 281.02 | \$ 190.97 |
| 2 | 2 or More | Two or More With Medicare A & B | N/A | N/A | \$ 562.03 | \$ 381.94 |

Combination of One Non Medicare Member & One Member with Medicare A & B (Two Members Only)

| Two Members: One Non Medicare Member & One Member with Medicare A & B | | | BlueChoice Adv (High Option) | BlueChoice Adv Standard Option | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|---|----------------------|--|---------------------------------|-----------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| I1 | 2 | One Non Medicare Member and One Member with Medicare A & B | \$ 1,003.10 | \$ 908.02 | N/A | \$ 704.37 |

Combination of Three or More Members (Non Medicare Members With At Least One Medicare A & B Member)

| Three or More Members With At Least One Member With Medicare A & B Only | | | BlueChoice Adv (High Option) | BlueChoice Adv Standard Option | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|---|----------------------|---|---------------------------------|-----------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| F1 | 3 or More | Three or More Members With At Least One Member With Medicare A & B Only | \$ 1,571.87 | \$ 1,423.27 | N/A | \$ 1,731.18 |

Combination of Medicare Part B Only & Medicare A & B Members

| Combination of Medicare Part B Only & Medicare A & B Members | | | BlueChoice Adv (High Option) | BlueChoice Adv Standard Option | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|--|----------------------|--|---------------------------------|-----------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| S | 1 | Retiree With Medicare B Only | N/A | N/A | \$ 646.34 | N/A |
| SS S1 | 2 | Two Members With Medicare B Only or One Member with Medicare B Only & One Member with Medicare A&B | N/A | N/A | \$ 1,310.92 | N/A |

Combination of Medicare B Only & Non Medicare Members

| Combination of Medicare B Only & Non Medicare Members | | | BlueChoice Adv (High Option) | BlueChoice Adv Standard Option | CareFirst Medicare SUPP | Kaiser Permanente HMO |
|---|----------------------|--|---------------------------------|-----------------------------------|----------------------------|--------------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost | Your Cost |
| IS | 2 or more | Two or More Members With At Least One Member With Medicare B Only & Non Medicare Members | \$ 1,368.42 | \$ 1,237.85 | N/A | N/A |

**2020 Monthly Prescription Drug Costs For Retirees
(High Option & Standard Option Plans)**

Retirees & Dependents Enrolled in Rx (Non Medicare) & MRx (Medicare D) Plans
(Will Be Combined With Your Medical Cost As A Single Payroll Deduction)

| A | Retirees & Dependents (All Members Non Medicare) Prescription Drug Plan (Rx) | Rx Level Tiers | High Option Your Cost Per Pension Check | Standard Option Your Cost Per Pension Check |
|----------|---|---------------------------|--|--|
| | Participant Only | 1 | \$ 45.71 | \$ 38.62 |
| | Participant + Spouse | 2 | \$ 102.68 | \$ 86.76 |
| | Participant + Child | 3 | \$ 89.14 | \$ 75.31 |
| | Participant + Family | 4 | \$ 111.46 | \$ 94.18 |

| B | Retirees & Dependents (All Members with Medicare Part A and/or Part B) Prescription Drug (Medicare D) Plan (MRx) | MRx Level Tiers | Baltimore City Medicare Rx Plan Your Cost Per Pension Check |
|----------|---|--------------------------------|--|
| | One Member Enrolled in Medicare Rx (MRx) | 21 | \$42.57 |
| | Two Members Enrolled in Medicare Rx (MRx) | 22 | \$85.14 |
| | Three Members Enrolled in Medicare Rx (MRx) | 23 | \$127.70 |
| | Four Members Enrolled in Medicare Rx (MRx) | 24 | \$170.27 |

| C | Non Medicare Dependent(s) Of Retirees Enrolled In MRx Prescription Drug Plan (Rx) | MRx Level Tiers | High Option Your Cost Per Pension Check | Standard Option Your Cost Per Pension Check |
|----------|--|--------------------------------|--|--|
| | Spouse | 9 | \$ 45.71 | \$ 38.62 |
| | Spouse + One Child | 10 | \$ 89.14 | \$ 75.31 |
| | Spouse + Two or More Children | 11 | \$ 111.46 | \$ 94.18 |
| | One Child Only | 12 | \$ 43.43 | \$ 36.70 |
| | Two Or More Children Only | 13 | \$ 65.76 | \$ 55.56 |

Key:

Rx Plan = Non Medicare retirees and dependents enrolled in CVS Caremark

MRx Plan = Medicare retirees and dependents enrolled in Silverscript

How To Determine Your Monthly Prescription Cost

To determine your prescription drug cost in the City's (High Option or Standard Option) prescription drug plan, read the following categories along with the costs displayed on the front of this notice and complete the worksheet below. Choose the High Option or Standard Option column based on your Medical plan enrollment option. If you enroll in the CareFirst PPN Standard Option Medical Plan, then you can only elect the Standard Option Rx Plan. All other Medical Plan enrollment options are linked to the High Option Rx Plan.

- > Refer to **Table A** if you and all of your family members are Non Medicare. **Example:** Your family unit includes you and two dependents (spouse and children) all members are (**Non Medicare – Table A – Rx Level Tier 4 – Family**). Your Rx cost for you and your family members will be \$100.62 if you enroll in the Standard Option Rx Plan. Your total prescription drug cost of \$100.62 will be combined with your medical cost as a single payroll deduction from your monthly pension check.

- > Refer to **Table B** if you and all of your family members (dependents) are Medicare eligible enrolled in Medicare Parts A and/or B. **Example:** Your family unit includes you and your spouse (**Both Medicare Eligible – Table B – MRx Tier 22 – Two Members enrolled in MRx**). Your MRx cost will be \$90.96 for both of you. Your total prescription drug cost of \$90.96 will be combined with your medical cost as a single payroll deduction from your monthly pension check.

- > Refer to **Tables A and B** if your family has a combination of Non Medicare and Medicare members. You will have to add the cost of Rx and MRx level tiers from both Tables A & B to arrive at your total prescription drug cost that will be combined with your medical cost as a single payroll deduction from your monthly pension check. Example: Your family unit includes you (Non Medicare – Table A – Tier 1 - Individual) and your spouse (Medicare – Table B – Tier 21 – One Member enrolled in MRx). Your Rx cost will be \$48.84 if you enroll in the High Option Rx Plan and your spouse's MRx cost will be \$45.48. Your total prescription drug cost of \$94.32 (\$48.84 + \$45.48 = \$94.32) will be combined with your medical cost as a single payroll deduction from your monthly pension check.

- > Refer to **Tables B & C** if you (the retiree) are Medicare eligible enrolled in the MRx plan and your family members (dependents) are Non Medicare enrolled in the Rx plan. You will have to add the cost of Rx and MRx level tiers from both Tables B & C to arrive at your total prescription drug cost that will be combined with your medical cost as a single payroll deduction from your monthly pension check. Example: Your family unit includes you (the retiree – Medicare – Table B – MRx Tier 21 – One Member enrolled in MRX) and your spouse, son and daughter (all Non Medicare – Table C – Rx Tier 11 – Spouse + Children enrolled in Rx). Your MRx cost will be \$45.48 and your Spouse + Children's Rx cost will be \$70.25 if you enroll in the High Option Rx Plan. Your total prescription drug cost of \$115.73 (\$45.48 + \$70.25 = \$115.73) will be combined with your medical cost as a single payroll deduction from your monthly pension check.

Worksheet:

| | | | |
|----------------|------------------------------------|------------------------|-------------------|
| Table A | All Members Non Medicare | Level Tier Code: _____ | Rx Cost: \$ _____ |
| Table B | All Members w/ Medicare A and/or B | Level Tier Code: _____ | Rx Cost: \$ _____ |
| Table C | Dependents of Retirees in MRx | Level Tier Code: _____ | Rx Cost: \$ _____ |

Total Prescription Drug Cost Per Pension Check: \$ _____

Note: Your total prescription drug cost will be combined with your medical cost as a single payroll deduction from your monthly pension check.

Section 4

Non-Medicare Medical Plans

***Dental Coverage is no longer included
with Bluechoice PPO Medical coverage**

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 Retiree *without Medicare* Benefit Plan

**** any out-of-network provider can balance bill the difference between the allowed amount and charges**

| | BlueChoice Advantage PPO Standard Option | | BlueChoice Advantage PPO High Option | | Kaiser HMO w/ Dental |
|-------------------------|--|--|--|------------------|----------------------|
| | In-Network | Out-of-Network** | In-Network | Out-of-Network** | |
| Out-of-Pocket Maximum | \$1,500 per individual \$3,000 per family | \$3,000 per individual \$6,000 per family | \$1,000 per individual \$2,000 per family | NA | \$1,100/\$3,600 |
| Deductible | \$250 per individual \$500 per family | \$500 per individual \$1,000 per family | N/A | N/A | N/A |
| Are Referrals Required? | no | no | no | no | Yes |
| Plan Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |

Routine & Preventive Services

| | | | | | |
|---|-------------------------|-------------------------|--|---|-----------------|
| Routine Office Visit (Physical annual) | 100% of allowed benefit | 100% of allowed benefit | 100% of allowed benefit | 80% allowed benefit | Covered in full |
| Routine GYN - One Yearly | 100% Allowed Benefit | 100% Allowed Benefit | 100% allowed benefit | 80% allowed benefit | Covered in Full |
| Immunizations | 100% Allowed Benefit | 100% Allowed Benefit | 100% allowed benefit | 80% allowed benefit- | Covered in full |
| Well Baby/Child Care | 100% of Allowed Benefit | 100% of Allowed Benefit | 100% of Allowed Benefit | 80% of Allowed Benefit | Covered in full |
| Mammography, Colorectal Screening, Prostate Screening | 100% allowed benefit | 100% allowed benefit | 100% allowed benefit - yearly after age 40 | 80% allowed benefit - yearly after age 40 | Covered in full |

Physician Office Visits (Non-Routine)

| | | | | | |
|--|--|---|-------------------------|------------------------|---------------------|
| Physician's Office Visit | \$25 Copay | 80 % of allowed benefit, after deductible | \$5 Copay per Visit | 80% allowed benefit | \$5 copay per visit |
| Specialist Office Visit | \$40 Copay | 80% Allowed Benefit, after deductible | \$5 Copay per Visit | 80% allowed benefit | \$5 copay per visit |
| Hearing Exams - one exam every 36 months (routine exams excluded) | 90% of Allowed Benefit, after deductible | 70% of Allowed Benefit, after deductible | 100% of Allowed Benefit | 80% of Allowed Benefit | \$5 copay per visit |

2020 Retiree without Medicare Benefit Plan

** any out-of-network provider can balance bill the difference between the allowed amount and charges

| | BlueChoice Advantage PPO Standard Option | | BlueChoice Advantage PPO High Option | | Kaiser HMO |
|--|--|--|---|--|--|
| | In-Network | Out-of-Network* * | In-Network | Out-of-Network* * | |
| Emergency Room and Urgent Care Services | | | | | |
| Ambulance Service <i>(based on medical necessity)</i> | 90% allowed benefit , after deductible (Ground Only) | 90% Allowed Benefit , after deductible (Ground Only) | 100% of allowed benefit (Ground Only) | 100% of allowed benefit (Ground Only) | covered in full |
| Emergency Room <i>(copay waived if admitted)</i> | 90% allowed benefit after deductible | 90% allowed benefit after deductible | \$50 copay | 100% of allowed benefit \$50 copay | \$50 copay |
| Urgent Care | \$25 Copay, 90% allowed benefit | \$25 Copay, 90% allowed benefit | \$5 copay per visit | 100% of allowed benefit | \$5 copay per visit |
| Hospital Inpatient Services | | | | | |
| Anesthesia | 90% allowed benefit after deductible | 70% allowed benefit, after deductible | 100% allowed benefit | 80% allowed benefit | covered in full |
| Hospital Services, Including Room, Board & General Nursing Services (Pre-Authorization required) | 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 maximum per admission, then 100% allowed benefit. | covered in full |
| Medical Surgical Physician Services | 90% allowed benefit after deductible | 70% allowed benefit after deductible | 100% allowed benefit | 80% allowed benefit | covered in full |
| Organ Transplant (Pre-Authorization Required) | 90% allowed benefit after deductible | 70% Allowed Benefit after deductible <i>(\$30,000 limit per transplant)**</i> | 100% allowed benefit (Pre-Authorization Required) | 100% allowed benefit (Pre-Authorization Required) | covered in full for non-experimental transplants |
| Acute Inpatient Rehab | 90% of Allowed Benefit, after deductible | 70% of Allowed Benefit, after deductible | 100% of Allowed Benefit | 80% of Allowed Benefit | covered in full |

2020 Retiree without Medicare Benefit Plan

**** any out-of-network provider can balance bill the difference between the allowed amount and charges**

| | BlueChoice Advantage PPO Standard Option | | BlueChoice Advantage PPO High Option | | Kaiser HMO |
|---|---|---|--|--|--|
| | In-Network | Out-of-Network** | In-Network | Out-of-Network** | |
| Miscellaneous Supplies & Services | | | | | |
| Nutrition Counseling & Health Education | 90% Allowed Benefit after Deductible | 70% Allowed Benefit after Deductible | 100% allowed benefit after \$5 copay. | 80% allowed benefit | \$5 copay per visit |
| Diabetic Supplies | 90% Allowed Benefit, after Deductible | 70% Allowed Benefit, after Deductible | 100% allowed benefit, including lancets, test strips and glucometers | 100% allowed benefit, including lancets, test strips and glucometers | Covered in Full |
| Insulin & syringes are covered by the Rx plan | | | | | |
| Durable Medical Equipment | 90% Allowed Benefit, after Deductible | 70% Allowed Benefit, after Deductible | 100% allowed benefit | 80% allowed benefit | Covered in full |
| Private Duty Nursing (Pre-authorization required) | 90% Allowed Benefit, after Deductible (outpatient only) | 70% Allowed Benefit, after Deductible (outpatient only) | 100% allowed benefit (outpatient only) | 80% allowed benefit (outpatient only) | Covered in full |
| Inpatient Hospice Care (Pre-authorization required) | 90% Allowed Benefit, after Deductible | 70% Allowed Benefit, after Deductible | 100% allowed benefit | 100% allowed benefit | covered in full for members with life expectancy of less than six months |
| Outpatient Hospice Care (Pre-authorization required) | 90% Allowed Benefit, after Deductible | 70% Allowed Benefit, after Deductible | 100% allowed benefit | 100% allowed benefit | covered in full for members with life expectancy of less than six months |
| Prosthetic Devices (such as artificial limbs) | 90% allowed benefit, after Deductible | 70% Allowed Benefit, after Deductible | 100% allowed benefit | 80% allowed benefit | covered in full |
| Major Medical | | | | | |
| Major Medical Annual Deductible | N/A | N/A | N/A | N/A | N/A |
| Major Medical Yearly Out-of-Pocket Maximum Costs | N/A | N/A | N/A | N/A | N/A |

**** any out-of-network provider can balance bill the difference between the allowed amount and charges**

2020 Retiree without Medicare Benefit Plan

| | BlueChoice Advantage PPO Standard Option | | BlueChoice Advantage PPO High Option | | Kaiser HMO |
|---|--|--|---|---|---|
| | In-Network | Out-of-Network* * | In-Network | Out-of-Network* * | |
| Outpatient Services | | | | | |
| Physical, Speech & Occupational Therapy | 90% allowed benefit (after deductible) - limit 60 visits combined yearly | 70% Allowed benefit (after deductible) - limit 60 visits combined yearly | 100% allowed benefit -100 combined visits per calendar year | 80% allowed benefit-100 combined visits per calendar year | covered in full (call plan for visit limits) |
| Chemotherapy & Radiation | 90% allowed benefit , after deductible | 70% allowed benefit , after deductible | 100% allowed benefit | 80% allowed benefit | \$5 copay per visit |
| Renal Dialysis | 90% allowed benefit, after deductible | 70% allowed benefit, after deductible | 100% allowed benefit | 80% allowed benefit | \$5 copay per visit |
| Diagnostic Lab Work & X-rays | 90% allowed benefit , after deductible | 70% allowed benefit, after deductible | 100% allowed benefit | 80% allowed benefit | covered in full |
| Outpatient Surgery | 90% allowed benefit , after deductible | 70% allowed benefit , after deductible | 100% allowed benefit | 80% allowed benefit | \$5 copay per visit |
| Cardiac Rehab | 90% allowed benefit , after deductible | 70% allowed benefit , after deductible | 100% allowed benefit | 80% allowed benefit | Covered at 100%, if medically necessary |
| Allergy Serum | | | | | |
| Allergy Testing | 90% allowed benefit , after deductible | 70% allowed benefit , after deductible | 100% allowed benefit | 80% allowed benefit | \$5 copay per visit |
| 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 | covered in full |
| Maternity | | | | | |
| Pre & Post-Natal Physician Services | 100% allowed benefit | 80% allowed benefit, after deductible | 100% allowed benefit | 80% allowed benefit | copays, deductibles, or co-insurance may apply depending on services rendered |
| Delivery (Inpatient) | 100% allowed benefit | 80% allowed benefit | 100% allowed benefit initial & discharge | 80% allowed benefit initial & discharge | Covered in full |
| Newborn Care (Inpatient) | 100% Allowed Benefit | 80% allowed benefit | 100% allowed benefit initial & discharge | 80% allowed benefit initial & discharge | covered in full |

2020 Retiree without Medicare Benefit Plan

**** any out-of-network provider can balance bill the difference between the allowed amount and charges**

| | BlueChoice Advantage PPO Standard Option | | BlueChoice Advantage PPO High Option | | Kaiser HMO |
|--|---|---|--|--|---|
| | In-Network | Out-of-Network* * | In-Network | Out-of-Network* * | |
| Fertility Testing & Family Planning | | | | | |
| Fertility Testing & Family Planning | 90% allowed benefit | 70% Allowed Benefit | 100% allowed benefit | 80% allowed benefit | \$5 copay per visit for family planning. Fertility testing office visit and any other fertility services covered at 50% |
| In-Vitro Fertilization Pre-authorization required | 90% allowed benefit after deductible up to \$100,000 Lifetime Maximum | 70% allowed benefit after deductible up to \$100,000 Lifetime Maximum | 100% allowed benefit, up to \$100,000 Lifetime Maximum | 80% allowed benefit, up to \$100,000 Lifetime Maximum | 50% of allowable charges; \$100,000 maximum lifetime benefit for up to 3 attempts per live birth |
| Mental Health & Substance Abuse | | | | | |
| Inpatient Mental Health/Alcohol & Substance Abuse Benefits Pre-Authorization Required | 90% allowed benefit after deductible | 70% allowed benefit after deductible | 100% allowed benefit | \$100 deductible per admission, then plan pays 80% of Allowed Benefit up to \$1,500 out of pocket maximum per admission, then 100% allowed benefit | covered in full |
| Outpatient Mental Health/Alcohol & Substance Abuse Benefits | \$25 Copay | 80% Allowed Benefit , after deductible | 100% allowed benefit after \$5 copay. | 80% allowed benefit. | \$5 copay per visit |

***Dental Coverage is no longer included with Bluechoice PPO medical coverage**

Kaiser Permanente has Dental coverage included with the medical coverage.

Section 5

Medicare Retirees

Medical Plan Comparison Chart

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 Retiree with Medicare Benefit Plan

**** any out-of-network provider can balance bill the difference between the allowed amount and charges**

| | CareFirst Medicare Supplemental | Kaiser Medicare Advantage |
|---|--|--|
| Are Referrals Required? | no | yes |
| Plan Lifetime Maximum Benefit | Unlimited | Unlimited |
| Major Medical | | |
| Major Medical Deductible | \$200.00 Waived with Medicare | NA |
| Major Medical Yearly Out-Of-Pocket Maximum Costs | \$30,000 paid at 80% allowed benefit then 50% allowed benefit. | NA |
| Routine & Preventive Services | | |
| Physician's Office Visit | covered by major medical | \$5 copay per visit |
| Specialist Office Visit | covered by major medical | \$5 copay per visit |
| Routine GYN Examination | For the year Medicare provides the benefit- 80% of balance after Medicare; for the year Medicare does not provide a benefit- 80% of BCBS allowed benefit | Covered in full |
| Hearing Exams | no benefit | \$5 copay, hearing aids not covered |
| Immunizations | no benefit | Office visit copay may apply, then covered in full for influenza, pneumococcal and Hepatitis B vaccine |
| Mammography, Colorectal Screening, Prostate Screening | 80% of balance after the Medicare allowed amount | Covered in full |
| Routine Physical | Limited to 1 visit per calendar year with \$100 maximum per year (no coverage for lab services) | Covered in full |
| Well Baby/Child Care | no benefit | Covered in full |
| Emergency Room and Urgent Care Services | | |
| Ambulance Service (based on medical necessity) | 80% of allowed benefit | Covered in full according to Medicare guidelines |
| Emergency Room (copay waived if admitted) | 80% of balance after Medicare payment up to the Medicare allowed amount, if within 72 hours of the accident or injury | \$50 copay |
| Urgent Care | not applicable - see office visit | \$5 copay per visit |

Kaiser Permanente has Dental coverage included with the medical coverage.

2020 Retiree with Medicare Benefit Plan

** any out-of-network provider can balance bill the difference between the allowed amount and charges

| | CareFirst Medicare Supplemental | Kaiser Medicare Advantage |
|---|---|--|
| Hospital Inpatient Services | | |
| Anesthesia | 80% of balance after Medicare payment up to the Medicare allowed amount | covered in full |
| Hospital Services, including Room, Board & General Nursing Services | The plan pays 80% additional days covered by Major Medical | covered in full for pre-authorized hospitalization or emergency admission |
| Diagnostic Lab Work & X-rays | 80% of balance after Medicare payment up to the Medicare allowed amount | covered in full |
| Medical Surgical Physician Services | 80% of balance after Medicare payment up to the Medicare allowed amount | covered in full |
| Physical, Speech & Occupational Therapy | 80% of balance after Medicare payment up to the Medicare allowed amount | covered in full (call plan for limits) |
| Organ Transplant (Pre-Authorization Required) | 80% of balance after Medicare payment up to the Medicare allowed amount | covered in full when authorized, according to Medicare guidelines |
| Acute Inpatient Rehab | Not covered | Covered in full |
| Outpatient Services | | |
| Cardiac Rehabilitation | 80% of balance after Medicare payment up to the Medicare allowed amount | Covered at 100% if medically necessary |
| Chemotherapy & Radiation | 80% of balance after Medicare payment up to the Medicare allowed amount | \$5 copay per visit |
| Renal Dialysis | 80% of balance after Medicare payment up to the Medicare allowed amount | covered in full for out-patient dialysis within the service area |
| Diagnostic Lab Work & X-rays | covered by major medical | covered in full |
| Outpatient Surgery | 80% of balance after Medicare payment up to the Medicare allowed amount | covered in full |
| Physical, Speech & Occupational Therapy | covered by major medical up to 100 combined visits per calendar year | \$5 copay per visit, Medicare guidelines apply for medical necessity and length of treatment |
| Allergy Testing | covered by major medical | \$5 copay per visit |
| Allergy Serum | covered by major medical | \$5 copay per visit |

2020 Retiree with Medicare Benefit Plan

** any out-of-network provider can balance bill the difference between the allowed amount and charges

| | CareFirst Medicare Supplemental | Kaiser Medicare Advantage |
|--|---|---|
| Maternity | | |
| Pre/Post-Natal Physician Services | no benefit | copays, deductibles, or co-insurance may apply depending on services rendered |
| Delivery (Inpatient) | no benefit | covered in full |
| Newborn Care (Inpatient) | no benefit | covered in full |
| Fertility Testing & Family Planning | | |
| Fertility Testing & Family Planning | no benefit | \$5 copay per visit- infertility 50% of allowable charges for testing, lab and x-ray charges |
| In-Vitro Fertilization | no benefit | 50% of allowable charges; \$100,000 maximum lifetime benefit for up to 3 attempts per live birth |
| Mental Health & Substance Abuse | | |
| Inpatient Mental Health Benefits/Alcohol & Substance Abuse | 80% after Medicare | covered in full |
| Outpatient Mental Health Benefits/Alcohol & Substance Abuse | covered by major medical | \$5 copay per visit |
| Miscellaneous Supplies & Services | | |
| Nutrition and Health Education | Not Covered | unlimited visits |
| Diabetic Supplies | 80% of balance after Medicare, including test strips, lancets & glucometers | \$5 copay per visit for Medicare covered self-monitoring training; covered in full for lancets, test strips & glucometers |
| Insulin & Syringes Are Covered By Your Rx Plan | | |
| Miscellaneous Supplies & Services Continued | | |
| Private Duty Nursing (pre-authorization required) | Covered by major medical (outpatient only) | Subject to medical Review. |
| Home Health Care | 80% of balance after Medicare- 90 days per calendar year. | covered in full according to Medicare guidelines |
| Extended Care Facility/Skilled Nursing Facilities | The plan pays 80% of the per-day copay for that Medicare plan year for days 21-100; additional days no benefit. | covered in full for up to 100 days per benefit period |
| Hospice Care | 80% of balance after Medicare | covered in full |
| Prosthetic Devices (Such as artificial limbs) | covered by major medical | covered in full according to Medicare guidelines |

Section 6

Dental, Rx, Vision & Life Insurance

Dental Rates

| United Concordia DHMO and LO PPO – Monthly Rates | | | |
|---|-------------------|------------------|---------------------|
| Coverage Level | Total Cost | City Cost | Retiree Cost |
| Participant Only | \$ 12.85 | \$ 12.85 | \$ - |
| Participant + Child | \$ 25.32 | \$ 25.32 | \$ - |
| Participant + Spouse | \$ 25.71 | \$ 25.71 | \$ - |
| Participant + Family | \$ 36.69 | \$ 36.69 | \$ - |

*These rates also apply for the DPPO plan offered to the <65 Retirees living outside MD and PA.

Non Medicare retirees enrolled in Blue choice ADV PPO who live in MD and PA will receive dental coverage from the United Concordia DHMO plan.

You must select a Dentist.

2020 United Concordia Dental HMO Non-Medicare Retirees 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 Non-Medicare Retirees 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 |

Non Medicare retirees enrolled in Blue choice ADV PPO who live outside of MD and PA will receive dental coverage from the United Concordia DPPO plan.

| 2020 United Concordia Dental PPO Non-Medicare Retirees that LIVE OUTSIDE Maryland and Pennsylvania | | |
|--|----------------------------------|--------------------------|
| 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 40%, you pay the remaining 60%. 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 | In-Network ² | Non-Network ² |
| Class I – Diagnostic/Preventive Services | | |
| Exams 2 per calendar year MARYLAND GROUP | 60% | 60% |
| X-rays Full Mouth 1 per 60 months | | |
| Cleanings 2 per calendar year MARYLAND GROUP | | |
| Fluoride Treatments 1 per calendar year under age 14 MD GROUP | | |
| Sealants 1 per tooth per 36 months to age 16 on permanent first and second molars | | |
| Class II – Basic Services | | |
| Basic Restorative | 40% | 40% |
| Simple Extractions | | |
| Complex Oral Surgery | | |
| General Anesthesia | | |
| Class III – Major Services | | |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures 1 in any 12-month period per specific area of appliance | 30% | 30% |
| Endodontics | | |
| Non-surgical Periodontics Scaling & Root Planing 1 per 36 months, per quadrant | | |
| Surgical Periodontics | | |
| Inlays, Onlays, Crowns 1 per 60 months | | |
| 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 | \$75 / \$225 Excludes Class I | |
| Calendar Year Program Maximum (per member) January 1 – December 31 | \$1,000 | |
| Lifetime Orthodontic Maximum (per child dependent) | N/A | |

Representative listing of covered services—summary of coverage provides a detailed description of benefits

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. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

2020 Rx Copays CareFirst (CVS/CAREMARK)

High Option Pharmacy Program

Retirees w/o Medicare - \$0 Deductible

| Plan Feature | Amount You Pay | Notes |
|--|---|--|
| Deductible | None | Your plan does not have a deductible. |
| Preventive Drugs (up to a 31 day supply at retail) | \$0 | A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.* |
| Generic Drugs (Tier 1) (up to a 31-day supply at retail) | \$5 | Generic drugs are covered at this copay level. |
| Preferred Brand Drugs (Tier 2) (up to a 31-day supply at retail) | \$30 | All preferred brand drugs are covered at this copay level. |
| Non-preferred Brand Drugs (Tier 3) (up to a 31-day supply at retail) | \$50 | All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist. |
| Retail Pharmacy Maintenance Drugs (up to a 90-day supply) | Generic: \$12.50 Preferred Brand: \$75 Non-preferred Brand: \$125 | Maintenance drugs of up to a 90-day supply are also available at the retail pharmacy. |
| Mail Order Maintenance Drugs (up to a 90-day supply) | Generic: \$12.50 Preferred Brand: \$75 Non-preferred Brand: \$125 | Maintenance drugs of up to a 90-day supply are available through Mail Service Pharmacy. Non Maintenance medication requested through mail order is subject to the applicable 90 day supply copay. |
| Mandatory Generic Substitution | If a provider prescribes a non-generic drug when a generic is available, you will pay the non-generic applicable copay PLUS the cost difference between the generic non-generic up to the cost of the prescription. If a generic version is not available, you will only pay the applicable copay. | |

Standard Option Pharmacy Program

Retirees w/o Medicare - \$50 Deductible

| Plan Feature | Amount You Pay | Notes |
|--|---|--|
| Deductible | \$50 | If you meet your deductible, you will pay a different copay or coinsurance depending on the drug tier. Drugs not subject to any medical or drug deductibles are noted below. |
| Preventive Drugs (up to a 31-day supply at retail) | \$0 | A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.* |
| Generic Drugs (Tier 1) (up to a 31-day supply at retail) | \$5 | Generic drugs are covered at this copay level. |
| Preferred Brand Drugs (Tier 2) (up to a 31-day supply at retail) | \$30 | All preferred brand drugs are covered at this copay level. |
| Non-preferred Brand Drugs (Tier 3) (up to a 31-day supply at retail) | \$50 | All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist. |
| Retail Pharmacy Maintenance Drugs (up to a 90-day supply) | Generic: \$10 Preferred Brand: \$60 Non-preferred Brand: \$100 | Maintenance drugs of up to a 90-day supply are also available at the retail pharmacy. |
| Mail Order Maintenance Drugs (up to a 90-day supply) | Generic: \$10 Preferred Brand: \$60 Non-preferred Brand: \$100 | Maintenance drugs of up to a 90-day supply are available through Mail Service Pharmacy. Non Maintenance medication requested through mail order is subject to the applicable 90 day supply copay. |
| Mandatory Generic Substitution | If a provider prescribes a non-generic drug when a generic is available, you will pay the non-generic applicable copay PLUS the cost difference between the generic non-generic up to the cost of the prescription. If a generic version is not available, you will only pay the applicable copay. | |

2020 Rx Copays (Silver Script by Carefirst)

Medicare Part D Option Pharmacy Program

Retirees with Medicare - \$100 Deductible

| Plan Feature | Amount You Pay | Notes |
|--|---|--|
| Deductible | \$100 | If you meet your deductible, you will pay a different copay or coinsurance depending on the drug tier. Drugs not subject to any medical or drug deductibles are noted below. |
| Preventive Drugs (up to a 31-day supply at retail) | \$0 | A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.* |
| Generic Drugs (Tier 1) (up to a 31-day supply at retail) | \$5 | Generic drugs are covered at this copay level. |
| Preferred Brand Drugs (Tier 2) (up to a 31-day supply at retail) | \$30 | All preferred brand drugs are covered at this copay level. |
| Non-preferred Brand Drugs (Tier 3) (up to a 31-day supply at retail) | \$50 | All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist. |
| Retail Pharmacy Maintenance Drugs (up to a 90-day supply) | Generic: \$15.00 Preferred Brand: \$90 Non-preferred Brand: \$150 | Maintenance drugs of up to a 90-day supply are also available at the retail pharmacy for Medicare retirees. |
| Mail Order Maintenance Drugs (up to a 90-day supply) | Generic: \$12.50 Preferred Brand: \$75 Non-preferred Brand: \$125 | Maintenance drugs of up to a 90-day supply are available through Mail Service Pharmacy. |
| Mandatory Generic Substitution | If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay. | |



Visit carefirst.com/rxgroup for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

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)

Schedule of Benefits (Retirees of MAPS, Police & Fire Only)

If services are provided by -

Participating Provider

Non-Participating Provider

Covered Service (Note: Plan allows one vision exam, per member, once per calendar year.)

| Exam | Plan pays: | Plan pays: |
|-------------|-----------------------|---------------|
| Vision Exam | 100% after \$10 copay | up to \$38.00 |

Covered Service (Note: Plan allows one pair of glasses or contacts, per member, once per calendar year.)

| Glasses | | Plan pays : | | Plan pays up to: | You Pay: |
|-----------------|--|--|---|--|----------|
| Lenses | Single Vision | 100% after \$15 copay | Single Vision | \$41.50 | Balance |
| | Bifocal | 100% after \$15 copay | Bifocal | \$67.00 | Balance |
| | Trifocal | 100% after \$15 copay | Trifocal | \$89.50 | Balance |
| | Lenticular (Cataract) | 100% after \$15 copay | Lenticular (Cataract) | \$100.50 | Balance |
| Lenses Options | <ul style="list-style-type: none"> Solid Tints | <ul style="list-style-type: none"> Covered 100% | <ul style="list-style-type: none"> Solid Tints | <ul style="list-style-type: none"> Up to \$10 | Balance |
| | <ul style="list-style-type: none"> Fashion Gradient Tint | <ul style="list-style-type: none"> Covered 100% | <ul style="list-style-type: none"> Fashion Gradient Tint | <ul style="list-style-type: none"> Up to \$12 | Balance |
| | <ul style="list-style-type: none"> Standard Progressive | <ul style="list-style-type: none"> Covered 100% | <ul style="list-style-type: none"> Standard Progressive | <ul style="list-style-type: none"> Up to \$50 | Balance |
| Frames Per Pair | Covered up to \$75 retail allowance (20% discount off remaining balance over \$75 allowance) | | Plan pays up to \$29.50, you pay the balance. | | |

Contact Lenses

Covered Once Per Calendar Year

| | | | |
|--|----------------------------------|--|---|
| | Medically Necessary | Covered 100% | Plan pays up to \$221, you pay the balance. |
| | Elective not Medically Necessary | Covered up to \$100 retail allowance 15% discount (Conventional) or 10% discount (disposable) off remaining balance over \$100 allowance | Plan pays up to \$100, you pay the balance. |

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

Retiree Life Insurance Information

Retiree Life Insurance Amounts By Union

| UNION | Benefit Amount |
|---------------------------|----------------|
| MAPS | \$10,000 |
| Fire | \$7,000 |
| Police | \$7,000 |
| AFSCME Local 558 (Nurses) | \$1,500 |
| AFSCME Local 2202 | \$5,000 |
| AFSCME Local 44 | \$5,000 |
| CUB | \$5,000 |

Retiree Life Insurance Beneficiary Designation

Please designate your beneficiary online by following the instructions provided below.

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.

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Employee Benefits

City of Baltimore

Office of Employee Benefits

7 E. Redwood Street- 20th Floor

Baltimore, MD 21202

Phone: 410-396-5830/5831

TTY 711 (Maryland)

Website: <https://my.adp.com>