

# ALLEGANY

## · COUNTY ·

MARYLAND

# 2024 - 2025 Employee Benefits Guide



# Welcome to Open Enrollment 2024-2025!

This is the time to enroll, change, or remove coverage for the plan year running from July 1, 2024 to June 30, 2025. Remember open enrollment is the time to make coverage adjustments. If you do not participate in an open enrollment session, your coverage will not continue for the 2024-2025 plan year and you will not have the option to enroll until the next plan year, except for a qualified life event as defined by IRS regulations (marriage, birth, death, etc.).

Open enrollment runs  
**May 20– May 24**

Click on this Link:

[HTTPS://  
ENROLL.AMERICANFIDELIT  
Y.COM/9E95ED36](https://enroll.americanfidelity.com/9E95ED36)

American Fidelity will be assisting with open enrollment through virtual and in-person sessions. AF representatives will guide you through the process and be available to answer your questions. EVERYONE has to participate in the open enrollment process every year to keep their benefits active. You will also use this time to ensure your contact information is up-to-date and your beneficiaries are current.

An Open Enrollment Memo was sent out to all staff on Friday, May 3rd, with detailed instructions on how to sign-up for a virtual or in-person appointment. All employees are also required to acknowledge this memo virtually or by completing the acknowledgement on page 4 of the OE memo.

This guide provides an overview of the rich benefit package available to eligible Allegany County employees. If you have more specific questions, please reach out to the HR Team. You are all valued members of the Allegany County Commissioners family. Thank you!

## Key Takeaways for 2024-2025:

- The CareFirst Provider network will remain the BlueChoice Advantage with PPO overlay.
- We encourage you to use the valuable tools on the CareFirst website at [www.carefirst.com](http://www.carefirst.com). For example, you can search for in-network providers.
- Payroll deductions will remain the same.
- Addition of deductible.
- Addition of co-insurance.
- Primary Care Provider co-pay increase.
- Urgent Care co-pay increase.
- Addition of Inpatient Hospital co-pay
- Addition of Outpatient Surgery co-pay.
- Addition of 4th Prescription Drug Tier.
- Prescription co-pay increases.
- Decrease in co-pay for CloseKnit.

**Deductible: Amount of money you must pay each plan year before a plan begins paying its portion of your costs.**

**Co-Pay: A fixed dollar amount that you pay when you visit a provider.**

**Coinsurance: The percentage you pay of the allowed benefit amount after you've met your deductible.**

## CONTACT INFORMATION



If you have any questions regarding your benefits, please contact one of the carriers listed below or your Human Resources representative.

### Medical

CareFirst  
[www.carefirst.com](http://www.carefirst.com)  
(866) 658-2455

### Prescription Drug

CVS Caremark  
[www.caremark.com](http://www.caremark.com)  
(800) 522-8159

### Dental

CareFirst Dental  
[www.carefirst.com](http://www.carefirst.com)  
(800) 932-0783

### Vision

Vision Benefits of America  
[www.vbapplans.com/vision](http://www.vbapplans.com/vision)  
(800) 432-4966  
Group #1160

### Basic Life and AD&D

MetLife  
[www.metlife.com](http://www.metlife.com)  
(800) 942-0854

### Voluntary Disability/Accident and Critical Illness

American Fidelity  
[www.americanfidelity.com](http://www.americanfidelity.com)  
(800) 662-1113

### Flexible Spending Accounts (FSA)

CBIZ  
<https://myplans.cbiz.com>  
(800) 815-3023  
Email: [cbizflex@cbiz.com](mailto:cbizflex@cbiz.com)

### Employee Assistance Program (EAP)

Deer Oaks  
[www.deeroakseap.com](http://www.deeroakseap.com)  
(866) 327-2400  
Username/Password: Allegany

### Retirement, Pension

State Retirement, Maryland  
<https://sra.maryland.gov/>  
(800) 492-5909

### Retirement Solutions

Nationwide  
[www.nrsforu.com](http://www.nrsforu.com)  
(877) 677-3678

## TABLE OF CONTENTS

Welcome .....	2
Contact Information & Table of Contents .....	3
Understanding Your Health Plan Options.....	4-5
Care Options and When to Use Them.....	6
Video Visit.....	7
Flexible Spending Accounts (FSAs) .....	8-12
Dental Insurance.....	13
Vision Insurance .....	14
Basic Life and AD&D .....	15
Disability Insurance .....	15
Retirement Plan.....	16-19
Allegany County Commissioners Wellbeing.....	20
Employee Assistance Program (EAP) .....	20
Vacation.....	20
Holidays.....	20
Important Notices .....	21
Resource Library.....	32
Glossary of Terms.....	33



Throughout this guide you will find video and link icons that will take you to resources that provide additional information on the benefits available to you.

### Your Benefits Team

Benefits Coordinator  
(301) 876-9532

# MEDICAL INSURANCE

## HOW TO GET STARTED

### SELECT THE MEDICAL PLAN

**TIP:** Get the most out of your insurance by using in-network providers.

#### FREQUENTLY ASKED QUESTIONS

**? How many hours do I need to work to be eligible for insurance benefits?**

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

**? Will I receive a new Medical ID card?**

New ID cards will be issued. Current cards can be used until you receive your new card, or you can go onto the CareFirst website to print a new card after 7/1.

**? Does the deductible run on a calendar year or policy year basis?**

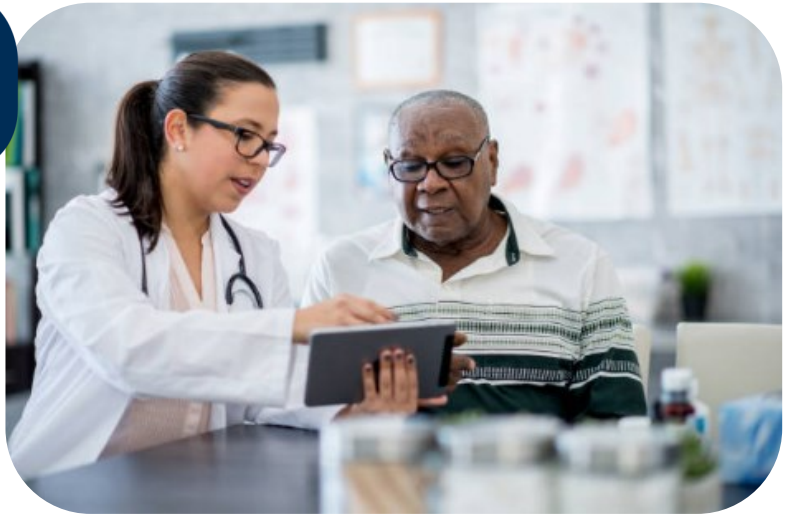
A policy-year/fiscal year basis: July 1 - June 30.

**? How long can I cover my dependent children?**

Dependent children are eligible until the end of the month in which they turn age 26.

**? I just got hired. When will my benefits become effective?**

Your medical insurance benefit will begin on the 1st day of the month following date of hire or date of hire if hired on the first of the month.



#### YOUR HEALTH PLAN OPTION

Eligible employees of Allegany County Commissioners are provided a BlueChoice Advantage plan with PPO overlay through CareFirst.

This plan gives you the option of using out-of-network providers, however you can save money by using in-network providers because CareFirst has negotiated significant discounts with them. If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and CareFirst's allowed amount, plus your out-of-network deductible and coinsurance.

This plan covers a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. Please refer to the following pages for specific details on the medical plan available to you and your family.

#### HIGHLIGHTS:



- Does not require referrals when seeking care from a specialist
- Does not have a member cost share for preventive care
- Save on co-pays by using CloseKnit
- Sign-up for Blue365 Deals for discounts on health and wellness services and products

CareFirst<sup>®</sup>   
BlueCross BlueShield

PRE 7/1/2006 Hires Cost per 26 paychecks	Employee Cost	County Cost
Employee	\$27.11	\$311.72
Employee + Child	\$56.19	\$646.14
Employee & Spouse	\$74.06	\$851.75
Family	\$79.85	\$918.26

POST 7/1/2006 Hires Cost per 26 paychecks	Employee Cost	County Cost
Employee	\$6.78	\$332.05
Employee + Child	\$79.97	\$622.36
Employee & Spouse	\$129.14	\$796.67
Family	\$145.04	\$853.07

## Medical/Prescription Drug Insurance Plan and Costs

 		BlueChoice Advantage with PPO Overlay
		<b>In-Network</b>
<b>Deductible (fiscal year)</b> Individual / Family		\$250 / \$500
<b>Out-of-Pocket Maximum</b> Individual / Family		\$3,000 / \$6,000
<b>Office Visit</b> Primary Care Physician Specialist		100% after \$30 copay 100% after \$40 copay
<b>Preventive Care</b>		100% covered
<b>Lab and X-ray</b>		90% after deductible
<b>Urgent Care</b>		100% after \$40 copay
<b>CloseKnit</b>		100% after \$10 copay
<b>Emergency Care</b> Hospital Ambulance transportation		\$150 copay, waived if admitted 100% of allowed benefit
<b>Outpatient Surgery</b>		100% after \$100 copay
<b>Inpatient Hospital Services</b>		100% after \$150 copay
<b>Prescription Drug</b>  Retail (34-day supply) Mail Order (90-day supply)		\$20 / \$50 / \$75 / \$100 * \$40 / \$100 / \$150
		<b>Out-of-Network</b>
<b>Deductible</b> Individual / Family		\$500 / \$1000
<b>Out-of-Pocket Maximum</b> Individual / Family		\$5,000 / \$10,000

Premiums can be withheld from your paycheck on a pre-tax basis for Medical, Dental, and Vision insurance. Based upon your individual tax bracket, this could save you a considerable amount of money.

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.

\* Exclusive Specialty through PrudentRx is 100% covered. Without PrudentRx, member coinsurance is 30%.

## CARE OPTIONS AND WHEN TO USE THEM

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in the CareFirst's network by calling the toll-free number on the back of your medical ID card, or by visiting <https://www.carefirst.com/>

### PRIMARY CARE

- Routine, primary/ preventive care
- Non-urgent treatment
- Chronic Disease Management

### TELEHEALTH

- Cold/flu
- Diarrhea
- Fever
- Rash
- Sinus Problems

### CONVENIENCE CARE

- Common infections (Ear infections, pink eye, strep throat & Bronchitis)
- Flu shots
- Pregnancy tests
- Vaccines
- Rashes
- Screenings

### URGENT CARE

- Sprains
- Small cuts
- Strains
- Sore throats
- Minor infections
- Mild Asthma Attacks
- Back Pain or strains

### EMERGENCY ROOM

- Heavy bleeding
- Large open wounds
- Chest pain
- Spinal injuries
- Difficulty breathing
- Major burns
- Severe head injuries

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 911, even if your symptoms are not described here.



**CALL  
9-1-1**

### PRIMARY CARE PROVIDER (PCP)

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out of pocket.

### TELEHEALTH

CloseKnit allows members to securely connect with a doctor whenever and wherever you want—without an appointment (for urgent care services). CloseKnit provides members with medical guidance when your PCP isn't available, like after hours, on weekends and traveling. The program also includes scheduled visits for behavioral health (therapy and psychiatry), diet/ nutrition and lactation support. CloseKnit delivers an affordable (applicable copay), total health experience from a dedicated care team.

### CONVENIENCE CARE

These providers are a good alternative when you are not able to get to your doctor's office and your condition is not urgent or an emergency.

They are often located in malls or retail stores (such as CVS Caremark, Walgreens, Wal-Mart and Target), and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.

### URGENT CARE

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary.

During office hours, you may be able to go to your doctor's office. Outside regular office hours—or if you can't be seen by your doctor immediately—you may consider going to an Urgent Care Center where you can generally be treated for many minor medical problems faster than at an emergency room.

### EMERGENCY ROOM

An emergency medical condition is any condition (including severe pain) which you believe that, without immediate medical care, may result in serious injury or is life threatening.

Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.



[Primary Care vs. Urgent Care vs. ER](#)

## WHAT IS CLOSEKNIT?

CloseKnit is a virtual-first primary care practice that you can connect with 24/7/365. Most illnesses are treated over video instead of going to a doctor's office. Your visit can be done online—anytime, anywhere, 24/7/365.

### Conditions commonly treated through CloseKnit:

- Bladder infection/urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat

## 7 REASONS TO REGISTER WITH CLOSEKNIT

- 1 Provides confidential, convenient, and affordable healthcare 24/7/365.
- 2 You can speak with a licensed doctor about non-emergency health issues anywhere, whether you're at home, at work, or on vacation.
- 3 The average wait time to speak with a doctor is 10 minutes.
- 4 CloseKnit providers can diagnose and treat cold and flu symptoms, upper respiratory infections, ear infections, skin problems, allergy symptoms and more.
- 5 CloseKnit providers can also send a prescription straight to your pharmacy of choice when medically necessary.
- 6 You dependents are eligible to receive care from CloseKnit, including children age 2 to 26.  
You can connect with CloseKnit by phone, web, or mobile app.
- 7

Registering with CloseKnit is quick and easy.

### SIGN UP TODAY:

Web: [closeknithealth.com](https://closeknithealth.com)

Or, download on your mobile device:



To learn more visit: [Demo Video | CloseKnit \(closeknithealth.com\)](https://closeknithealth.com)



# FLEXIBLE SPENDING ACCOUNTS

## SELECT FSA ACCOUNTS

- ☐ Health Care Flexible Spending Account
- ☐ Dependent Care Flexible Spending Account

## HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. Be aware—any unused portion of the account over \$640 at the end of the plan year is forfeited.

### Eligible Expenses Examples

- |                                  |  |
|----------------------------------|--|
| • Coinsurance and copayments     | • Laboratory fees                          |
| • Contraceptives                 | • Licensed practical nurses                |
| • Crutches                       | • Orthodontia                              |
| • Dental expenses                | • Orthopedic shoes                         |
| • Dentures                       | • Oxygen                                   |
| • Diagnostic expenses            | • Prescription drugs                       |
| • Eyeglasses, including exam fee | • Psychiatric care                         |
| • Handicapped care and support   | • Psychologist expenses                    |
| • Nutrition counseling           | • Routine physical                         |
| • Hearing devices and batteries  | • Seeing-eye dog expenses                  |
| • Hospital bills                 | Prescribed vitamin supplements (medically) |
| • Deductible Amounts             |  |



[Click here for the full list of Healthcare FSA Eligible Expenses](#)



[What is a Flexible Spending Account?](#)



## How the Health Care Flexible Spending Account Works

When you have out-of-pocket expenses (such as copayments and deductibles), you can use your FSA debit card or submit an FSA claim form with your receipt to CBIZ Flex.

Reimbursement is issued to you through direct deposit into your bank account, or if you prefer, a check can be issued to you. Please note that any unused amount over \$640, at the end of the plan year is forfeited.

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

## 72024 Maximum Contributions

Health Care Flexible Spending Account	\$3,200 max (\$100 min)
Dependent Care Expense Account	\$5,000 max

# FLEXIBLE SPENDING ACCOUNTS

## FSA—DIRECT DEPOSIT



### My Plans by CBIZ DIRECT DEPOSIT FEATURE

The fastest way to get reimbursed for eligible flexible spending expenses.

- Log into your **My Plans by CBIZ** account online.

- From the [Home Page](#), hover over [Accounts](#) and select [Banking/Cards](#).

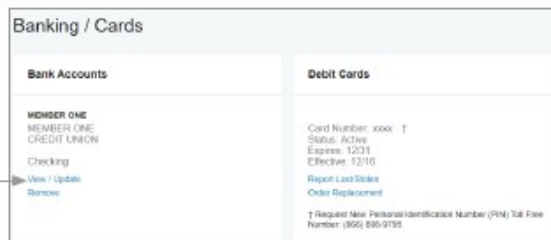
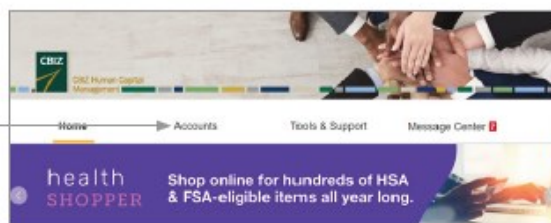
- Bank account and debit card information will appear on the page.

- Click [View/Update](#) to add or change bank account information.

- Enter your bank account information and click [Submit](#). Direct deposit will then be set up automatically for that account.

- If there is a bank validation requirement, you will be notified on the portal to look for a small transaction, or micro-deposit, in your designated bank account in the next couple of days.

- Once you receive the micro-deposit, enter the amount online to validate your account.




CBIZ Human Capital  
Management

855-410-2249 | [cbizflex@cbiz.com](mailto:cbizflex@cbiz.com) | CBIZ Flexible Benefits

© Copyright 2021, CBIZ, Inc. NYSE Listed: CBIZ. All rights reserved.

# FLEXIBLE SPENDING ACCOUNTS



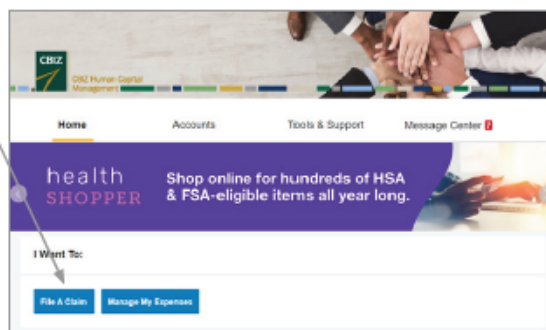
## FSA—CLAIMS FILING

### My Plans by CBIZ EASY CLAIMS FILING

Seamlessly file claims and submit receipts.

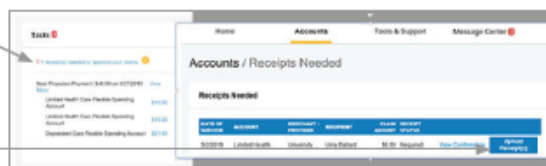
#### Simple Steps to File a Claim

- Log into your **My Plans by CBIZ** account online or through the mobile app.
- From the **Home Page**, click on **File a Claim** under the **I Want To:** section.
- The claim filing wizard will load and walk you through the entire process.
- If you have additional claims, click **Add Another** from the **Transaction Summary** page before you proceed to the last step.
- When all of your claims appear in the **Transaction Summary**, agree to the terms and conditions and click **Submit**. This will send your claims for processing.
- The **Claim Confirmation** page will display, and you can print the **Claim Confirmation Form** as a record of your submission.



#### Upload Requested Receipts

- If you see a **Receipts Needed** link in the **Tasks** section on your **Home Page**, click on it. You will be taken to the **Claims** page where you can see the claims that require documentation. You can easily upload the needed receipts from this page by clicking to expand the line item to view claim details and the **Upload Receipt(s)** link.
- Your receipt must include date of service, type of service, provider information, and participant's responsibility.



CBIZ Human Capital  
Management

855-410-2249 | [cbizflex@cbiz.com](mailto:cbizflex@cbiz.com) | CBIZ Flexible Benefits

© Copyright 2021, CBIZ, Inc. NYSE Listed: CBZ. All rights reserved.

# FLEXIBLE SPENDING ACCOUNTS



## FSA—MOBILE APP

### My Plans by CBIZ MOBILE APP GUIDE

Secure, around-the-clock information right at your fingertips, allowing you to manage your account on the go.



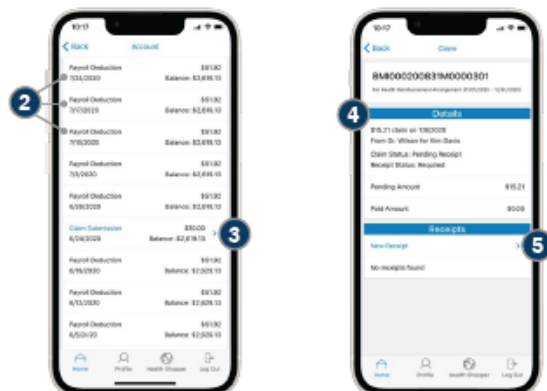
#### Getting Started

1. Open the *My Plans by CBIZ* mobile app (download in the Apple App Store or Google Play Store) and sign in with your username and password
2. Quickly view available balances and access account details by tapping the arrow ➤ beside the appropriate account
3. Access the **Smart Scan** feature to take a photo of your Explanation of Benefits and start a new claim
4. Scan the bar code of an over-the-counter item to determine if it is an eligible expense
5. Take or upload a picture of a receipt and submit for a new or existing claim
6. View in-app messages and text alerts that provide instant notifications
7. Shop for eligible items using **Health Shopper**



#### Account Details

1. Easily view account details by selecting the account from the **Home** screen (See 2 under Getting Started)
2. View payroll deductions
3. Access details of a claim by tapping ➤ beside the claim
4. Details include provider information, claim number, and date of the claim
5. Easily add a receipt to a claim by tapping ➤ in the **Receipts** section
6. A new screen will appear allowing you to choose how you would like to upload your receipt



CBIZ Human Capital  
Management

855-410-2249 | [cbizflex@cbiz.com](mailto:cbizflex@cbiz.com) | CBIZ Flexible Benefits

© Copyright 2021, CBIZ, Inc. NYSE Listed: CBZ. All rights reserved.

# FLEXIBLE SPENDING ACCOUNTS

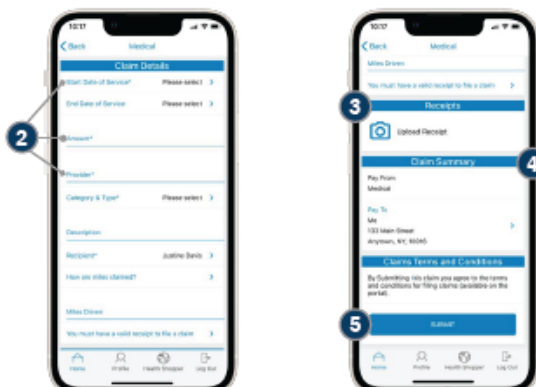


## FSA—MOBILE APP

### MY PLANS BY CBIZ MOBILE APP

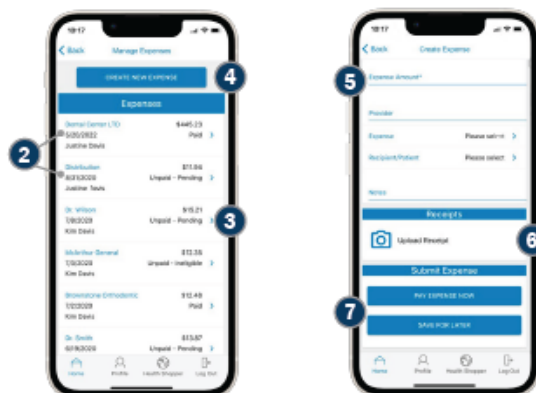
#### File a Claim

1. From the **Home** screen, tap **File A Claim**
2. Enter claim details (Sections marked with an asterisk\* are required)
3. Upload a receipt from photos already stored on your device or take a photo of the receipt
4. Once all the information is entered and the receipt is uploaded, the information will display in the **Claim Summary**
5. Tap **SUBMIT** to file the claim



#### Manage Expenses

1. From the **Home** screen, tap **Manage Expenses**
2. A quick view of expenses will appear on the screen, including the expense amount and status
3. See more details of each expense by tapping > for the selected expense
4. Easily add a new expense by tapping **Create New Expense**
5. Enter expense details (Sections marked with an asterisk\* are required)
6. Upload receipt(s)
7. Choose to **Pay Expense Now** or **Save For Later**



#### Other Features

1. From the **Home** screen, tap **Paid Claims by Category** to view a snap shot of your claims



855-410-2249 | cbizflex@cbiz.com | CBIZ Flexible Benefits

© Copyright 2021, CBIZ, Inc. NYSE Listed: CBZ. All rights reserved.

# DENTAL INSURANCE

## REVIEW YOUR DENTAL PLAN



### CAREFIRST IS THE DENTAL CARRIER FOR 2024-2025.

The dental plan is a PPO that offers coverage in and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding CareFirst Dental's negotiated fees, plus any deductible and coinsurance associated with your procedure.

Dependent children are eligible until the end of the month in which they turn age 26.

New dental cards will not be issued. Only those newly enrolling will receive a new ID card.

### Plan Design and Costs

CareFirst Dental	Employee and County Cost Per 26 Pays	
Employee	\$6.26	
Employee & Spouse	\$14.39	
Employee & Child	\$11.58	
Employee & Family	\$19.02	
	In-Network	Out-of-Network
<b>Deductible</b> Individual / Family	\$25 / \$50	\$25 / \$50
<b>Annual Maximum</b>	\$1,500	\$1,500
<b>Diagnostics/ preventive Services</b>	Carrier pays 100% (no deductible)	Carrier pays 80% (no deductible)
<b>Basic Services</b>	80%	60%
<b>Major Services</b>	50%	35%

### FIND A DENTIST

To find a CareFirst Dental provider in your area, visit the website at [www.CareFirst.com](http://www.CareFirst.com)

**In-Network Providers:** Provider is reimbursed based on contracted fees and cannot balance bill you.

**Out-of-Network Providers:** Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.



[What is Dental Insurance?](#)

# VISION INSURANCE

## REVIEW YOUR VISION PLAN

### DID YOU KNOW?

There are discounts available for Lasik surgery.



## VBA VISION IS THE VISION CARRIER FOR 2024-2025.

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

Also, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers and also Blue 365 Deals.

### FIND A PROVIDER

To find an VBA Vision provider in your area, visit the website at [www.vbaplans.com/vision](http://www.vbaplans.com/vision)

## Voluntary Vision Insurance Plan Options and Costs

VBA—Group #1160	Employee Cost Per 24 Paychecks	
Employee	\$3.70	
Employee + One	\$6.65	
Employee & Family	\$9.03	
	In-Network	Out-of-Network
<b>Examination Copay</b>	\$0 copay	<u>Reimbursement</u> Up to \$35
<b>Frequency of Service</b> Exam Lenses Frames  Contact lenses in lieu of frames	Every 12 months Every 12 months Every 24 months  Every 12 months	
<b>Lenses</b> Single Bifocal Trifocal Lenticular	100% covered 100% covered 100% covered 100% covered	<u>Reimbursement</u> Up to \$30 Up to \$40 Up to \$60 Up to \$80
<b>Frames</b>	Covered 100% if within the plan's wholesale allowance	<u>Reimbursement</u> Up to \$45
<b>Contact Lenses</b> in lieu of lenses/frame*	Covered up to \$110 retail allowance 15% Discount	<u>Reimbursement</u> \$110
<b>Medically Necessary Contacts</b>	100% covered	<u>Reimbursement</u> Up to \$250



[What is Vision Insurance?](#)

\*Allowances include the contact lens and fitting fee.

# LIFE INSURANCE AND AD&D

## REVIEW YOUR LIFE AND DISABILITY POLICIES

Basic Life and AD&D



MetLife

### DID YOU KNOW?

Allegany County Commissioners  
provides you  
Basic Life and AD&D  
AT NO CHARGE  
to full time employees

## BASIC LIFE AND AD&D

Allegany County Commissioners provides \$25,000 in Basic Life and \$100,000 in Accidental Death & Dismemberment (AD&D) insurance for eligible Civil Service employees.

This coverage is offered through MetLife, at no cost to you.



[What is Life and AD&D Insurance?](#)



## Introducing our benefits provider!

Allegany County Commissioners has selected American Fidelity to remain as our supplemental benefits provider.

### Who is American Fidelity?

American Fidelity specializes in the public sector employees across the country. Along with enrollment, they also prioritize benefits education to help you make the best choices for you and your family.

During our upcoming enrollment, your American Fidelity account manager will walk through the enrollment process. They will also answer questions about your available options, including:

- AFT™ Limited Benefit Accident Only Insurance
- AFT™ Limited Benefit Individual Cancer Insurance
- AFT™ Limited Benefit Critical Illness Insurance
- AFT™ Disability Income Insurance
- AFT™ Limited Benefit Hospital Indemnity Insurance
- AFT™ Term Life Insurance
- AFT™ Whole Life Insurance

## Here to Help

If you have any questions about your enrollment or benefits, reach out to your account manager:

Anne Roth  
Account Manager  
[anne.roth@americanfidelity.com](mailto:anne.roth@americanfidelity.com)  
202-431-2473

Need to file a claim?  
<https://americanfidelity.com/claims>



# RETIREMENT

## MARYLAND STATE RETIREMENT AND PENSION SYSTEM (SRPS)

### Maryland State Retirement & Pension System (SRPS)

[www.sra.maryland.gov](http://www.sra.maryland.gov)

120 East Baltimore Street  
Baltimore, MD 21202

### Ways to Contact SRPS

Toll Free	1-800-492-5909
Local	1-410-625-5555
TDD/TTY	1-410-625-5535

Allegany County Commissioners (ACC) is a participating employer in the Maryland State Retirement and Pension System (SRPS). SRPS administers death, disability and retirement benefits on behalf of more than 405,000 members. Full- and part-time employees of ACC who are scheduled to work at least 500 hours per fiscal year are enrolled as members in the Maryland State Retirement and Pension System.

When was the last time you updated your beneficiary file with the Agency? Chances are there have been significant changes in your life since then. Take time to review your designations for survivor benefits. Be sure they are up-to-date and name those whom you want to receive benefits if you die while an active member. We can't stress enough how important this is.



Retirement Benefits Specialists are available at the offices of the Maryland State Retirement and Pension System to assist you in understanding your retirement benefits via phone, one-on-one counseling, correspondence, and seminars. Specialists are able to help you understand your benefits and option selections for all retirement and pension systems, types of retirement, and survivor benefits. If you have specific financial questions regarding your personal retirement account, please contact a Retirement Benefits Specialist directly at The State Retirement and Pension System at 1-800-492-5909 and choose option #2.

For more information please contact your Benefits Coordinator 301-876-9532 to discuss this benefit.





# Quick Guide: How to Register for mySRPS

## Step 1: Prepare

Info you'll need to register:	Where to find it:	Your answer:
Registration Code (6 characters).	The letter we sent you	_____
Last 4 digits of your Social Security Number.	You already know this	_____
Your Date of Birth.	You already know this	__-__-____
The answers to 3 questions about your employment and your pension account.	You already know some of this. You'll also need your Pay Advice / Pay Stubs from the last 2 months.	
Your personal email address (will become your Username).	You already know this	
A strong password. We recommend using a phrase that is easy for you to remember, and hard for others to guess (or machines to hack). Example: chickenforlunchagain.	Make it up. Must be at least 8 characters long. (Any characters are OK.)	
Your phone number (Home is OK. Cell will work better).	You already know this	(____)____-____

## Step 2. Go to the mySRPS Website Registration Page

Type into the browser on your computer, phone, tablet: [mySRPSusers.sra.maryland.gov/home](https://mySRPSusers.sra.maryland.gov/home).

The system will ask you if you have a registration code. Click Yes.

## Step 3: Complete Your Registration

*Registration problems/questions?*  
Call us at 800-492-5909.

Enter your 6-character Registration Code. You'll do this step twice.	Press Tab key
Enter the last 4 digits of your SSN.	Press Tab key
Enter your Date of Birth: Month, Day, and Year.	Tab, Click Submit
New page comes up. Answer the 3 questions about your employment/pension account.	Click Submit
Enter your new Username (this must be a valid email address).	Press Tab key
Enter the password you made up. The system will let you know how "strong" it is.	Press Tab key
Select 3 security questions and enter your answers.	Press Tab key
Enter your phone number and select the phone type.	Click Submit
You will receive an activation email with the subject "Immediate action required" from <a href="mailto:mysrps@sra.state.md.us">mysrps@sra.state.md.us</a> Click the link that says <a href="#">Click to activate your account</a> .	Click Link

**Congratulations!** You're registered and we've activated your on-line account. Your Username is your personal email address. See other side for a guide to using mySRPS.



# Quick Guide: How to Use mySRPS (After You Register)

If you're not already on the Login page, go to [sra.maryland.gov](https://sra.maryland.gov).  
Click on the red mySRPS Login button at the top right of the screen.

Here's what you'll see. It's ready for you to Log In.  
Type in your **Username** (your personal email address).  
Press the **TAB** key.  
Type in your **Password**.  
Click **Login**.

The system will send you a **One-Time Passcode (OTP)**.  
That will happen by either **email**, **text**, or **phone**.  
Type in the **OTP** when that screen comes up.  
You're in!

**Do you have more than one account?**  
If so, you'll see "tiles" for each of your accounts.  
Click on the tile for the account you want to access.

**Login problems/questions?** Call us at 800-492-5909.

## Once you're on the View Account page...

You'll see your **basic account info** on this page.

Check out these little symbols on the right:

- Click ⊕ if you want to see more on the topic
- Click ⊖ if you want to see less on the topic

Look down the left-hand side. There's a list of different things you can see or do on mySRPS:

- ❖ **View Account**
- ❖ **Estimate Benefits**
- ❖ **Get an Asset Verification letter**
- ❖ **View Beneficiary Information**

You can click on any of those to get more info.

OR, you can click on one of the Tabs at the top:

- ❖ **My Documents:** see Personal Statement of Benefits and other account docs
- ❖ **Messages:** exchange messages with us
- ❖ **Profile:** verify or change your contact and security info

### Done?

Just click the red **Log Out** button at the top right of your screen.

### Questions? Need help using mySRPS?

Click on the **Messages** tab to send us a message.

Or call us at 800-492-5909.

Or email us at [sra@sra.state.md.us](mailto:sra@sra.state.md.us).

# RETIREMENT

## NATIONWIDE DEFERRED COMPENSATION



**Nationwide®**  
is on your side



You've probably heard of the different types of retirement plans: 457(b) Deferred Compensation, 401(k), 403(b), 401(a) and 457(b) Deferred Compensation with both traditional and Roth contributions. As a public employee, there are plans created specifically for you.

### Nationwide

[www.nrsforu.com](http://www.nrsforu.com)

Scott Wamboldt

### Sr. Retirement Specialist

Toll Free 1-877-677-3678

Cell 1-410-274-9568

R.S.Wamboldt@nationwide.com

Nationwide® has worked with public sector employees for more than 40 years, so we know the kinds of questions you may have about your plan. We'll give you the tools and information to help you feel confident about investing for retirement. Keep in mind that investing involves market risk, including possible loss of principal, and there's no guarantee that investment objectives will be achieved.

A 457(b) deferred compensation plan is a retirement plan offered by your employer, created to allow public employees like you to put aside money from each paycheck toward retirement. A deferred comp plan can help bridge the gap between what you have in your pension and Social Security, and how much you'll need in retirement. Your employer offers Roth 457(b) accounts and Indexed Principal Protection within the 457(b) plan.

Here are some frequently asked questions about deferred comp plans:

- **What sets a 457(b) apart from other retirement plans?** A 457(b) may offer benefits other retirement plans can't, like penalty-free withdrawals once you stop working for your public sector employer.
- **What does tax-deferred mean?** Basically, you don't pay income taxes on your deferred comp plan contributions or earnings until you retire and/or begin to take payments from your account. This may lower your taxable income now and in retirement. Withdrawals taken in retirement are taxed as regular income.

**How much can I put into a 457(b) plan?** Check out the current contribution limits.

- **Can I combine retirement accounts?** Our Retirement Specialists will work with you to combine, or consolidate your eligible retirement accounts into your deferred comp account. This may make managing your retirement investments a little easier.

Qualified retirement plans, deferred compensation plans and individual retirement accounts are all different, including fees and when you can access funds. Assets rolled over from your account(s) may be subject to surrender charges, other fees and/or a 10% tax penalty if withdrawn before age 59½.

The sooner you enroll, the more you can possibly save. Take a look at the Enrollment Checklist to see what you'll need to have handy and enroll today!

## OTHER BENEFITS

### ALLEGANY COUNTY COMMISSIONERS WELLBEING

The leadership of Allegany County Commissioners values you and the paramount contributions you make to the community we serve. We want to support you in being your very best and encourage you to take steps to enhance your wellbeing via the Allegany County Commissioners Wellbeing Program.

The voluntary wellness program is available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

Allegany County Commissioners recognizes the importance of employee' health and offers a variety of resources for mind and body. They include:

- Burnalong - Burnalong features 30,000+ live and on-demand classes for all ages, interests, and levels, plus the social motivation needed to achieve your health and wellness goals. <https://join.burnalong.com/alleganycounty>
- CareFirst Wellbeing- -CareFirst WellBeing is a personalized, digital wellness program. It provides simple, easy-to-use tools and resources that help members address every aspect of their well-being.
- Noom -Noom uses science and personalization to help you lose weight and keep it off for good. We'll help you better understand your relationship with food, how to be more mindful of your habits, and give you the knowledge and support you need for long-lasting change.

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Deer Oaks EAP is a free, confidential service provided to covered employees and their dependents. Deer Oaks provides assistance to employees and household members for a variety of mental health and other family issues such as financial, identity recovery assistance, daily living services and child and elder care. There is also legal services that covers some issues.



This program offers a wide variety of counseling and assessments, referrals, prevention and education resources and consultation services which are all designed to assist you and your family.

[www.deeroakseap.com](http://www.deeroakseap.com)

For 24/7 Assistance, Call (866) 327-2400

### Civil Service Observed Holidays

• New Year's Day	• Labor Day
• Dr. Martin Luther King Jr. Day	• Election Day
• Good Friday	• Veteran's Day
• Memorial Day	• Thanksgiving Day and day after
• Fourth of July	• Christmas Day
• Juneteenth	

### Civil Service Vacation Accruals

	Hours	Paycheck	Total Hours	Maximum Carry over
1st Year	1.85	26	48	48
2-5 Years	3.08	26	80	160
6-9 Years	4.62	26	120	240
10-19 Years	6.15	26	160	320
20+ Years	7.69	26	200	400

Employees accrue paid vacation, sick and personal leave each pay which they can use with approval by their supervisor.

# IMPORTANT NOTICES

## MEDICARE PART D CREDITABLE COVERAGE

### Important Notice from Allegany County Commissioners About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Allegany County Commissioners and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Allegany County Commissioners has determined that the prescription drug coverage offered by the CareFirst health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Allegany County Commissioners coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the Allegany County Commissioners medical plan, **be aware that you and your dependents may not be able to get this coverage back.**

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Allegany County Commissioners and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Allegany County Commissioners changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### **For more information about Medicare prescription drug coverage:**

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

<b>Date:</b>	July 1, 2024
<b>Name of Entity/Sender:</b>	Allegany County Commissioners
<b>Contact--Position/Office:</b>	Benefits Coordinator
<b>Address:</b>	701 Kelly Road, Cumberland, MD 21502
<b>Phone Number:</b>	301-777-2526

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/Childrens-Health-Insurance-Program-CHIP.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlfe Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="http://www.health.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security  
Administration  
**[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)**  
1-866-444-EBSA (3272)

U.S. Department of Health and  
Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email **[ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov)** and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

If you have had, or are going to have, a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your Plan Administrator: Benefits Coordinator; 301-777-2526

## **IMPORTANT INFORMATION REGARDING 1095 FORMS**

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether they were covered by our group health plan. These employees should expect to receive their Form 1095-C in early March 2025. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

## **SPECIAL ENROLLMENT NOTICE**

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact Human Resources.

## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Allegany County Commissioners may use aggregate information it collects to design a program based on identified health risks in the workplace, the health plan will never disclose any of your personal health information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Benefits Coordinator at 301-777-2526.

# MARKETPLACE COVERAGE OPTIONS [FOR NEW HIRES ONLY]

## PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### DOES EMPLOYMENT-BASED HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

## MARKETPLACE COVERAGE OPTIONS CONTINUED [FOR NEW HIRES ONLY]

### WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60 day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

### WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## MARKETPLACE COVERAGE OPTIONS CONTINUED [FOR NEW HIRES ONLY]

### PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>Employer Name:</b> Allegany County Commissioners	<b>Employer Identification Number (EIN):</b> 56-6000870
<b>Employer Address:</b> 701 Kelly Road Cumberland, MD 21502	<b>Employer Phone Number:</b> 301-876-9532
<b>Who can we contact about employee health coverage at this job?</b> Benefits Coordinator	<b>Phone Number:</b> <b>Email Address:</b>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☒ Eligible employees are: working a minimum of 30 hours per week on a regular basis. Employees will be effective the first day of the month, following date of employment, or date of hire if hired on the first of the month.

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are: Spouse and children to age 26 regardless of student status.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Above is the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

# RESOURCE LIBRARY

CLICK THE LINKS TO LEARN MORE!



## MEDICAL PLANS



[Primary Care vs. Urgent Care vs. ER](#)



[PPO Overview](#)

## INSURANCE 101



[Benefits Key terms Explained](#)



[How to read an EOB](#)



[What is a qualifying event?](#)

## TAX ADVANTAGE SAVINGS ACCOUNTS



[What is a Flexible Spending Account?](#)

## ANCILLARY BENEFITS



[What is Dental Insurance?](#)



[What is Vision Insurance?](#)



[What is Life and AD&D Insurance?](#)

## GLOSSARY OF MEDICAL TERMS

**Coinsurance**—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

**Copays**—A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

**Deductible**—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

**Emergency Room**—Services you receive from a hospital for any serious condition requiring immediate care.

**Lifetime Benefit Maximum**—All plans are required to have an unlimited lifetime maximum.

**Medically Necessary**—Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

**Network Provider**—A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

**Out-of-pocket Maximum**—The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

**Preauthorization**—A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

**Prescription Drugs**—Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

**Preventive Services**—All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

**UCR (Usual, Customary and Reasonable)**—The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

**Urgent Care**—Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.



Copyright 2024. CBIZ, Inc. NYSE Listed: CBZ. All rights reserved.

The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plan as described in this material and official plan documents, the language of the documents shall govern.