

2025

EMPLOYEE BENEFITS ENROLLMENT DECISION GUIDE



AT PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

Our Focus is You

To continue to deliver the best for our students, we know you need to be at your best. That's why we provide programs to help you live your best life—maintain a healthy lifestyle, reach your health goals, manage chronic conditions, eliminate unhealthy habits, and access the care you need when you need it.

During this year's annual Open Enrollment, October 28 – November 8, 2024, we are keeping things simple. If you do not make changes, your current benefits will remain the same in 2025. The only exception is if you participate in the Flexible Spending Accounts (FSAs). To participate in Health Care and/or Dependent Care FSAs, you must re-enroll each year.

TAKE CARE OF YOU

Your PGPCS Benefits provide you with tools and resources to help you cope with work/life challenges and manage stress:

- **Employee Assistance Program (EAP)** – The EAP provides confidential counseling services, including a wide array of [interactive resources](#) (Username: **PGPCS**, Password: **PRINCE**).
- **Wellness360** – Stay focused on your well-being with the virtual wellness series featuring cooking demonstrations, fitness classes, wellness webinars, wellness coaching and more! [Learn more.](#)

What's New

Review [What You Need to Know](#) for a summary of what's new for 2025. If you do not make changes, your current elections (except for FSAs) will continue for 2025.



PGCPS BENEFITS

At-a-Glance

YOU AND PGCPS SHARE THE COST



Medical

Choose from two comprehensive medical plan options: the Kaiser Permanente Health Maintenance Organization (Kaiser) or the CareFirst Blue Choice Triple Option (CareFirst).



Prescription

Prescription coverage is included when you elect medical. If you elect Kaiser, coverage is provided through Kaiser. If you elect CareFirst, you must elect prescription coverage through CVS Caremark.

Note: If you made separate elections before January 1, 2021, you may continue your current election(s).



Dental

Dental coverage is available through Aetna. Benefits are available for both in- and out-of-network dental services.



Vision

Basic vision coverage is included with your medical plan. Additional coverage is available through BlueVision Plus.



Retirement Defined Benefit (Pension)

Administered by Maryland State Retirement and Pension System (MSRPS), you and PGCPS fund the PGCPS Retirement Plan. All eligible employees automatically contribute 7% of their annual salary and receive a defined monthly pension benefit at retirement.



Wellness360

Tools and resources that promote healthy lifestyle changes with educational seminars, health screenings, weight-loss competitions, tobacco-cessation programs and much more.

OPTIONAL – YOU PAY THE FULL COST



Flexible Spending Accounts

Save on everyday expenses with two tax-free accounts through Health Equity | WageWorks: Health Care FSA and Dependent Care FSA.



Supplemental Life

You have the option to purchase supplemental coverage for yourself, your spouse and dependent child(ren) through MetLife.



Long-Term Disability (LTD)

You may purchase supplemental LTD coverage through MetLife.



Retirement Defined Contribution

Boost your retirement savings and achieve your goals with contributions to the 403(b) or 457(b). Contribute on a tax-deferred or Roth post-tax basis.



Education System Federal Credit Union (ESFCU)

Access to convenient and competitive loan programs, savings accounts and credit cards for PGCPS employees.



Employee Discounts

Access special discounts and offers from local and nationwide businesses, including entertainment, retail, finance, fitness, travel, technology and more.

PROVIDED BY PGCPS – PGCPS PAYS



Basic Life

PGCPS provides you with basic life insurance through MetLife.



Employee Assistance Program (EAP)

Free counseling and support to help you and your family manage life's ups and downs with Inova.



PGCPS BENEFITS

Eligibility and Enrollment

WHO IS ELIGIBLE

Active employees who receive an annual salary and work at least 15 hours per week and their eligible dependents may enroll for the benefits described in this guide. Eligible dependents include your:

- Spouse
- Eligible children up to age 26, including your biological children, stepchildren, adopted children and children for whom you have legal guardianship. You may cover disabled dependents beyond age 26 if the disability is certified by the carrier.

DEPENDENT VERIFICATION

If you enroll dependents, you must verify their eligibility. Failure to submit the required verification when requested may result in your dependent(s) being dropped from PGCPS' coverage.

Ineligible dependents include dependent children over the age of 26 (unless disabled), dependent children for whom you do not have guardianship or legal custody, common law spouses or ex-spouses that have not been removed from the plan.

Unverified dependents will be dropped from PGCPS' coverage. Employees who fail to provide timely notice (within 35 days of a qualifying life event):

- May be financially liable for outstanding claims for ineligible dependents;
- May be financially liable for repayment of the Board's share of paid health care premiums for ineligible dependents;
- May be financially liable for repayment of claims paid for ineligible dependents; and
- May be subject to disciplinary action, which may include termination.

Dependents who are removed from PGCPS' group health plans due to insufficient documentation will not be eligible for COBRA continuation coverage.

WHEN TO ENROLL

The annual Open Enrollment period for 2025 benefits is October 28 – November 8, 2024. Eligible employees can enroll in or make changes to existing benefits coverage during that time. The benefits you select will be effective January 1, 2025.

LIFE EVENTS

If you have a qualifying life event (e.g., marriage, divorce, birth or adoption of a child, etc.), login to [Benefitfocus](#) within 35 days of the event to make changes to your coverage.

Know Your Rights and Responsibilities

Visit www.pgcps.org/benefits to access required federal notices that outline your rights and responsibilities. Or, request a printed copy by calling PGCPS Benefits Services at **301-952-6600**.



What You Need to Do

1 REVIEW YOUR OPTIONS
Review this Employee Benefits Enrollment Decision Guide; it includes information to help you select the coverage options that are best for you and your family.

2 USE BENEFITFOCUS TO SELECT COVERAGE (IF NEEDED)
For your 2025 benefits, we'll use a new platform to enroll for benefits: [Benefitfocus](#). Use your PGCPs-assigned username and password to log on.

You can also download the Benefitplace app from Google Play or the App store. Use the company ID: **PGCPS**.

Select the “**You have benefits to select**” prompt to get started.

3 CONFIRM YOUR ELECTIONS
Review your elections and print your Employee Benefit Summary Report.

IF YOU DON'T MAKE CHANGES

If you do not make changes during Open Enrollment, your current elections will continue at 2025 rates (except for FSAs). To participate in an FSA, you must elect your contribution amount each year.

CHANGING YOUR COVERAGE

During the annual Open Enrollment period, you can make changes to your benefits coverage for the upcoming year. After the annual Open Enrollment period, you may only make changes to your coverage if you have a qualifying life event, which includes:

- Marriage or divorce
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other coverage by you or a covered dependent
- Eligibility for Medicare by you or a covered dependent
- Covered dependent turns age 26

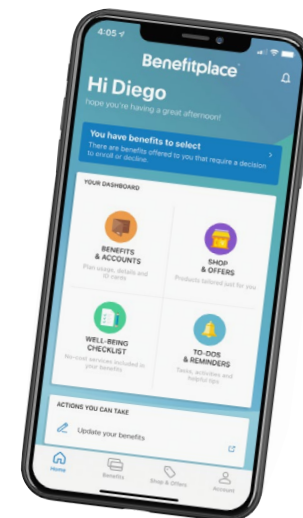
If you have a qualifying life event, log onto [Benefitfocus](#) within 35 days of the event to make changes to your coverage. If you fail to make changes on [Benefitfocus](#) within 35 days, you may not enroll, cancel or change coverage until the next annual Open Enrollment period, unless you have another qualifying life event.

NOTE FOR NEW HIRES

If you are a new hire, you must enroll within 35 days of your date of hire. If you elect to participate in a Flexible Spending Account (FSA), you will need to make two elections:

2024 New Hire benefit elections: Coverage effective through December 31, 2024

2025 Open Enrollment elections: Coverage effective January 1 – December 31, 2025



Download Benefitplace

Get easy access to your coverage in the palm of your hand:

- Make annual benefit elections and life event changes
- View benefits and coverage details
- Create a dependent profile
- Snap and upload required documentation
- Get important benefits notifications and reminders
- View and update communication preferences

Download the Benefitplace app from [Google Play](#) or the [App Store](#). Use the company ID: **PGCPS**.

Medical

You can choose from two medical plan options: the Kaiser Permanente Health Maintenance Organization (Kaiser) or the CareFirst Blue Choice Triple Option (CareFirst).

KAISER

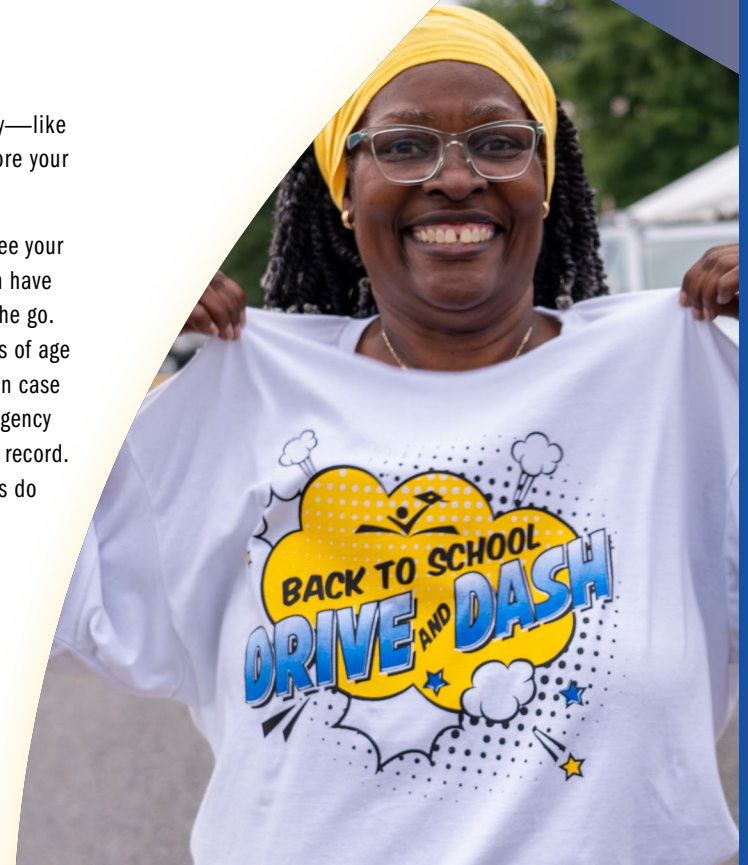
With Kaiser, you can do more in less time. Your care is provided at our conveniently located medical centers, so you can see your doctor, get lab tests, pick up prescriptions, all in one location. Kaiser has 34 medical centers in the Mid-Atlantic region. There is no deductible to meet and most eligible services are covered at 100% after you make any required copayment. Learn more at my.kp.org/pgcps.

Vision Essentials

The Kaiser plan includes coverage for eye exams, glasses and contacts. As a Kaiser member, your eye health information becomes part of your complete medical record, which helps you and your medical team get a total picture of your health. Regular eye exams can detect not only vision problems but also certain health conditions.

When you enroll in Kaiser, you have access to:

- **Online wellness tools:** Visit kp.org/healthyliving for wellness information, health calculators, fitness videos, podcasts and recipes from world-class chefs.
- **Personal wellness coaching:** Get help reaching your health goals. Work one-on-one with a wellness coach by phone at no cost. Find out more at: kp.org/wellnesscoach.
- **Special rates for members:** Enjoy reduced rates on products and services that can help you stay healthy—like gym memberships, massage therapy and more. Explore your options at: kp.org/choosehealthy.
- **Telemedicine:** With kp.org and the **KP app**, you can see your doctor face-to-face without visiting the office. You can have a video visit with your doctor from home, work or on the go. You just need to be a Kaiser member at least 18 years of age with a camera-equipped computer or mobile device. In case of urgent care, video visits are available with an emergency medicine physician who is connected to your medical record. Video visits for urgent and non-urgent health concerns do not have a copay.



Medical

CAREFIRST

With the CareFirst Blue Choice Triple Option (CareFirst), you have access to a wide range of providers. If you use a provider in the BlueChoice HMO network, you receive the highest level of benefits. If you use a BluePreferred PPO provider, the plan pays benefits at the PPO level. If you use a non-participating provider, you still have coverage through the plan's indemnity option but your out-of-pocket costs will be higher.

You have access to care in a variety of settings, including through:

- **A primary care provider (PCP).** Establishing a relationship with a primary care provider is the best way to receive consistent, quality care.
- **FirstHelp, is a free 24-hour nurse advice line.** Call **1-800-535-9700** anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.
- **A CareFirst Video Visit.** You can consult with a board-certified doctor on your smartphone, tablet or computer. To get started, visit: www.closeknithealth.com.
- **Convenience care centers** are located inside a pharmacy or retail store, such as a CVS MinuteClinic or Walgreens Healthcare Clinic.
- **Urgent care centers** have a doctor on staff and are an option when you need care on weekends or after hours.
- **An emergency room**, providing treatment for acute illnesses and trauma.

To learn more, visit www.carefirst.com/pgcps.

Take Charge of Your Health

Whether you're trying to lose weight, improve your well-being or simply live a healthier lifestyle, CareFirst offers tools and resources to help you reach your goals.

As part of your health coverage, you have access to the CareFirst Health & Wellness program that can help you:

- Become aware of unhealthy habits.
- Improve your health with programs that target your specific health or lifestyle concerns.
- Get and stay healthy with a wealth of online tools and resources.

To learn more, log in to www.carefirst.com or call **1-800-783-4582**.

Sharecare for CareFirst Members

CareFirst has partnered with Sharecare, Inc.* to bring participants an innovative wellness program. The program includes an engaging digital experience packed with motivating wellness tools and resources, including:

- **RealAge® test:** Online health assessment to discover the physical age of your body compared to your calendar age.
- **Trackers:** Connect wearable devices to monitor daily habits like sleep, steps, nutrition and more.
- **Health Profile:** Access your important health data like biometric information, vaccine history, lab results and medications all in one place.
- **Specialized Programs:** Take advantage of tobacco cessation support, financial wellbeing tools and more.

To get started, visit www.carefirst.com/sharecare and enter your CareFirst account username and password then complete the registration to link Sharecare with your CareFirst account.

* Sharecare, Inc. is an independent company that provides health improvement management services to CareFirst members.

BlueVision

The CareFirst medical plan includes coverage for professional vision services including routine eye exams, eyeglasses and contact lenses through the Davis Vision network of providers.

A [summary of benefits](#) is available online at:

www.carefirst.com/pgcps.



MEDICAL COVERAGE AT-A-GLANCE

	Kaiser
Features	
Annual Deductible	
Employee Only	None
Employee + Dependents (Family)	None
Annual Out-of-Pocket Maximum (includes Annual Deductible)	
Employee Only	\$3,500
Employee + Dependents (Family)	\$9,400
Coinsurance	Plan pays 100%
Office Visits	
Preventive Care	Plan pays 100%
Primary Care Physician	Plan pays 100% after \$10 copay
Specialist	Plan pays 100% after \$20 copay
Hospital Services	
Inpatient	Plan pays 100%
Outpatient	Plan pays 100% after \$20 copay
Emergency Room Services	Plan pays 100% after \$150 copay
Mental Health and Substance Abuse	
Inpatient	Plan pays 100%
Outpatient	Plan pays 100% after \$5 copay (group) \$10 copay (individual)
Vision Care	
Routine Eye Exam (once every 12 months)	Plan pays 100% after \$10 copay
Frames	Plan pays 100% from approved collection (up to age 19); 25% discount over age 19
Eyeglass Lenses/Contact Lenses	Plan pays 100% from approved collection (up to age 19); 25% discount over age 19
Hearing Care	Once every 36 months
Hearing Aid Evaluation Test	\$0 copay
Hearing Aids	\$0 copay

CAREFIRST TRIPLE OPTION PLAN (CAREFIRST)		
BlueChoice HMO	BluePreferred PPO	Indemnity Option
None	\$200	\$500
None	\$600	\$1,000
\$1,000	\$1,000	\$2,000
\$2,000	\$2,000	\$4,000
Plan pays 100%	Plan pays 80%; you pay 20% after deductible	Plan pays 70%; you pay 30% after deductible
Plan pays 100%	Plan pays 100%	Plan pays 100%
Plan pays 100% after \$10 copay	Plan pays 100% after \$20 copay	Plan pays 70% after deductible; you pay 30%
Plan pays 100% after \$25 copay	Plan pays 100% after \$35 copay	Plan pays 70% after deductible; you pay 30%
Plan pays 100% after \$150 copay	Plan pays 80% after deductible; you pay 20%	Plan pays 70% after deductible; you pay 30%
Plan pays 100%	Plan pays 80% after deductible; you pay 20%	Plan pays 70% after deductible; you pay 30%
Plan pays 100% after \$150 copay	Plan pays 100% after \$150 copay	Plan pays 100% after \$150 copay
Plan pays 100% after \$150 copay	Plan pays 80% after deductible	Plan pays 70% after deductible; you pay 30%
Plan pays 100% after \$10 copay	Plan pays 100% after deductible and \$20 copay	Plan pays 70% after deductible; you pay 30%
Plan pays 100% after \$10 copay	Plan pays 100% after \$10 copay	Plan pays \$33; you pay the balance
Discounts available	Discounts available	N/A
Discounts available	Discounts available	N/A
Once every 36 months, up to \$5,000		
Plan pays 100%	Plan pays 80%	Plan pays 70%
Plan pays 100%	Plan pays 80%	Plan pays 70%

Prescription

If you elect CareFirst, you must elect prescription coverage through CVS Caremark.* CVS Caremark offers a nationwide network of pharmacies. When you participate in Kaiser, prescription coverage is included and you will receive all medications through a Kaiser facility or pharmacy.

Prescriptions	KAISER		CAREFIRST
	Onsite Facility (up to a 30-day supply)	Participating Pharmacy (up to a 30-day supply)	Administered by CVS Caremark (up to a 34-day supply)
Retail			
Generic Preventive Care	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible
Generic	\$7 copay	\$20 copay	\$10 copay
Preferred Brand (Formulary)	\$15 copay	\$35 copay	\$40 copay
Non-Preferred Brand	\$30 copay	\$50 copay	\$70 copay
Mail Order	(90-day supply)	(90-day supply)	(up to a 90-day supply)
Generic Preventive Care	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible
Generic	\$14 copay	\$40 copay	\$20 copay
Preferred Brand (Formulary)	\$30 copay	\$70 copay	\$80 copay
Non-Preferred Brand	\$60 copay	\$100 copay	\$140 copay

CVS Caremark makes changes to its list of covered prescription drugs or formulary to better manage costs and ensure access to safe treatment options. These changes are made several times during the year. If you are taking a medication that is impacted, you will receive a letter from CVS Caremark. To review the current list of covered prescription drugs, visit the [PGCPS website](#). If you have questions, call the Caremark Customer Service Center at **1-888-865-6564**.

*Please note:

- Before January 1, 2021, if you were enrolled in CareFirst medical without prescription (or vice versa) or elected different coverage levels for CareFirst medical and CVS Caremark prescription, you can continue your current election(s) for 2023.
- You cannot enroll in the CVS Caremark prescription plan if you elect Kaiser.

Save with Generics

Generic drugs are every bit as safe and effective as brand drugs. They are equivalent to the brand version in dosage, safety, strength, quality, the way they work and the way they're taken. Generics cost an average of 60% less than their brand counterparts. So, the next time you need a prescription, ask if a generic is available.



Dental

You have access to dental benefits with in-network and out-of-network coverage through Aetna.

Dental benefits include coverage for routine diagnostic services such as exams and cleanings, as well as basic services such as fillings and extractions, and major services such as crowns and dentures.

Orthodontia for both children and adults is available.

Dental benefits are provided through Aetna. With PGPCS' dental benefits, you may use providers in or out of the Aetna provider network, but your out-of-pocket cost for care will generally be less when you use in-network providers.

Aetna does not require dental cards to obtain services. However, you can print out a card and access claim forms on the [Aetna website](#).

Features	AETNA DENTAL PPO	
	In-Network	Out-of-Network
Annual Deductible Employee Only Employee + Dependents (Family)	\$50 \$100	\$100 \$200
Annual Benefit Maximum (preventive, minor and major services)	\$4,000 per person	\$3,000 per person
Lifetime Orthodontia Maximum	\$3,000 per person	\$3,000 per person
Services	Plan Pays	Plan Pays
Preventive Care (exams, X-rays, cleanings)	100% no deductible	90% no deductible
Basic Services (fillings, root canals, extractions)	100% after deductible	90% after deductible
Major Services (crowns, inlays, onlays)	60% after deductible	50% after deductible
Orthodontia (adults and children)	50% after deductible	40% after deductible

Vision

If you are enrolled in a PGCPs medical plan, some vision benefits are included. If you are not enrolled in medical coverage through PGCPs or need additional coverage, the BlueVision Plus plan is available as a stand-alone option.

The BlueVision Plus plan includes vision services such as routine eye examinations, eyeglasses and contact lenses. The plan is offered by CareFirst BlueChoice through the Davis Vision, Inc. national network of providers.

You have the option of using providers in or out of the Davis Vision network; however, benefits are higher when you use in-network providers.



Frames
Davis Vision Frame Collection
Non-Collection Frame
Eyeglass Lenses
Single Vision
Lenticular
Basic Bifocal
Basic Trifocal
Contact Lenses
Davis Vision Contact Lens Collection
Medically Necessary Contacts
Other (Non-Collection or Elective Lenses)

BLUEVISION PLUS	
In-Network	Out-of-Network
\$0 copay	N/A
Plan pays up to \$160; you pay balance minus 20% discount	Plan pays \$20; you pay balance
Eyeglass Lenses	
\$10 copay	Plan pays \$40; you pay balance
\$10 copay	Plan pays \$130; you pay balance
\$10 copay	Plan pays \$60; you pay balance
\$10 copay	Plan pays \$80; you pay balance
Contact Lenses	
100% covered, no copay	N/A
100% covered, no copay; prior approval required	Plan pays \$230; you pay balance
Plan pays up to \$200; you pay balance minus 15% discount	Plan pays \$105; you pay balance

Flexible Spending Accounts

Saving money on everyday expenses is convenient and easy with Flexible Spending Accounts (FSAs).

PGCPS offers you two Flexible Spending Accounts:

- Health Care Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)

The money you contribute into these accounts is deducted from your paycheck before federal, state and Social Security taxes are calculated—reducing your taxable income. In some cases, your tax savings can be significant. Use these calculators to estimate your savings:

- [Health Care FSA Calculator](#)
- [Dependent Care FSA Calculator](#)

You must re-enroll each year

Because of the tax advantages that FSAs provide, the IRS requires you to enroll each year. If you want to participate in an FSA in 2025, you must enroll and designate the amount you want to contribute.

	Contribution Limits	Eligible Expenses
Health Care Flexible Spending Account (FSA)	\$3,300 per year (\$200 annual minimum contribution)	Copays, deductibles, coinsurance, orthodontia, contact lenses and solutions, laser eye surgery, hearing aids, chiropractor visits, acupuncture and other health care that may not be fully covered by insurance Expenses must be for you and your dependents (those who qualify as dependents on your tax return). For a complete list go to: www.irs.gov/publications/p502 .
Dependent Care Flexible Spending Account (FSA)	\$2,500 per year, if married and filing separate income tax returns \$5,000 per year, if single or married and filing joint income tax returns (\$200 annual minimum contribution)	Licensed day care, in-home care, elder care, day camp and nursery school (if expenses are for a dependent child, the child must be under age 13) Expenses must be for care that enables you to work. Both you and your spouse (if applicable) must be employed, or your spouse must be a full-time student, to participate in a Dependent Care FSA. For a complete list, go to: www.irs.gov/pub/irs-pdf/p503.pdf .

PLAN CAREFULLY

The plan year runs from January 1 to December 31. You have until March 31, 2025, to use your 2024 FSA. If a balance remains in your 2024 Health Care FSA on March 31, 2025, you can roll over up to \$640 for use in 2025, based on current IRS regulations. Balances over this amount will be forfeited.

Life Insurance and Disability

To help protect your family's finances if something happens to you, PGCPs makes the following benefits available to you.

BASIC LIFE

You will receive basic life insurance benefits from PGCPs at no cost. Your employee basic life insurance benefit amount is equal to two times your annual salary, up to a maximum of \$600,000. To ensure benefits are paid according to your wishes, review and update your beneficiaries online via [Benefitfocus](#).

SUPPLEMENTAL LIFE

Supplemental life insurance coverage is available for you and your dependents through MetLife. You must enroll for supplemental life insurance for yourself before you can purchase coverage for your spouse and/or eligible dependent children.

As the employee, you are the primary beneficiary for supplemental spouse and child life benefits. Premiums are deducted on an after-tax basis.

If you are diagnosed as terminally ill with less than a 12-month life expectancy, you may be eligible to receive payment of a portion of your supplemental life insurance. The remaining amount of your life insurance would be paid to your beneficiary when you die.

Coverage	Amount ¹
Employee Supplemental Life	Increments of \$50,000 up to \$1,000,000 (not to exceed five times your annual pay) ¹
Spouse Life	Increments of \$5,000 up to \$50,000 ^{1,2}
Dependent Child Life	Increments of \$2,000 up to \$10,000 ^{2,3}

- 1 You will need to respond to a Statement of Health questionnaire before coverage becomes effective.
- 2 You may not elect coverage for your spouse and/or child(ren) if they are an active member of the armed forces of any country or international authority, or are already covered as an employee under this policy.
- 3 Children must be unmarried and between the ages of 15 days to 26 years to be eligible for coverage.

SUPPLEMENTAL LONG-TERM DISABILITY

Long-term disability (LTD) insurance pays you a portion of your income if you cannot work because of a disabling illness or injury. You have the opportunity to purchase supplemental LTD coverage. Coverage is available that would pay a benefit of 60% of your annual pay. The maximum LTD benefit you could receive is \$5,000 per month. The supplemental LTD plan includes a minimum benefit of 10% of your earnings or \$100 per month.

You must be disabled for at least 180 days before you can receive any LTD payments. Also, you must have exhausted all other benefits such as your sick leave bank, if applicable.

If you elect LTD coverage, you will need to respond to a Statement of Health (SOH) questionnaire before coverage takes effect.



Employee Assistance Program

From dealing with divorce to caring for elderly parents or facing financial problems, life can be challenging. The Employee Assistance Program (EAP) through Inova is here to help. The EAP provides confidential counseling services, referrals and other information at no cost to you.

You and your family members who live with you can each receive up to four free and confidential counseling sessions a year using the EAP, which is offered through Inova. If you need additional counseling, the EAP will coordinate care with your medical plan's network.

The EAP can help with:

- Family issues including marriage, divorce and parenting problems
- Child-related resources including infertility and adoption issues, daycare, nutrition and development concerns
- Elder-care resources including referrals to nursing homes, diet and health concerns and Alzheimer's-related issues
- Stress, anxiety and depression
- Alcohol and drug dependency issues
- Financial concerns including getting out of debt, tax questions, retirement planning and estate planning
- Legal issues such as wills, leases, divorce, family law, real estate transactions, debt and bankruptcy filing
- Work-life matters, including moving and relocation, college planning, home repair, vacation and event planning and pet care

Connect to the Care You Need

The EAP team is staffed by professional counselors who are experienced in assisting people with a wide range of issues. When you call the toll-free number (**1-800-346-0110**), you will be connected to a licensed professional counselor who will help you clarify your issue/concern, identify options, and offer support and professional guidance to help you develop an action plan. You will be offered the opportunity to schedule face-to-face counseling sessions at your convenience at a location close to your home or workplace.

By phone (24/7): **1-800-346-0110**

Online: [INOVA EAP](#) (username **PGCPS**, password **PRINCE**)



Retirement

PGCPS provides both defined benefit and defined contribution retirement plans. All employees, including temporaries and substitutes, may participate in a tax-sheltered annuity 403(b) and/or 457(b) retirement plan. You can contribute on a tax-deferred or Roth post-tax basis.

DEFINED CONTRIBUTION

Most people will need more than a pension and Social Security to maintain their standard of living during retirement. Your savings are essential and can help you reach your retirement goals. PGCPS allows you to use 403(b) and 457(b) plans to save, invest and use tax advantages to build your savings for retirement. You can contribute on a tax-deferred or Roth post-tax basis.

You may enroll in the 403(b) plan and/or 457(b) plan at any time during the year by completing and submitting a Salary Reduction Agreement Form [available online](#). For assistance, contact our third-party administrator, OMNI at **1-877-544-6664**.

As a PGCPS employee, you have the opportunity to save for retirement by participating in a tax-sheltered annuity [403(b) and/or 457(b)]. You can contribute on a tax-deferred or Roth post-tax basis.

[Click here](#) to learn more.

DEFINED BENEFIT (PENSION)

The PGCPS Retirement Plan is administered by the Maryland State Retirement and Pension System (MSRPS) and is funded by both PGCPS and you. All eligible employees are automatically enrolled in this plan. You contribute 7% of your annual salary, and you will receive a defined monthly pension benefit at retirement.

For more information and resources, visit www.sra.state.md.us.

Before You Retire

1. Sign up for mySRPS

Eligible pension plan participants can create an estimate, view a statement of benefits, view beneficiaries and much more.

2. Make an appointment with a Retirement Coordinator

Within three months of your prospective retirement date, contact the Benefits Services Office:

Rene Myers
(Last names A - Kh)

301-952-6269
rene.myers@pgcps.org

Samantha Murphy
(Last names Ki - Z)

301-952-6284
samantha.murphy@pgcps.org

BI-WEEKLY EMPLOYEE CONTRIBUTIONS

2025 Rates

MEDICAL AND PRESCRIPTION	KAISER MEDICAL AND PRESCRIPTION			CAREFIRST MEDICAL AND PRESCRIPTION			CAREFIRST MEDICAL ¹		
	10-Month (20 Pays)	11-Month (24 Pays)	12-Month (26 Pays)	10-Month (20 Pays)	11-Month (24 Pays)	12-Month (26 Pays)	10-Month (20 Pays)	11-Month (24 Pays)	12-Month (26 Pays)
Active Employees with 0-8 Years of Service – 25% Contribution									
Employee Only	\$ 105.23	\$ 87.69	\$ 80.94	\$ 127.63	\$ 106.36	\$ 98.18	\$ 90.37	\$ 75.31	\$ 69.52
Employee + 1	\$ 238.87	\$ 199.06	\$ 183.75	\$ 290.72	\$ 242.27	\$ 223.63	\$ 219.46	\$ 182.88	\$ 168.81
Family	\$ 251.50	\$ 209.58	\$ 193.46	\$ 315.20	\$ 262.67	\$ 242.46	\$ 237.93	\$ 198.28	\$ 183.02
Active Employees with 8+ Years of Service – 20% Contribution									
Employee Only	\$ 84.18	\$ 70.15	\$ 64.75	\$ 102.11	\$ 85.09	\$ 78.55	\$ 72.30	\$ 60.25	\$ 55.62
Employee + 1	\$ 191.09	\$ 159.25	\$ 147.00	\$ 232.56	\$ 193.81	\$ 178.91	\$ 175.56	\$ 146.30	\$ 135.05
Family	\$ 201.20	\$ 167.67	\$ 154.77	\$ 252.16	\$ 210.14	\$ 193.97	\$ 190.35	\$ 158.63	\$ 146.42

DENTAL AND VISION	AETNA DENTAL PPO			CAREFIRST VISION			CVS CAREMARK PRESCRIPTION ¹		
	10-Month (20 Pays)	11-Month (24 Pays)	12-Month (26 Pays)	10-Month (20 Pays)	11-Month (24 Pays)	12-Month (26 Pays)	10-Month (20 Pays)	11-Month (24 Pays)	12-Month (26 Pays)
Active Employees with 0-8 Years of Service – 25% Contribution									
Employee Only	\$ 7.58	\$ 6.32	\$ 5.83	\$ 1.20	\$ 1.00	\$ 0.92	\$ 37.26	\$ 31.05	\$ 28.66
Employee + 1	\$ 23.78	\$ 19.82	\$ 18.29	\$ 1.80	\$ 1.50	\$ 1.38	\$ 71.26	\$ 59.39	\$ 54.82
Family	\$ 25.03	\$ 20.86	\$ 19.26	\$ 2.40	\$ 2.00	\$ 1.85	\$ 77.27	\$ 64.39	\$ 59.44
Active Employees with 8+ Years of Service – 20% Contribution									
Employee Only	\$ 6.06	\$ 5.05	\$ 4.66	\$ 0.96	\$ 0.80	\$ 0.74	\$ 29.81	\$ 24.84	\$ 22.93
Employee + 1	\$ 19.02	\$ 15.85	\$ 14.63	\$ 1.44	\$ 1.20	\$ 1.11	\$ 57.01	\$ 47.51	\$ 43.86
Family	\$ 20.03	\$ 16.69	\$ 15.41	\$ 1.92	\$ 1.60	\$ 1.48	\$ 61.81	\$ 51.51	\$ 47.55

Please note, the bi-weekly deduction amounts may vary slightly from the actual bi-weekly deductions due to rounding.

¹ Prior to January 1, 2021, if you elected CareFirst medical without prescription (or vice versa) or elected different coverage levels for medical and prescription, you can continue your current election(s) at 2025 rates.

Who to Call

PGCPS Benefits Services is available to answer questions about your PGCPS benefits. Contact your designated Benefits Coordinator based on your last name.

Last names A

Jennifer Brady
jennifer.brady@pgcps.org
301-952-6347

Last names B-G

LaVon Johnson
lavon.johnson@pgcps.org
301-952-6323

Last names H-Pa

Shafeqah Uqdah
shafeqah.uqdah@pgcps.org
301-952-6322

Last names Pe – Z

Wilma Samuel-Reeves
wilma.samuelreeves@pgcps.org
301-780-6881

PGCPS Benefits Services

pgcps.benefits@pgcps.org
301-952-6600

Benefit partners	Phone	Web
Medical/Vision CareFirst Kaiser Permanente	1-800-628-8549 1-800-777-7902	www.carefirst.com/pgcps my.kp.org/pgcps
Prescription CVS Caremark Kaiser Permanente	1-888-865-6564 1-800-777-7902	www.caremark.com my.kp.org/pgcps
Dental Aetna	1-877-238-6200	www.aetna.com
Vision (Stand alone plan) Davis Vision, Inc.	1-800-783-5602	www.davisvision.com
Flexible Spending Accounts (FSA) Health Equity WageWorks	1-877-924-3967	www.wageworks.com
Life MetLife	1-800-638-6420	www.metlife.com/pgcps www.WillsCenter.com
Long-Term Disability Claims MetLife	1-866-729-9201	Employee Self Service https://erp.pgcps.org
Employee Assistance Program Inova Employee Assistance Program	1-800-346-0110	www.inova.org (User Name: PGCPS, Password: PRINCE)
Retirement Maryland State Retirement and Pension System OMNI	1-800-492-5909 1-877-544-6664	www.sra.state.md.us www.omni403b.com



PGCPS provides a comprehensive benefits coverage package for employees. This guide highlights available plan benefits but does not include every detail of each plan. Each benefit is governed by an official plan document or insurance contract. If there is a conflict between this guide and the official plan documents, the plan documents will govern.

OCTOBER 2024