

OPEN ENROLLMENT FOR YOUR

2025 Benefits

OCTOBER 28 – NOVEMBER 8, 2024



WHAT YOU NEED TO KNOW

Open Enrollment is your once-a-year opportunity to review your coverage and ensure you have the medical benefits that work best for you and your family.

During Open Enrollment, you can:

- Switch medical plans from CareFirst to Kaiser Permanente or from Kaiser Permanente to CareFirst;
- Drop your current coverage—if you drop coverage, you will not be able to re-enroll at a later date; or
- Drop dependents (spouse or child)—if you drop a dependent, that dependent will not be able to enroll at a later date.

You cannot enroll for new coverage (medical, prescription, dental or vision) that you did not elect at retirement. And, you cannot add a dependent.

If you do not make changes, your current benefit elections will remain the same in 2025.

While there are no changes to your 2025 benefits, it is always a good idea to review your coverage.

WHAT YOU NEED TO DO

- 1 Review your options** – Read this overview for a summary of your benefits and rates for 2025. The Retiree Benefits Enrollment Decision Guide provides a detailed overview and will be available online in late October.
- 2 Visit www.pgcps.org/open** for updates on Open Enrollment. Contact the PGCPs Benefits Services Office to get answers to your questions:
 - **Call: 301-952-6600**
 - **Email: pgcps.benefits@pgcps.org**
- 3 Complete your Retiree Enrollment Form by November 8, 2024** – If you need to make any changes to your benefits for 2025, complete the enclosed Retiree Enrollment Form. If you do not complete the Retiree Enrollment Form, you will have the same coverage in 2025. All changes are effective January 1, 2025.

YOUR 2025

Coverage Options



Your PGCPs Benefits provide you with reliable, competitive and comprehensive coverage. For 2025, you'll have access to the same benefit options with no changes.

MEDICAL

Choose from two comprehensive medical plan options that include 100% coverage for preventive care:

1. Kaiser Permanente (Kaiser) with coverage based on Medicare eligibility:

- Kaiser Permanente Health Maintenance Organization (Kaiser HMO) for participants not eligible for Medicare
- Kaiser Permanente Medicare Advantage for participants eligible for Medicare

All care is provided at Kaiser facilities by Kaiser providers.

Prescription coverage is included. Visit [kp.org](https://www.kp.org) to find a location near you.

2. CareFirst Blue Choice Triple Option (CareFirst) with three ways to access care:

- BlueChoice HMO network (Tier 1)
- BluePreferred PPO network (Tier 2)
- Indemnity (out-of-area) network (Tier 3)

PRESCRIPTION

If you elect Kaiser, prescription coverage is included. If you switch coverage from Kaiser to CareFirst, you must elect prescription coverage.

DENTAL

Dental coverage is provided through Aetna with benefits 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.



2025 Rates

The cost for Kaiser Non-Medicare, Kaiser Medicare and CareFirst Non-Medicare coverage will increase in 2025. All other rates will remain the same.

MEDICAL AND PRESCRIPTION DRUG

	KAISER MEDICAL AND PRESCRIPTION DRUG	CAREFIRST MEDICAL	CAREMARK PRESCRIPTION DRUG
Non-Medicare (20% contribution)	Monthly	Monthly	Monthly
Retiree Only	\$ 140.30	\$ 120.49	\$ 49.68
2 Individuals (Non-Medicare)	\$ 318.49	\$ 292.60	\$ 95.02
Family	\$ 335.33	\$ 317.24	\$ 103.02
Medicare (20% contribution)	Monthly	Monthly	Monthly
Medicare – Individual	\$ 64.62	\$ 51.72	\$ 49.68
Medicare – 1 Over/1 Under	\$ 204.93	\$ 169.85	\$ 95.02
Medicare – 2 Individuals	\$ 129.24	\$ 103.45	\$ 95.02
Medicare – 3 Individuals	\$ 193.87	\$ 159.82	\$ 103.02

DENTAL AND VISION

	AETNA DENTAL PPO	CAREFIRST VISION
20% contribution	Monthly	Monthly
Retiree Only	\$ 10.10	\$ 1.60
2 Individuals	\$ 31.70	\$ 2.40
Family	\$ 33.38	\$ 3.20

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



IMPORTANT

Reminders



ABOUT ELIGIBILITY

Medicare

You are required to enroll in Medicare Parts A & B when you first become eligible to enroll. Failure to sign up for Medicare Parts A & B may result in a loss of your PGCPs-sponsored coverage. If you or your dependents are approved for disability under Medicare, you must notify the Benefits Services Office immediately.

Dependent Children

Dependent children who are currently enrolled are eligible up to age 26, regardless of their student and/or employment status. Eligibility ends at the end of the month in which the dependent child reaches age 26, unless certified as disabled.

Continuation of Coverage for Surviving Spouses and/or Dependents

Coverage as a "surviving spouse" may continue as long as you do not re-marry or become eligible for health insurance through your own employment. If you do marry or become eligible for health insurance through your own employment, you must immediately notify the Benefits Services Office in writing. Coverage as a "surviving dependent" may continue up to age 26, regardless of their student and/or employment status.

PAYING FOR COVERAGE

As a retiree, your monthly premiums are deducted from your Maryland State Retirement and Pension System (MSRPS) pension check. However, if your pension check does not cover the cost of your monthly premiums, you will receive an invoice from Health Equity | WageWorks, the direct bill administrator for PGCPs. Failure to pay your premiums will result in cancellation of your coverage, and you will not be allowed to re-enroll at a future date.

A surviving spouse and/or dependent receiving a pension check from the MSRPS may elect to have health insurance premiums deducted from his/her monthly pension check.

It is your responsibility to ensure your benefit deductions match the coverage you requested. If there is an error or omission in your deductions, you have until January 31, 2025, to contact the Benefits Services Office at **301-952-6600**. Any missed deductions for your health benefits will automatically be taken in addition to the regular deduction on the next available pension check.

Premium refunds will only be considered when an administrative error has occurred. The retiree must submit a written request within one calendar year of the administrative error, and a refund will only be approved for up to one benefit plan year. A refund request for any other reason (including retiree error) cannot be approved.