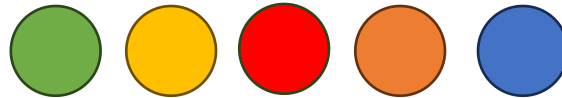


# Health Insurance Eligibility & Plans



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# In This Presentation

- Health Insurance Eligibility Overview
- Premium Contributions
- Health Insurance Plans
- Required Forms & Reminders



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# Health Insurance Plan Eligibility Overview



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# Effective Dates

- Employees are eligible to enroll in Group Benefits as of Date of Hire. However, **benefits do not become effective until the date you submit your elections** (*including dependent documentation*)
- **There is a 60-day window from your date of hire to enroll**
- If you miss the 60 days, you will have to wait until the next annual open enrollment (effective January)
- Exceptions are made for Life-Changing Qualifying Events



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# Qualifying Life Events

Examples of a change in status (aka Qualified Life Event):

- Marriage, divorce, remarriage
- Birth or adoption of a dependent
- Death of a dependent
- Spouse's loss of coverage under another plan
- Court-ordered custody of minor child(ren)
- Moving out of your plan's eligibility area

Changes for life events are effective when your submitted elections are received by OHR, **except** newborns/adoptions which are effective retroactive to date of birth/adoption.

***You have 60 days from the date of the event to notify OHR of qualified status changes.***



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# Eligible Dependents – Who Can be Covered?

For Medical, Prescription, Dental and Vision coverage

## Spouse

- Legally married? **Yes**
- Divorced? **No**

## Children

Biological, legally adopted, stepchildren, or under your legal custody and who are either:

- Under age 26? **Yes**
- Age 26 and over? **No**, unless disabled

## Relatives

- Sisters, brothers, parents or parents-in-law? **No**
- Grandparents, grandchildren, aunts, uncles, cousins, nieces or nephews? **No**



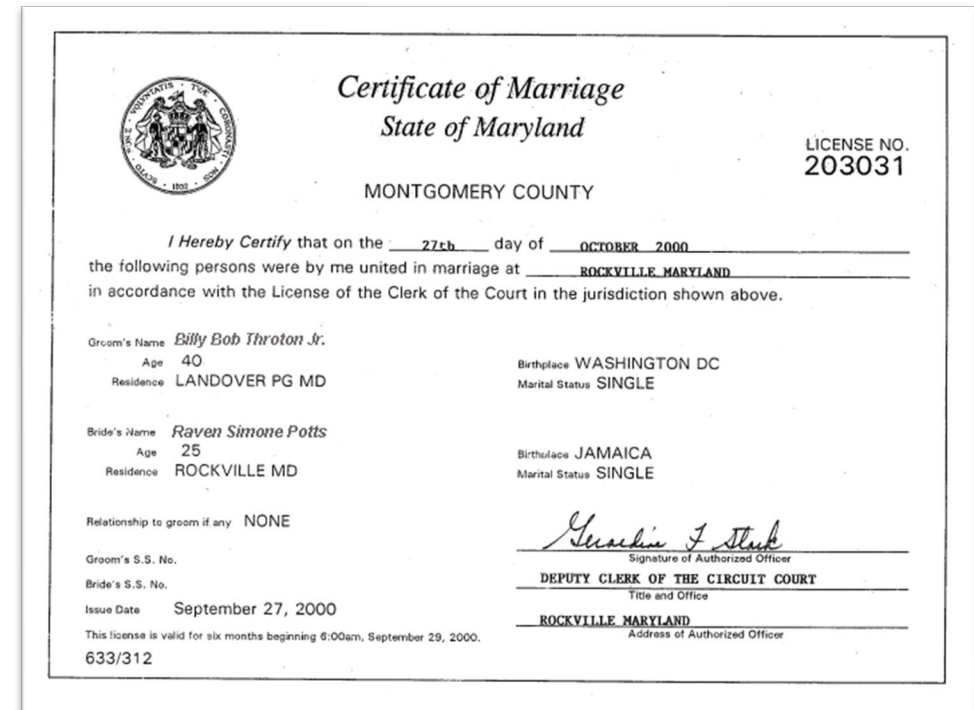
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# Proof of Eligible Dependents

## What is considered proof of eligibility?

**For Spouse:** Official State Marriage Certificate (certified by appropriate State or County Official)



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# Proof of Eligible Dependents

- **Biological Child:** State Birth Certificate\* (For newborns, OHR will accept hospital discharge papers for first 60 days; birth certificate must then be submitted)
- **Adopted Child:** Copy of Adoption or Placement for Adoption Papers
- **Step-Child:** State Birth Certificate\*, Marriage Certificate and Divorce Decree or Custody Papers
- **Disabled Child:** Medical plan verification of disability prior to age 26
- **Legal Custody:** Copy of Court Order granting legal custody

*\* Must show plan member or spouse as parent.*



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# MCG Premium Contributions



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# MCG Helps Employees With the Costs of Care!

The County contributes 80% of the total premium for Medical, Prescription (Rx), Dental, Vision, Disability and Basic Life insurance plans, **except** as noted below:

- Optional Life Insurance - 100% employee paid
- The second and third levels of Dependent Life Insurance - 100% employee paid
- Click link to view rates:
- [26 pay-cycle rates \(full-time regular employees\)](#)
- [21 pay-cycle rates \(10-month employees\)](#)

| 2025 Employee Rates                          | 2025 Premium Rates<br>Per Biweekly Paycheck |          |          |
|--|---|----------|----------|
|  | Self  | Self + 1 | Family   |
| <b>Medical</b>                               |   |          |          |
| CareFirst High Option POS (medical only)     | \$77.82                                     | \$134.63 | \$226.68 |
| CareFirst Standard Option POS (medical only) | \$72.38                                     | \$125.20 | \$210.82 |
| UnitedHealthcare HMO (medical only)          | \$63.71                                     | \$122.47 | \$194.69 |
| Kaiser HMO (Rx included)                     | \$75.32                                     | \$141.61 | \$222.96 |
| <b>Prescription (Rx)</b>                     |   |          |          |
| Caremark Standard Option \$10/\$20/\$35      | \$28.52                                     | \$52.75  | \$81.75  |
| <b>Dental</b>                                |   |          |          |
| Dental PPO (Traditional Dental Plan)         | \$4.05                                      | \$9.02   | \$12.98  |
| Dental HMO (DHMO)                            | \$1.35                                      | \$2.56   | \$3.74   |
| <b>Vision</b>                                |   |          |          |
| Vision Plan                                  | \$0.44                                      | \$0.69   | \$1.05   |



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# Health Insurance Plans



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# Comprehensive Benefit Package Overview

## Medical Insurance

- Kaiser
- UHC
- CareFirst

## Prescription Drug

- CVS

## Dental Insurance

- CIGNA

## Vision Insurance

- EyeMed

## Flexible Spending Accounts (FSAs)

- Health FSA
- Child-Care FSA
- Commuter Choice Transit FSA

## Optional Life & AD&D

- MetLife

## Dependent Optional Life & AD&D

- MetLife

## **REQUIRED** Benefits

- Group Term Life and AD&D Insurance
- Business Accident Insurance
- Long Term Disability 1 (full-time members of the Employees' Retirement System (ERS))



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# Online Resources

Visit [www.montgomerycountymd.gov/HL](http://www.montgomerycountymd.gov/HL)

## Health Insurance

**Click here for onboarding health insurance steps, forms, and resources**

Because we truly care about our employees and retirees and their ability to live healthier, better lives, we are committed to providing exceptional benefits. To learn more about our plans, select the category below that applies to you.



**Click here for plan details and more resources**



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# Medical, Prescription, Dental and Vision

Explore your plan choices –

- Visit [www.montgomerycountymd.gov/HL](http://www.montgomerycountymd.gov/HL) ---> New Employees
  - 2025 Rates
  - Plan Benefit Summaries and Comparisons
  - Plan-specific Videos
  - And more Member Resources



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# Insurance Provider Resources

- Mobile Apps
- Fitness Discounts
- Online Laboratory Results
- 24 Hour Nurse Lines
- Website Portals
- Online Refills
- Appointment Scheduling
- Comprehensive Coverage
- **Virtual Doctor Visits**



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# Important Tip About Prescription Coverage

- Kaiser is the only medical plan that already includes prescription coverage.
- If you elect UHC or CareFirst and want Rx coverage, you will need to elect the stand-alone Caremark Rx plan



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# Flexible Spending Accounts

- What is an FSA? It is an IRS-approved tax-free account that saves on:
  - Qualified out-of-pocket medical and child-care expenses
  - Federal and State Income Tax
  - Social Security Tax
- 3 Account Options: Health FSA, Child-Care FSA, Commuter Choice Transit
- How it Works: Simply decide how much to contribute and funds are withdrawn from each paycheck for deposit into your FSA account on a pre-tax basis.
- FSAs are “*use-it*” or “*lose-it*” accounts.
- If you enroll, you will receive an FSA debit card to pay for eligible expenses onsite.
- Must **re-enroll every Open Enrollment** if you want to continue participation each year.



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# Healthcare FSA

## Annual Maximum Contribution Limit

2025

\$3,200

- Healthcare FSA funds are available to spend on the first day you are enrolled in the plan. Funds do not need to be accrued before you can spend.
- Examples of reimbursable expenses:
  - Copays (medical, Rx, dental, vision and hearing), deductibles and coinsurance (including amounts over reasonable & customary charge)
  - Hearing aids
  - Over-the-counter (OTC) drugs (no longer requires written Rx)
  - Insulin without a doctor's prescription
- Note: Insurance premiums cannot be reimbursed
- See IRS Publication 502 for lists of eligible/ ineligible expenses



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# FSA Tax Savings Example

| <b>Tax Savings Example</b>                             | <b>Before Enrolling</b> | <b>After Enrolling</b> |
|--|-------------------------|------------------------|
| Annual earnings  | \$45,000.00             | \$45,000.00            |
| Annual FSA election amount                             | \$0.00                  | -\$2,000.00            |
| Taxable income   | \$45,000.00             | \$43,000.00            |
| Approximate taxes paid (27.65%)                        | -\$12,442.50            | -\$11,889.50           |
| <b>Annual tax savings/increase in spendable income</b> | <b>\$0.00</b>           | <b>\$553.00</b>        |



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# Child-Care FSA

- Annual maximum is \$5,000 per household (\$2,500 for married filing separately) for plan year 2024 and 2025.
- Child-care FSA funds must be accrued before they can be spent.
- Reimbursable expenses:
  - day care centers
  - elder care
  - before/after school care
  - babysitter fees that allow you and your spouse to work or go to school (no child support payments)
- Must coordinate between filing a tax credit with IRS and your Child-Care FSA plan



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# Child-Care FSA (cont.)

Eligible dependents include:

- Your qualifying child under age 13 whom you may claim as a dependent for Federal income tax purposes
- Your spouse who is physically or mentally incapable of self care and resides with you for more than half the year
- A person who is physically or mentally incapable of self care, resides with you for more than half the year, and either:
  - Was your dependent, or
  - Would have been your dependent except that:
    - He or she received gross income of \$3,650 or more,
    - He or she filed a joint return, or
    - You, or your spouse if filing jointly, could be claimed as a dependent on someone else's previous year's return.



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# Commuter Choice Transit FSA

| Plan Year    | MCGEO Employees | Unrepresented Employees |
|--------------|-----------------|-------------------------|
| 2025 Maximum | \$230 per month | \$300 per month         |

- Applies to Employee Commuting Expenses (not spouses or dependents).
- Can enroll/change throughout the year (not limited to open enrollment election).
- Eligible Expenses - Metro, Marc, Vanpool, Lyft Line, Uber Pool
- Debit Card – May be used for some expenses (not Metro).
  - Metro Riders will have to submit claim forms for reimbursement.
- Savings between \$22.65 and \$48.65 on every \$100 you choose to defer into these accounts.
- Must use funds within 180 days of election
- Unrepresented employees can use for both commuting expenses and parking expenses. The maximum applies to each.



# Flexible Spending Accounts

| 2025 FSA Maximum Contributions |  |
|--------------------------------|--|
| Healthcare FSA                 | \$3,200 for 2025   |
| Childcare FSA                  | \$5,000 per household (\$2,500 if married and filing separate returns)   |
| Commuter Choice FSA            | \$230 for MCGEO employees<br>\$300 for Unrepresented employees<br><i>(IAFF and FOP employees are not eligible to participate.)</i>   |
| FSA Plan Year Deadlines        |  |
| Deadline to Spend Funds        | Use it or lose it! The IRS requires you to use your plan year FSA funds on eligible expenses by March 15 of the following plan year, or you will lose the remaining balance. |
| Deadline to File Claims        | You must file all plan year incurred claims before April 30 of the following plan year or you will forfeit your remaining balance.   |

Must **re-enroll every Open Enrollment** if you want to participate



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# Basic Life / AD&D / BTA Insurance

**Mandatory** coverage for regular full-time and part-time employees:

- Permanent Full-Time & part-Time Employees are automatically enrolled on date of hire.
- **Full Scope Temporary Employees are NOT eligible to enroll**
- Deductions begin with your first paycheck.



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# Basic Life / AD&D / BTA Insurance

- Basic Life insurance (also called Group Term Life) of 1 x basic annual salary (up to \$200,000)
- At age 65, Basic Life coverage for active employees is reduced to 65% of the pre-65 face value
- “AD&D” stands for Accidental Death and Dismemberment
- “BTA” stands for Business Travel Accident

These benefits are detailed in the [Group Insurance Summary Description](#)



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# Optional Life and AD&D Insurance for Yourself

If you want more life insurance coverage on yourself, you can purchase Optional Life Insurance between 1 – 8 times your salary (\$1 million maximum).

Overall, you have **60 days** from your hire date to elect Optional Life / AD&D coverage of 1 to 8 times your basic annual earnings (\$1 million maximum), however:

**If you apply within 31 days of your hire date:**

- Coverage is guaranteed issue for 1, 2, 3 or 4 times your basic annual earnings UP TO \$400,000
- You must complete a [Statement of Health Form](#) if you want 5, 6, 7 or 8 times your annual basic earnings; coverage for levels 5 to 8 is not guaranteed issue. If the carrier (MetLife) does not approve your application, you will still be approved for 4 times your basic annual earnings since you applied within the first 31 days of your hire date.

**If you apply after 31 days but before 60 days from your date of hire:**

- Coverage is not guaranteed issue for any level (1 through 8)
- You must complete a [Statement of Health Form](#) no matter what level of coverage you elect (1, 2, 3, 4, 5, 6, 7 or 8)



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# Optional Life Insurance Rates

How to estimate your *Optional* Life Insurance bi-weekly rate:

| Age   | Bi-Weekly Cost |
|-------|----------------|
| <25   | \$0.023        |
| 25-29 | \$0.026        |
| 30-34 | \$0.032        |
| 35-39 | \$0.036        |
| 40-44 | \$0.039        |
| 45-49 | \$0.054        |
| 50-54 | \$0.079        |
| 55-59 | \$0.143        |
| 60-64 | \$0.215        |
| 65-69 | \$0.408        |
| 70-74 | \$0.722        |
| 75-79 | \$0.928        |
| 80-84 | \$0.928        |
| 90-94 | \$0.928        |
| 95+   | \$0.928        |

Example: 40-year-old applying for 2 x salary. Salary is \$49,300.

| Steps  | Example  | Calculate for Yourself |
|--|--|------------------------|
| A. Find your age-based rate on the rate sheet (left) | \$ 0.039   | \$ _____               |
| B. Choose how much coverage you are applying for:    | \$99,000<br>(2 x salary rounded to the nearest \$1,000 ) | \$ _____               |
| C. Divide that coverage amount by 1,000              | 99<br>(\$99,000 / 1,000)                                 | \$ _____               |
| D. Multiply A x C for estimated bi-weekly cost       | \$3.86<br>(\$0.039 x 99)                                 | \$ _____               |



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# Optional Dependent Life Insurance

## Life insurance for:

- Your opposite or same sex spouse
- Your unmarried children under age 26
  - Natural / adopted
  - Stepchildren/foster children

*Note – you do not need to supply marriage certificates/birth certificates for dependent optional life*

## You may elect:

- \$2,000 Spouse/\$1,000 Child
- \$4,000 Spouse /\$2,000 Child
- \$10,000 Spouse /\$5,000 Child

\* The bi-weekly rate is not based on salary.



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**LiveWell**

**MCG's Wellness Program**

**Better You. Better Us.**

**[www.montgomerycountymd.gov/livewell](http://www.montgomerycountymd.gov/livewell)**



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# LiveWell

- **LiveWell** is Montgomery County Government’s joint labor-management award-winning employee wellness program. LiveWell’s mission is to cultivate a culture of well-being through holistic programs, resources, and policies that empower employees to lead a healthier lifestyle. It focuses on the six dimensions of well being:

|              |              |
|--------------|--------------|
| Emotional    | Occupational |
| Financial    | Physical     |
| Intellectual | Social       |

- **Livewell Wellness Wednesday emails:** Stay up to date on all LiveWell health campaigns, onsite and virtual events, challenges, webinars and much more.
- **Personify Health:** You will receive an email within 3 weeks from Personify Health.
- **Compsych EAP:** You and your immediate family members have access today. Code is “MCG”.



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# Required Forms & Making Elections



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# Required Online Forms

## Mandatory Forms:

**REQUIRED** within two weeks.

1. Beneficiary Form for *Salary, Annual & Sick Leave*
2. Beneficiary Form for *Life Insurance*

Please visit the dedicated new hire webpage to access required forms:

<https://www.montgomerycountymd.gov/Hi> → New & Prospective Employees → New Employees



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# Health Insurance Elections

**Make Your Elections Within 60 days:**

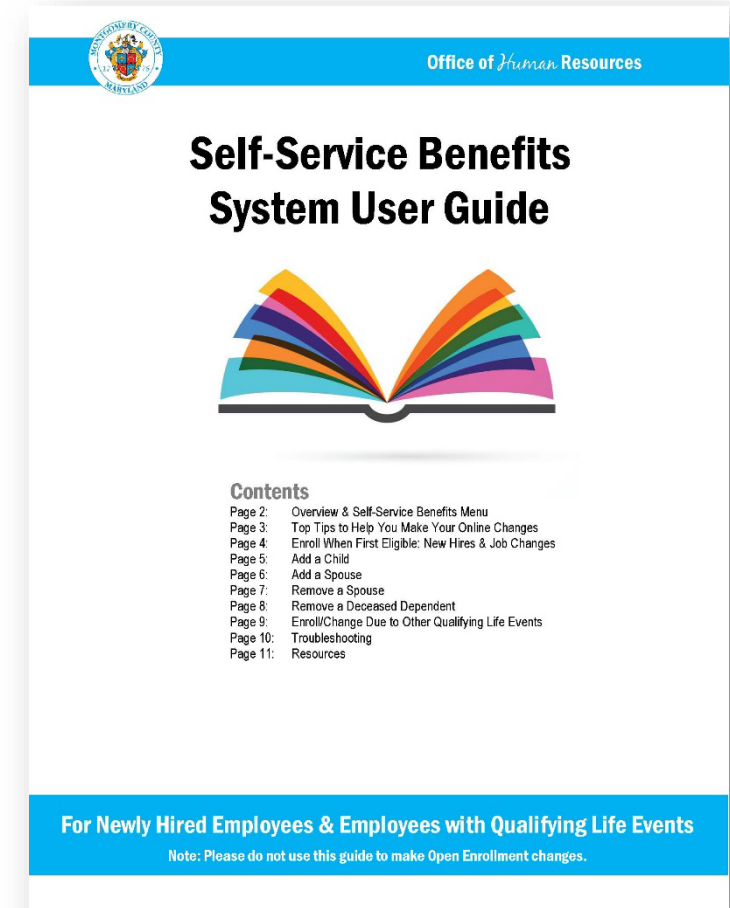
- Self-Service Benefits (via the [System User Guide](#))

**OR**

- [2025 Active Employee Election Form](#)

**TIP:** The advantage of using Self-Service Benefits is that you can immediately download a confirmation of your elections at the end of the process, which provides proof of your enrollment.

*Participating Agency Employees:* To make your selections, please use the [2025 Participating Agency Election Form](#).



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# Benefit Reminders & Resources



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# Group Insurance ID Cards

- Providers are notified weekly of new enrollments.
- ID Cards will arrive within 10-14 business days from when you submit your elections.
- If medical care is needed before cards arrive, you have the following options:
  1. Postpone your routine care appt until you receive your ID card.
  2. Ask your provider if they are willing to see you but hold off on submitting your claim until you can provide your ID card. If you have a good relationship, they might be willing to do this.
  3. Pay out of pocket for services and submit a claim to the insurance carrier for reimbursement.
  4. If you are seeking urgent or emergent care, please do not postpone utilization of services. Contact OHR to escalate.



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# Election Reminders

- 60 days to elect group insurance coverage
  - 31 days for Optional Life with guaranteed issue of 1 to 4 times your basic annual earnings
- If you need your benefits to be effective today and do not have your single-sign on (User ID & password), use the online seamless doc enrollment form.
- If you are electing the Commuter Choice Transit FSA, use the online seamless doc form to make your elections. You will not be able to elect this benefit via self-service.
- All elections and all dependents must be added at the same time.
- Once group insurance elections are submitted (even within first 60 days), no changes permitted until next Open Enrollment or qualified status change occurs.
- To elect benefits in Self-Service, refer to the System User Guide.



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# Making Elections in Self-Service Benefits

## Refer to the System User Guide

- **Important Reminder:** Benefits do not become effective until the day you submit your elections AND upload all required dependent documentation.
- Refer to the Self-Service Benefits [System User Guide](#) to walk through how to upload your required dependent documentation. See page 3 for tips on what to gather before you go online.
- Use the “New Hire” option from the Self-Service benefits menu. See page 4 for step-by- step instructions to enroll in the system.
- Once you begin your transaction, you have only until 11:59pm that day to finish it. If you forget to finish or the system errors out, use “Benefits Enrollment: Life Event in Progress” from the menu.
- See page 10 for troubleshooting.
- **Download a copy of your Self-Service Benefits confirmation statement or submitted online form for your records.**



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# General Reminders

- You are responsible for your benefits!
- Read materials on the [Health Insurance website](#).
- **Review deductions on your payslip 1-2 pay cycles from making your elections.**
- Not sure if a benefit is covered or requires pre-authorization? Call your insurance carrier (number listed on back of your card) before seeking services.
- Utilize the many online resources available by registering on your carrier's websites.



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# Have Questions?

**Virtual:** Sign-up for a [10-minute one-on-one appointment](#) offered every Thursday.

**In-person:** Visit the health insurance team customer care center in the Executive Office Building from 8am – 4pm.

**Over-the-Phone:** Call MC311 at 240-777-0311 from 8am – 5pm Monday through Friday and submit a service request. To ensure the fastest response times, provide both your phone and email address.

**Online:** Search your question online via [MC311's portal](#).



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# Important Note for Part-time Regular Merit Employees

In order to be eligible for retiree health insurance upon retirement as a part-time regular merit employee, you must elect to participate in a retirement plan.

Please be sure to check if you are in a part-time regular merit position.

Some examples -

Health Room Technician

Community Health Nurse

Librarian

Crossing Guard

Aide



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