

BALTIMORE COUNTY PUBLIC SCHOOLS

Dr. Joe A. Hairston ♦ Superintendent ♦ 6901 Charles Street ♦ Towson, MD ♦ 21204

October 2011

Re: Open Enrollment – October 17, 2011 – November 18, 2011

CAREFIRST TRIPLE OPTION MPOS PLAN ENDS DECEMBER 31, 2012

Employees have options in 2012 for health care plans that can save you money both in premium costs and out-of-pocket costs for your healthcare needs. Please review the comparison and make an informed decision for 2012.

Annual Premium Savings CareFirst compared to CIGNA and Kaiser Permanente

	Individual	Parent/Child	Two Adults	Family
CIGNA OAPIN	182.80	362.00	436.20	491.80
CIGNA OAP	109.80	217.60	262.20	295.60
Kaiser Permanente	91.20	180.76	217.82	245.56

Medical Treatment comparison \$10,000 operation - Employee Out-of-pocket (OOP) costs

CareFirst	CIGNA OAPIN	Kaiser Permanente
\$150 deductible	0 deductible	0 deductible
\$492 co-insurance	0 co-ins	0 co-ins
OOP - \$642	OOP - \$100.00	OOP - \$0.00

95% of the doctors in CareFirst are in the CIGNA network – DARE TO COMPARE!!!!

To check for your providers, you can call Cigna at 800-896-0948 or go online to www.cigna.com and click on “Find a Doctor.”

IMPORTANT INFORMATION FOR EMPLOYEES

1. To assist employees in making an informed decision on their benefit selections, benefit counselors from the Warner Company will be available to meet with employees in a one-on-one meeting to review open enrollment choices. The benefit counselors will also:
 - provide employees the opportunity to enroll in Voluntary Whole Life Insurance with Long Term Care and Critical Illness Insurance.
 - assist employees with the upgraded online enrollment process through Employee Self Service (ESS).
 - answer benefit questions and discuss the employee’s benefit package.

Please see your administrative staff at your work location to sign up for an individual meeting or call the Warner Company at 1- 877-433-2384 for a consultation by phone.

2. Benefit guides will not be issued to each employee this year. Guides are available on the Benefits web page at www.bcps.org/offices/benefits. There will be a small supply of guides delivered to each work location.
3. Employee Self Service (ESS) may be used to change your benefits. Employees can make changes to medical plans, dental plans, vision plans and Long Term Disability (LTD) **on line** using ESS.
4. Paper enrollment forms will be accepted and are available on the Benefits web page at www.bcps.org/offices/benefits.
5. Changes to your life insurance must be made using the Prudential Life Insurance enrollment form available by accessing the benefits web page at <http://www.bcps.org/offices/benefits/pdf/Prudential-Enrollment-Change-Form.pdf>.
6. Employees must submit a paper Flexible Spending Account (FSA) enrollment form to participate in the FSA program for 2012. www.bcps.org/offices/benefits
7. Employees who are making no changes to their benefits do not need to submit any forms or make changes online with the exception of enrollment in the FSA as noted above.
8. New Voluntary Benefits for Whole Life Insurance with Long Term Care and Critical Illness Insurance will be offered during open enrollment. This will be a one time opportunity to enroll. Please see a Benefits counselor at your work location to enroll or call the Warner Company at 1-877-433-2384.
9. Prescription plan change – Effective January 1, 2012, Express Scripts will no longer include Walgreens as a participating pharmacy. Employees are encouraged to switch their prescriptions to a different pharmacy before January 1, 2012.

REMINDER: Benefit counselors will be available at each work location to schedule individual meetings with employees. Please see your administrative staff at your work location to schedule a meeting.

EMPLOYEE TESTIMONIALS

I switched to CIGNA OAPIN for 2011. I needed surgery and with my previous health care plan, I would have paid my out of pocket maximum of \$500 and my deductible of \$150. With my CIGNA plan, I paid \$100. In addition, I saved money with my premiums being less and all of my doctors and the hospital were in the network.

BCPS Teacher

CIGNA has been less expensive for premiums and all of my doctors are in network. Their 24/7/365 customer service hours offer a convenience when I have had billing problems and the problems were resolved on the first call.

BCPS Principal

The best part about CIGNA is no referrals are needed. My daughter is away at school and she can see any CIGNA in network doctor with no referral. I live in Pennsylvania and all of my doctors are in network.

BCPS Administrator

Medical, Dental, & Vision Deductions for Full-Time Employees
Effective 1/1/2012 - 12/31/2012

MEDICAL INSURANCE **

	Total Premium or Equivalent	Board Annual Share	Your Annual Share	Your bi-weekly Deduction *
CareFirst BlueCross BlueShield Triple Choice/MPOS				
Individual	\$ 7,482.60	\$ 6,734.40	\$ 748.20	\$ 37.41
Parent/Child	14,824.92	13,342.52	1,482.40	74.12
Two Adults	17,856.00	16,070.40	1,785.60	89.28
Family	20,132.04	18,118.84	2,013.20	100.66
CIGNA OAPIN (In Network)				
Individual	\$ 5,655.00	\$ 5,089.60	\$ 565.40	\$ 28.27
Parent/Child	11,204.04	10,083.64	1,120.40	56.02
Two Adults	13,494.72	12,145.32	1,349.40	67.47
Family	15,214.92	13,693.52	1,521.40	76.07
CIGNA OAP (In/Out Network)				
Individual	\$ 6,384.00	\$ 5,745.60	\$ 638.40	\$ 31.92
Parent/Child	12,648.48	11,383.68	1,264.80	63.24
Two Adults	15,234.36	13,710.96	1,523.40	76.17
Family	17,176.20	15,458.60	1,717.60	85.88
Kaiser Permanente HMO				
Individual	\$ 6,570.00	\$ 5,913.00	\$ 657.00	\$ 32.85
Parent/Child(ren)	13,016.40	11,714.80	1,301.60	65.08
Two Adults	15,677.88	14,110.28	1,567.60	78.38
Family	17,676.48	15,908.88	1,767.60	88.38

DENTAL INSURANCE **

	Total Premium or Equivalent	Board Annual Share	Your Annual Share	Your bi-weekly Deduction *
CareFirst Regional Dental PPO				
Individual	\$ 285.36	\$ 185.56	\$ 99.80	\$ 4.99
Parent/Child or Two Adults	618.12	401.92	216.20	10.81
Family	937.08	609.28	327.80	16.39
CareFirst Regional Dental Traditional				
Individual	\$ 323.28	\$ 185.48	\$ 137.80	\$ 6.89
Parent/Child or Two Adults	677.88	401.88	276.00	13.80
Family	1,138.56	609.16	529.40	26.47
CIGNA Dental DHMO				
Individual	\$ 384.12	\$ 185.52	\$ 198.60	\$ 9.93
Parent/Child(ren) or Two Adults	736.20	401.80	334.40	16.72
Family	1,106.88	609.28	497.60	24.88

VISION INSURANCE

	Total Premium or Equivalent	Board Annual Share	Your Annual Share	Your bi-weekly Deduction *
CareFirst Davis Vision				
Individual (Free if FTE is .5 or greater)	\$ 34.20	\$ 34.20	\$ -	\$ -
Family (includes Parent/Child and Two Adults)	131.28	34.28	97.00	4.85

*All employee benefits deductions are based upon 20 pay periods

**Domestic Partner benefits may be subject to imputed income

**Medical, Dental, & Vision Deductions for Part-Time Employees
Effective 1/1/2012 - 12/31/2012**

MEDICAL INSURANCE **

	Part-Time Employee Bi-Weekly Deduction* Your Full-Time Equivalency (FTE)				
	.900	.800	.700	.600	.500
CareFirst BlueCross BlueShield Triple Choice/MPOS					
Individual	\$ 71.08	\$ 104.75	\$ 138.43	\$ 172.10	\$ 205.77
Parent/Child	140.83	207.55	274.26	340.97	407.68
Two Adults	169.63	249.98	330.34	410.69	491.04
Family	191.25	281.85	372.44	463.04	553.63
CIGNA OAPIN (In Network)					
Individual	\$ 53.72	\$ 79.17	\$ 104.61	\$ 130.06	\$ 155.51
Parent/Child	106.44	156.86	207.27	257.69	308.11
Two Adults	128.20	188.92	249.65	310.38	371.10
Family	144.54	213.01	281.47	349.94	418.41
CIGNA OAP (In/Out Network)					
Individual	\$ 60.65	\$ 89.38	\$ 118.10	\$ 146.83	\$ 175.56
Parent/Child	120.16	177.08	234.00	290.91	347.83
Two Adults	144.72	213.28	281.83	350.39	418.94
Family	163.17	240.47	317.76	395.05	472.35
Kaiser Permanente HMO					
Individual	\$ 62.42	\$ 91.98	\$ 121.55	\$ 151.11	\$ 180.68
Parent/Child(ren)	123.65	182.23	240.80	299.38	357.95
Two Adults	148.93	219.48	290.03	360.59	431.14
Family	167.92	247.47	327.01	406.56	486.10

DENTAL INSURANCE **

	Part-Time Employee Bi-Weekly Deduction* Your Full-Time Equivalency (FTE)				
	.900	.800	.700	.600	.500
CareFirst Regional Dental PPO					
Individual	\$ 5.92	\$ 6.85	\$ 7.77	\$ 8.70	\$ 9.63
Parent/Child or Two Adults	12.82	14.83	16.84	18.85	20.86
Family	19.44	22.48	25.53	28.58	31.62
CareFirst Regional Dental Traditional					
Individual	\$ 7.82	\$ 8.74	\$ 9.67	\$ 10.60	\$ 11.53
Parent/Child or Two Adults	15.81	17.82	19.83	21.84	23.85
Family	29.52	32.56	35.61	38.65	41.70
CIGNA Dental DHMO					
Individual	\$ 10.86	\$ 11.79	\$ 12.71	\$ 13.64	\$ 14.57
Parent/Child(ren) or Two Adults	18.73	20.74	22.75	24.76	26.77
Family	27.93	30.97	34.02	37.07	40.11

VISION INSURANCE

	Part-Time Employee Bi-Weekly Deduction* Your Full-Time Equivalency (FTE)				
	.900	.800	.700	.600	.500
CareFirst Davis Vision					
Individual (Free if FTE is .5 or greater)	\$ -	\$ -	\$ -	\$ -	\$ -
Family (includes Parent/Child and Two Adults)	4.85	4.85	4.85	4.85	4.85

*All employee benefits deductions are based upon 20 pay periods

**Domestic Partner benefits may be subject to imputed income



Flexible Spending Accounts Election Form

For the January 1, 2012 through December 31, 2012 Plan Year

Open Enrollment Change in Status New Hire

Print Your Name

Last

First

Middle Initial

Your Social Security #:

Date of Birth:

Email Address (work or personal):

Health Care Flexible Spending Account

Each participant is entitled to receive reimbursement for eligible health care expenses incurred during the plan year. To be eligible for reimbursement, these expenses must be for care provided to the participant, his/her spouse, and dependents. Expenses cannot be covered by medical, dental or other health plans and must be eligible expenses as determined by the Internal Revenue Service. Note: There are only 20 payroll deductions for benefits during the Plan Year. If you are enrolling outside of the beginning of the Plan Year, contact the Office of Payroll to determine how many pay periods remain.

Note: There are only 20 payroll deductions for benefits during the Plan Year. If you are enrolling outside of the beginning of the Plan Year, contact the Office of Payroll to determine how many pay periods remain.

I request to open a health care flexible spending account in the amounts that follow:

Bi-Weekly Deduction \$ _____ .00 (Minimum= \$5, Maximum= \$200 in whole dollars)

Annual Election \$ _____ .00 (Minimum= \$100, Maximum= \$4,000 in whole dollars)

I hereby authorize Baltimore County Public Schools (BCPS), its proper officers, agents and employees to reduce my salary as indicated above. I understand that this election will remain in effect until the last day of the plan year. I further understand that I may not make a change to this request unless there is a change in my family status and that the Office of Benefits, Leaves and Retirements must be notified within 30 days of the change. Monies cannot be transferred to the dependent care flexible spending account. **Monies remaining in the account 90 days after the end of the plan year cannot be refunded.**

Signature _____ Date _____

Dependent Care Flexible Spending Account

Each participant is entitled to receive reimbursement for eligible expenses for household services, dependent's child care and/ or adult day care required for the participant to be gainfully employed. A qualifying dependent is generally a child under age 13 (claimed on the participant's federal income tax form) or other dependents, such as parents, spouse, or older children who are unable to care for themselves, require full-time care, and are claimed by the participant for federal income tax purposes.

Note: There are only 20 payroll deductions for benefits during the Plan Year. If you are enrolling outside of the beginning of the Plan Year, contact the Office of Payroll to determine how many pay periods remain.

Note: There are only 20 payroll deductions for benefits during the Plan Year. If you are enrolling outside of the beginning of the Plan Year, contact the Office of Payroll to determine how many pay periods remain.

I request to open a dependent care flexible spending account in the amounts that follow:

Bi-Weekly Deduction \$ _____ .00 (Minimum= \$5, Maximum= \$250 in whole dollars)

Annual Election \$ _____ .00 (Minimum= \$100, Maximum= \$5,000 in whole dollars)

I hereby authorize Baltimore County Public Schools (BCPS), its proper officers, agents and employees to reduce my salary as indicated above. I understand that this election will remain in effect until the last day of the plan year. I further understand that I may not make a change to this request unless there is a change in my family status and that the Office of Benefits, Leaves and Retirements must be notified within 30 days of the change. Monies cannot be transferred to the health care flexible spending account. **Monies remaining in the account 90 days after the end of the plan year cannot be refunded.**

Signature _____ Date _____

**Submit completed form to: Baltimore County Public Schools, Office of Benefits, Leaves and Retirements,
1946 Greenspring Drive, Suite N, Timonium, MD 21093 or fax to: (410) 887-8950 (Retain a copy for your records.)**

RETURN COMPLETED Baltimore County Public Schools, Office of Employee Benefits, Leaves and Retirements
FORM TO: 1946 Greenspring Drive, Suite N, Timonium, MD 21093 • Phone: (410) 887-8943 • Fax: (410) 887-8950

1. TYPE OF REQUEST- This application is for one of the following:

New hire (Effective ___/___/___) Open Enrollment Change in status (Check below) (Effective ___/___/___)

If you have experienced a change in status outside of Open Enrollment, complete this section

Add Dependent(s)**:	Date of event: ___/___/___	Remove dependent(s)**:	Reason for termination:	Date of event: ___/___/___
<input type="checkbox"/> Marriage	___/___/___	<input type="checkbox"/> Spouse	<input type="checkbox"/> Death	___/___/___
<input type="checkbox"/> Birth of child	___/___/___	<input type="checkbox"/> Child/children	<input type="checkbox"/> Divorce	___/___/___
<input type="checkbox"/> Adoption of child	___/___/___		<input type="checkbox"/> Child reached age limit	___/___/___
<input type="checkbox"/> Other (explain) _____	___/___/___		<input type="checkbox"/> Other (explain) _____	___/___/___

****Must submit request within 30 days of event and attach supporting documentation**

2. SUBSCRIBER INFORMATION

LAST NAME	FIRST NAME	M.I.	MAIDEN/FORMER NAME (if Applicable)	SOCIAL SECURITY NUMBER
STREET ADDRESS				APT. NO.
CITY				STATE
SEX				DATE OF BIRTH
PHONE NO.				MARITAL STATUS
DATE OF HIRE (New Hire Only)				Date of Event

3. ELECTION OF BENEFITS - Refer to the Benefits Enrollment and Reference Guide for Details.

MEDICAL PLAN OPTIONS: Check a plan <u>and</u> a level of coverage <input type="checkbox"/> CareFirst BlueCross BlueShield Triple Choice/MPOS (not available new hires) <input type="checkbox"/> Kaiser Permanente HMO (MD only) <input type="checkbox"/> CIGNA OAPIN <input type="checkbox"/> CIGNA OAP <input type="checkbox"/> Individual <input type="checkbox"/> Parent & Child (children for Kaiser only) <input type="checkbox"/> Two Adults <input type="checkbox"/> Family <input type="checkbox"/> I cancel/waive medical coverage PERSONAL ACCIDENT INSURANCE: <input type="checkbox"/> Employee Benefit Amount \$____,000 <input type="checkbox"/> Spouse (circle one): 50% or 100% <input type="checkbox"/> Children: 10% <input type="checkbox"/> I cancel/waive PAI insurance	VISION INSURANCE: CareFirst Davis Plan - Employee coverage is free if your FTE is .500 or greater <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> I cancel/waive family vision insurance LONG TERM DISABILITY: <input type="checkbox"/> I elect LTD coverage <input type="checkbox"/> I cancel/waive LTD insurance CANCER & INTENSIVE CARE INSURANCE <input type="checkbox"/> I cancel cancer insurance	DENTAL PLAN OPTIONS: Check a plan <u>and</u> level of coverage <input type="checkbox"/> CareFirst BlueCross BlueShield Regional Dental PPO <input type="checkbox"/> CareFirst BlueCross BlueShield Regional Dental Traditional <input type="checkbox"/> CIGNA Dental DHMO You <u>must</u> select a CIGNA dentist in section 4 below. <input type="checkbox"/> Individual <input type="checkbox"/> Parent & Child (children for CIGNA only) <input type="checkbox"/> Two Adults <input type="checkbox"/> Family <input type="checkbox"/> I cancel/waive dental coverage OPTIONAL LIFE INSURANCE: <input type="checkbox"/> I cancel/waive optional life insurance
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4. COVERED EMPLOYEE AND DEPENDENT(S) INFORMATION

PLEASE LIST ALL MEMBERS TO BE COVERED. If you are adding or removing coverage for a dependent, please check the appropriate box below and complete all of the information. If Triple Choice/MPOS indicate primary care physician or medical center and I.D. #.

LAST NAME	FIRST	M.I.	RELATIONSHIP	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PRIMARY CARE PHYSICIAN INFO	EXISTING PATIENT OF PCP?	CIGNA DHMO Facility Number
			EMPLOYEE/APPLICANT				NAME:	<input type="checkbox"/> Y <input type="checkbox"/> N	
			SPOUSE/PARTNER <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE				NAME:	<input type="checkbox"/> Y <input type="checkbox"/> N	
			CHILD <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE				NAME:	<input type="checkbox"/> Y <input type="checkbox"/> N	
			CHILD <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE				NAME:	<input type="checkbox"/> Y <input type="checkbox"/> N	
			CHILD <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE				NAME:	<input type="checkbox"/> Y <input type="checkbox"/> N	
			CHILD <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE				NAME:	<input type="checkbox"/> Y <input type="checkbox"/> N	

If you have any questions concerning the benefits and services that are provided by or excluded under the agreement, please contact the applicable plan's membership services representative before signing the application form. I hereby apply for myself and any dependents listed on this application for the coverage indicated and authorize my employer to deduct from my earnings the amount required to participate in the elected plans. I understand that the elections that I make on this form will remain in effect for the entire Plan Year, unless I am permitted to change them during the Plan Year under special rules contained in the plan that apply only in very limited situations. If I do not complete and file a new enrollment form during the next annual enrollment period, the elections I make on this form will continue in effect indefinitely until changed by me during an annual enrollment period or in connection with the special rules discussed above. I also understand that the elections I make on this form are subject to modification by the Employer to insure that the Plan complies with applicable laws or to reflect increases in the cost of the elected coverage(s) that occur during the Plan Year. I hereby consent, for myself and for all individuals covered by the Plan through me, to any investigations or inquiries into medical condition that are deemed necessary or appropriate by the Plan Administrator and to any disclosures of medical records by anyone deemed necessary or appropriate by the Plan Administrator. I have carefully read this application and agree to its terms. The statements are true and complete and are representations made to induce the issuance of the subscription agreement(s) for which I have applied.

EMPLOYEE'S SIGNATURE _____ DATE _____

RETAIN A COPY FOR YOUR RECORDS

* If you are retiring on or before 9/1 do not complete this form to make enrollment changes. Contact the Office of Benefits, Leaves & Retirements.

Many BCPS employees have already made the switch from CareFirst to the CIGNA or Kaiser medical plans. See what some of them have to say..

The best part about CIGNA is no referrals are needed. My daughter is away at school and she can see any CIGNA in network doctor with no referral. I live in Pennsylvania and all of my doctors are in network.

- BCPS Administrator

As a Kaiser Permanente subscriber for over 20 years, I have found them to be very convenient and staffed with high quality physicians and specialists. I have seen the same primary care physician for over 15 years and can easily get appointments and communicate via email. The centers in various locations are convenient to get seen and take care of any lab work, radiology, and get prescriptions filled at one location. This is all at a lower cost to me as an employee.

- BCPS Teacher

CIGNA has been less expensive for premiums and all of my doctors are in network. Their 24/7/365 customer service hours offer a convenience when I have had billing problems and the problems were resolved on the first call.

- BCPS Principal

I have been with Kaiser for 20 years. I love the convenience of all services being available under one roof. I can see my doctor, have an x-ray, have lab work and pick up a prescription all in one location. I am very pleased with the level of care I receive and the convenience of the Kaiser health center.

- BCPS Administrator

I switched to CIGNA OAPIN for 2011. I needed surgery and with my previous health care plan, I would have paid my out of pocket maximum of \$500 and my deductible of \$150. With my CIGNA plan, I paid \$100. In addition, I saved money with my premiums being less and all of my doctors and the hospital were in the network.

- BCPS Teacher

