



Charles County Government

2026 - 2027

Benefits Overview Guide



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Welcome to Your Charles County Government (CCG) Benefits

We are pleased to present this year's Benefits Guide with refreshed benefits that increase choice and flexibility. Please take this opportunity to review all your benefits. More than ever, it's important to make sure that your choices provide the coverage you need for your family's financial security and peace of mind.

2026 Open Enrollment

Enrollment is Tuesday, May 12 through Friday, May 22, 2026

All employees are encouraged to meet face-to-face with Decision Support Specialists (DSSs) from Bolton, during Open Enrollment. Appointments are available from May 12 - May 22. Schedule an appointment to meet with a DSS online: <https://go.oncehub.com/CharlescountyGovt>.

More details on getting enrollment assistance are on page 4.

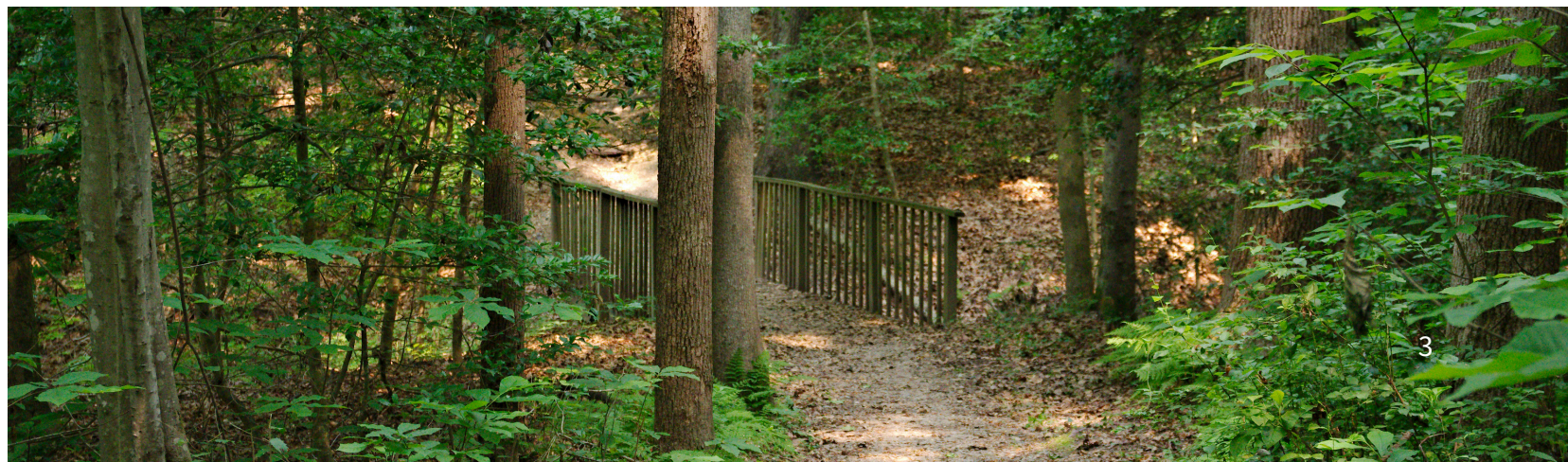
CCG continues to evaluate ways to improve the quality of your health care and keep our health plans competitively priced, while controlling costs for you and CCG.

Be sure to participate in Employee Wellness programs and activities, and partner with your physician to get appropriate preventative screenings.

Also, consider programs like mail order pharmacy and generic prescriptions to lower your copays and overall plan costs.

What's New This Year

- **Pet Insurance.** You can now purchase pet insurance through MetLife. Every family member needs protection, even the furry ones!
- **Healthcare Flexible Spending Account.** For the 2026-2027 plan year, you may contribute a minimum of \$120 or up to a maximum of \$3,400 (annually) to your HC FSA. Additionally, for the 2026-2027 plan year, you may rollover up to \$680 of unused funds to the 2027-2028 plan year. The Dependent FSA contribution limit is \$7,500.
- **2026 Benefits/Wellness Fair.** This year's Benefits/Wellness Fair will be held on Thursday, May 14, from 1pm - 4pm in the HR Training Room. This is your opportunity to:
 - Participate in and learn about your wellness initiatives options offered to County Government employees
 - Meet in person with benefit vendors
 - Win door prizes and enjoy healthy snacks



Enrollment Assistance

Need help with any of your benefits this year? Want enrollment assistance or an expert opinion?

CCG offers employees an opportunity to meet with a Decision Support Specialist (DSS). The specialists are from Bolton, our benefits consulting firm, and will be available at many locations throughout the county. Each DSS can help you with information and assistance to make your best benefit choices.

Anyone who completes their enrollment in the bswift site or schedules an appointment with a DSS will have their name entered in a raffle for a chance to win prizes. A winner will be drawn each weekday from May 12 to May 22, so the earlier you complete your enrollment or schedule an appointment, the more opportunities you will have to win.

There are two ways to meet with a DSS:



In-Person Appointment

Appointments will be available beginning Tuesday, May 12 to Friday, May 22. Times vary across locations. A comprehensive appointment lasts about 30 minutes in person.

Please have your beneficiary information and your login credentials available as outlined on page 5.

TO SCHEDULE AN IN-PERSON APPOINTMENT, GO TO [HTTPS://GO.ONCEHUB.COM/CHARLESCOUNTYGOVT](https://go.oncehub.com/charlescountygovt)



Phone Appointment

Appointments will be available beginning Tuesday, May 12 to Friday, May 22. All calls will be scheduled for 30 minutes. You will be contacted at the appointed time based on the number you provide.

At the beginning of the call, you will need to provide your username and password as outlined on page 5 to verify your identity.

TO SCHEDULE A PHONE APPOINTMENT, GO TO [HTTPS://GO.ONCEHUB.COM/BOLTONCALLCENTER](https://go.oncehub.com/boltoncallcenter)

How to Enroll

All benefit elections/changes must be submitted online through bswift.

Go to <https://CharlesCounty.bswift.com> to start your enrollment.

Step 1: Sign in to bswift

Username: Your username is first initial of first name + full last name + year of birth. For example: If your name is Jane Anderson and you were born in 1970, your username would be janderson1970.

Password: All passwords have been reset to the last four numbers of your Social Security number (SSN). You will be required to reset your password upon your initial login: all passwords must have a minimum of eight characters, one of which must be a number and one a letter.

Step 2: Confirm your information

Review your Demographics and Address under Employee Information to ensure accuracy. If there is anything incorrect that you cannot update, contact HR. Make sure you indicate whether you are a tobacco user on this page (tobacco means electronic cigarettes and any tobacco product including cigarettes, cigars, chewing tobacco, snuff, and pipe tobacco used four or more times a week within the past six months).

Next, review your Family Information. Eligible dependents can be added on this page. You must agree that both your Personal and Family Information is correct before you can proceed, then click Continue.

Step 3: Begin your enrollment and enroll

Click on Begin Your Enrollment to get started. On the benefits page, you will see your options for this year's enrollment.

- To view the options for a benefit, select View Plan Options.
- Next, you can select what dependents will be covered under the benefit.

- Review the options, then click Select or Waive.
- Continue making any desired elections.
- The total benefit cost, per pay period, will appear on the right side of the enrollment screen.

Your elections from FY26 have been copied to FY27 except for your Flexible Spending Account elections. The total benefit cost, per pay period, will appear on the right side of the enrollment screen.

Step 4: Confirm your enrollment selections

Once you have finished your enrollment, on the right-hand side under Your Cost, click Continue for the checkout process. Scroll down to read the agreement, check the I Agree box and click Complete Enrollment to finish the process.

Changes will NOT be submitted unless you click Complete Enrollment.

You can return to bswift at any time through the end of the Open Enrollment period to review or make additional changes. **Changes will NOT be submitted unless you click Complete Enrollment.**

You will have the option to generate a confirmation statement once your enrollment is complete.

Enrollment Reminders

- Flexible Spending Account plans require annual enrollment.
- If you have a question or need your password reset, or are having technical issues, please send an email to service@boltonusa.com outlining your request and the Service team will assist you.

Benefits Eligibility

Employee Eligibility

A full-time employee must be customarily scheduled to work 37.5 hours or more per week and at least 1,950 hours per calendar year. A full-time reduced-hours employee (CCSO and States' Attorney Office only) starts at 25 hours per week and at 1,300 hours per calendar year.

When to Enroll

Open Enrollment

Open Enrollment will run from May 12 through May 22, 2026. Coverage for all benefits will be effective on July 1, 2026.

New Hire

You must enroll within 30 days of your eligibility/hire date. If you don't enroll for coverage within 30 days of your eligibility date, you won't receive health coverage during the plan year, unless you have a qualifying life event (see below for details). Coverage begins on the 1st of the month following your date of employment.

Dependent Eligibility

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include your legal spouse, dependent children and disabled adult children. Grandchildren are not eligible dependents under our plans.

Making Changes To Your Benefits

The choices you make at Open Enrollment are in effect for the remainder of the plan year that ends on June 30. Once you enroll, you must wait until the next Open Enrollment period to change your benefits or add or remove coverage for dependents, unless you have a qualifying life event as defined by the IRS (see table below).

Life event changes must be made within 31 days of the qualifying event.

Ex-spouses may not remain on insurance as an eligible dependent. Eligibility ends the end of the month in which the divorce decree is signed.

Lifestyle Change/ Event	Documentation Required
Marriage	Marriage certificate & Social Security cards
Divorce	Divorce Decree
Birth or Adoption	Birth Certificate or Adoption papers & Social Security cards
Change in employment status from part-time to full time or vice versa	No documentation required - Human Resources will confirm
Your child loses eligibility for dependent coverage	No documentation required
Your spouse gains or loses coverage under another plan	Letter from spouse's employer verifying the change
You go on or return from a leave of absence	No documentation required - Human Resources will confirm

Your Cost for Health Coverage

Your per PAYCHECK payroll deductions for Medical (including Pharmacy and Vision) and Dental coverage are shown in the tables below. Premiums from the tables below are deducted from 24 paychecks, respectively. Actual payroll amounts may vary slightly.

Medical, Pharmacy, and Vision Premiums (Full-time Employees)

COVERAGE LEVEL	BlueChoice Advantage		BlueChoice HMO Open Access	
	CCG	Employee	CCG	Employee
Employee	\$409.29	\$175.41	\$289.62	\$124.12
Employee + Child	\$711.11	\$304.76	\$550.37	\$235.88
Employee + Spouse	\$851.74	\$365.03	\$666.12	\$285.48
Family	\$1,001.32	\$429.14	\$868.88	\$372.38

Dental Premiums (Full-time Employees)

COVERAGE LEVEL	CareFirst Dental		Delta Dental	
	CCG	Employee	CCG	Employee
Employee	\$22.81	\$9.78	\$18.11	\$8.22
Employee + Child	\$34.84	\$14.93	\$30.46	\$13.06
Employee + Spouse	\$52.34	\$22.43	\$45.20	\$19.37
Family	\$68.46	\$29.34	\$58.72	\$25.17

Medical Coverage (includes Pharmacy and Vision)

CCG offers two medical plan choices through CareFirst BlueCross BlueShield:

- **BlueChoice Advantage**
- **BlueChoice HMO Open Access**

The plans give you access to a quality network of practitioners and hospitals in Maryland, along with access to a national network. CareFirst does not require a referral. The benefit you receive will be based upon the network status of the provider as well as the plan in which you are enrolled. Both medical plans include vision and prescription drug coverages at the same level of coverage elected for medical.

The Advantage Plan covers care provided both inside and outside the plan's provider network. This plan does require the deductible to be met if going outside of the network, before the plan contributes to most services. Preventive care is covered 100%.

With HMO **Open Access**, you are required to **select a primary care provider (PCP)** who provides routine care and coordinates specialty care. When you choose an in-network provider, you'll pay the lowest out-of-pocket care costs. If you choose to receive care from an out-of-network provider, with HMO Open Access, you will be responsible for the entire amount billed.

Virtual Care

If you are enrolled in one of the medical plans, you may be able to use virtual care through CloseKnit.

- Closeknit offers virtual care services such as:
- Primary care (ages 18+)
- Urgent adult/pediatric care (ages 2+)
- Behavioral and mental health therapy
- Psychiatry
- Care coordination
- Medication management
- Chronic condition prevention and management
- Lactation consulting
- Nutritional counseling

Schedule a visit: www.closeknithealth.com

When reviewing your benefits, please be aware of the difference between the following terms:

- **Calendar Year**—runs from January 1 to December 31 and resets each January 1.
- **Plan Year**—CCG benefit plan year, which runs from July 1 to June 30.
- **Every 12 months**—a rolling 12 months that begins on the date of your most recent service.



Medical Coverage (includes Pharmacy and Vision)

	BlueChoice Advantage		BlueChoice HMO Open Access	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$0	\$200 individual/ \$400 family	\$0	No coverage
Annual Out-of-Pocket Maximum	\$1,000 individual/ \$2,000 family	\$1,000 individual/ \$2,000 family	\$2,000 individual/ \$6,000 family	No coverage
Prescription Annual Out-of-Pocket Maximum*	\$5,600 individual/ \$11,200 family	\$5,600 individual/ \$11,200 family	\$4,600 individual/ \$7,200 family	No coverage
Lifetime Maximum	Unlimited	No coverage	Unlimited	No coverage
Copayments for Certain Services				
Office Visit	\$15 per visit	Deductible, then 20% of "AB"	\$20 per visit	No coverage
Specialist	\$25 per visit	Deductible, then 20% of "AB"	\$30 per visit	No coverage
Hospital Facility	\$35 per visit	Deductible, then 20% of "AB"	\$40 per visit	No coverage
Urgent Care	\$30 per visit	Deductible, then 20% of "AB"	\$35 per visit	No coverage
Emergency Room	\$125 per visit waived if admitted	Deductible, then 20% of "AB"	\$150 per visit waived if admitted	No coverage
Well Care				
Adult Routine Physical Exam	\$0	Deductible, then 20% of "AB"	\$0	No coverage
Routine GYN Exam	\$0	Deductible, then 20% of "AB"	\$0	No coverage
Well Child Visits (guidelines apply)	\$0	Deductible, then 20% of "AB"	\$0	No coverage
Type of Service				
Hospital Inpatient Pre-admission review/approval required	\$125	Deductible then 20% of "AB"	\$250	No coverage
Outpatient Diagnostic (Lab)	\$15 copay	Deductible then 20% of "AB"	\$10 copay	No coverage
Outpatient Diagnostic (X-rays)	\$15 copay	Deductible then 20% of "AB"	\$10 copay	No coverage

*Plan has a separate max for medical and drug expenses, which accumulate independently.
"AB" = Allowed Benefit

Medical Coverage (includes Pharmacy and Vision)

continued from page 9

	BlueChoice Advantage		BlueChoice Open Access	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Mental health	\$0	Deductible then 20% of "AB"	\$0	No coverage
Hearing Aids	Plan covers a set allowance; member pays any amount above the allowance up to the total charge	Plan covers a set allowance; member pays any amount above the allowance up to the total charge	Plan covers a set allowance; member pays any amount above the allowance up to the total charge	No coverage
Prescription Drugs: Retail (up to a 34-day supply)*				
Generic*	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Preferred Brand	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Non- Preferred Brand	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Prescription Drugs: CVS Pharmacy or Mail Order/Other Retail Stores (up to 90-day supply for maintenance medications)*				
Generic*	2 copays for CVS pharmacy or mail order/3 copays for other retail stores	2 copays for CVS pharmacy or mail order/3 copays for other retail stores	2 copays for CVS pharmacy or mail order/3 copays for other retail stores	2 copays for CVS pharmacy or mail order/3 copays for other retail stores
Preferred Brand	2 copays for CVS pharmacy or mail order/3 copays for other retail stores	2 copays for CVS pharmacy or mail order/3 copays for other retail stores	2 copays for CVS pharmacy or mail order/3 copays for other retail stores	2 copays for CVS pharmacy or mail order/3 copays for other retail stores
Non-Preferred Brand	2 copays for CVS pharmacy or mail order/3 copays for other retail stores	2 copays for CVS pharmacy or mail order/3 copays for other retail stores	2 copays for CVS pharmacy or mail order/3 copays for other retail stores	2 copays for CVS pharmacy or mail order/3 copays for other retail stores

"AB" = Allowed Benefit

*For all prescription drugs: Prior authorization may be required for certain drugs; No charge for preventive drugs or contraceptives; Copay applies to up to 34-day supply; 90-day supply at a CVS pharmacy or through mail order for 2 copays for maintenance drugs, 3 copays at all other retail stores. Specialty Drugs: Participating Providers: Covered when purchased through the Exclusive Specialty Pharmacy Network. Non-Participating Providers: Not covered.

This is only a brief summary of the plans. For more details, including limitations and exclusions, please see bswift library for a Summary Plan Description.

Medical Coverage Features

Perks Included with Every Plan

- Achieve your wellness goals with the help of programs for weight management, tobacco, cessation and more
- Enjoy exclusive discounts through your wellness program.
- Pay nothing for annual in-network preventive care and the 24-hour Nurse advice Line, 800-535-9700

Find a Doctor

CareFirst has one of the world's largest networks of participating providers — over one million in all. Whether you're looking for a primary care physician, a specialist or a care facility, they can help you find one that's right for you. CareFirst's simple Find-a-Doctor tool helps you select the right healthcare at the right place.



Visit carefirst.com/doctor.

Search by name, location, specialty and a host of other options. You can even find participating doctors and facilities outside of the U.S.

Treatment Cost Estimator

Our Treatment Cost Estimator shows you what you'll pay for procedures, doctor's office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises.



- Receive personalized estimates based on your plan
- Compare costs from different doctors and facilities

Virtual Care: A Virtual Option for Patient Visits

- Primary care (ages 18+)
- Urgent adult/pediatric care (ages 2+)
- Behavioral and mental health therapy
- Psychiatry
- Care coordination
- Medication management
- Chronic condition prevention and management
- Lactation consulting
- Nutritional counseling

To schedule a video visit, go to www.closeknithealth.com

My Account Benefits

Your member portal is personalized to you and your CareFirst benefits.

Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips.

With My Account, you can:

- Find in-network doctors, urgent care centers, and other care nationwide
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs
- Send a secure message for members

Download the CareFirst app or add carefirst.com/myaccount to your mobile favorites to always have access to your CareFirst personalized coverage information.

Medical Coverage Features (cont.)

Away From Home Care Program

When you're away from home for 90 consecutive days or more, we've got you covered. Whether you're out-of-town on extended business, traveling or going to school out-of-state, you have access to routine and urgent care with CareFirst's Away From Home Care program.

- You can see any affiliated Blue Cross Blue Shield HMO (Host HMO) provider when you are outside the CareFirst service area.
- You'll be considered a member of the Host HMO and receive care under their plan. Your cost may be different than when you're in the CareFirst service area.
- Once you're enrolled in the program and receive care, you don't have to complete claim forms, so there's no paperwork. And you're only responsible for out-of-pocket costs such as copays, deductibles, coinsurance and the cost of non-covered services.

BlueCard and Blue Cross Blue Shield Global® Core

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core), you have access to care in more than 190 countries.

- You'll have access to local Blue Cross Blue Shield Plan doctors and hospitals when you're outside the CareFirst service area.
- You'll be considered a member of the local BCBS plan when you receive care. Your cost may be different than when you're in the CareFirst service area.
- For care received in-network, you don't have to complete claim forms, so there's no paperwork.
- In most cases, you shouldn't have to pay up front for inpatient care at hospitals in the BCBS Global Core Network.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care and other medical services. You then complete an international claim form for reimbursement.

Mental and Behavioral Health Support

You have 24/7 access to specialized services and programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions.

Our support team of professionals is ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

Our Behavioral Health Digital Resource is an online platform that gives you access to trained volunteer listeners, community support and referrals to credentialed physicians in the CareFirst provider network. Learn more at carefirst.com/mentalhealth.



You're never alone. If you or someone you know is in crisis, call or text 988 or contact the CareFirst support line at 800-245-7013.

CareFirst WellBeing

CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

- **RealAge®:** Find out if your healthy habits are truly making an impact by taking the RealAge® health assessment.
- **Health coaching:** Trained clinical professionals provide one-on-one support to help you reach your wellness goals.
- **Weight management programs:** Better understand your relationship with food, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases
- **Tobacco cessation:** Our program's expert guidance, support and online tools make quitting easier than you might think.
- **Financial well-being:** Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, this program can help.

CareFirst WellBeing puts the power of health in your hands. Exciting, personalized programs--from physical fitness and family relationships to stress management and financial health--can help you and your family address every aspect of your well-being

CareFirst Wellness Programs

Sword Thrive--Relieve aches and pains from the comfort of your home

Dealing with pain, aches or stiffness? Say goodbye to pain with **Sword Thrive**, your new digital physical therapy benefit designed to help you overcome joint, back, and muscle pain — all from home.

Thrive combines expert care from Doctors of Physical Therapy (PT) with easy-to-use technology for effective recovery anytime, anywhere.

Enroll today at no cost
sword.health/thrive/carefirst/go

Here's how it works:



Pick your PT
Thanks to your dedicated Physical Therapist, your Thrive program is entirely customized to you, your goals and your abilities.



Get your Thrive kit
Your kit comes with your own tablet to guide your sessions, and will provide you real-time feedback.



Stay Connected
Chat 1:1 with your PT anytime. They'll check in, monitor your progress, and adjust your program as needed.



Feel the relief
Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.

CareFirst WellBeing (cont.)

Sword Move--Your whole-body solution for a pain-free tomorrow

Fifty percent of chronic pain conditions are due to a lack of physical activity; and here at Sword Health, we are all about stopping pain in its tracks. That's why we've developed Sword Move, the only whole-body movement solution that helps you address low levels of pain before it worsens, avoid injuries at home or work, and enhance overall physical health.

With Move, you'll receive weekly movement plans with targeted activities and step goals tailored to your lifestyle, job function, and physical health goals. A dedicated Physical Health Specialist who holds a Doctor of Physical Therapy degree will motivate you and help hold you accountable along the way.

Activate your Move Benefit at
sword.health/move/carefirst/go

Here's How Move Works:

Share a little bit about yourself

We'll learn about your occupation, lifestyle, physical goals, and more.

Match with a Physical Health Specialist

Expect accountability and personalized support to reach your goals.

Pair your wrist wearable

Track your progress with our wearable, or use your own device.

Receive a customized weekly Move plan

Achievable activities and step goals that help you learn healthy habits.

Sword Bloom--At-home pelvic therapy solution

One in three women suffer from pelvic health disorders including bladder issues, bowel dysfunction, and pelvic pain. Sword Health developed Bloom to give you relief with an easy-to-use, at-home pelvic therapy solution.

What you get with Bloom



Expert Care

Bloom's Pelvic Health Specialists all have Doctor of Physical Therapy degrees and provide guidance throughout the program.



Innovative Tech

Women perform short pelvic therapy sessions from home, using a safe, intravaginal pod that connects to a mobile app.



Real Results

Bloom sessions are fun and interactive. Members track progress and receive guidance through the app.

Healthy Vision (included with your Medical Coverage)

Plan Features	In-Network	Out-of-Network
Exam every 12 months	\$0	Up to \$45
Frames every 12 months	\$0*	Up to \$45
Lenses every 12 months		
Single Vision	\$0	Up to \$52
Lined Bifocal	\$0	\$82
Lined Trifocal	\$0	\$101
Contact lenses every 12 months (in lieu of lenses and frames)		
Medically Necessary	No copay**	Up to \$285
Elective: Single	\$97 allowance	Up to \$97
Elective: Bifocal	\$127 allowance	Up to \$127
Elective: Davis Vision Contacts	\$0 copay***	-

*Davis Vision Collection frames only; all other frames: \$45 allowance, you pay balance

**With prior approval

***With evaluation if Davis Vision Collection lenses are dispensed

Finding an In-Network Provider

To find an in-network provider, search online at www.carefirst.com and click Find a **Doctor or call Davis Vision at 800-783-5602**. Be sure to ask your provider if they participate in the Davis Vision network

Mail Order Replacement Contact Lenses

DavisVisionContacts.com offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses; easy, convenient purchasing online; and quick shipping direct to your door.

Pharmacy Coverage (included with your Medical Coverage)

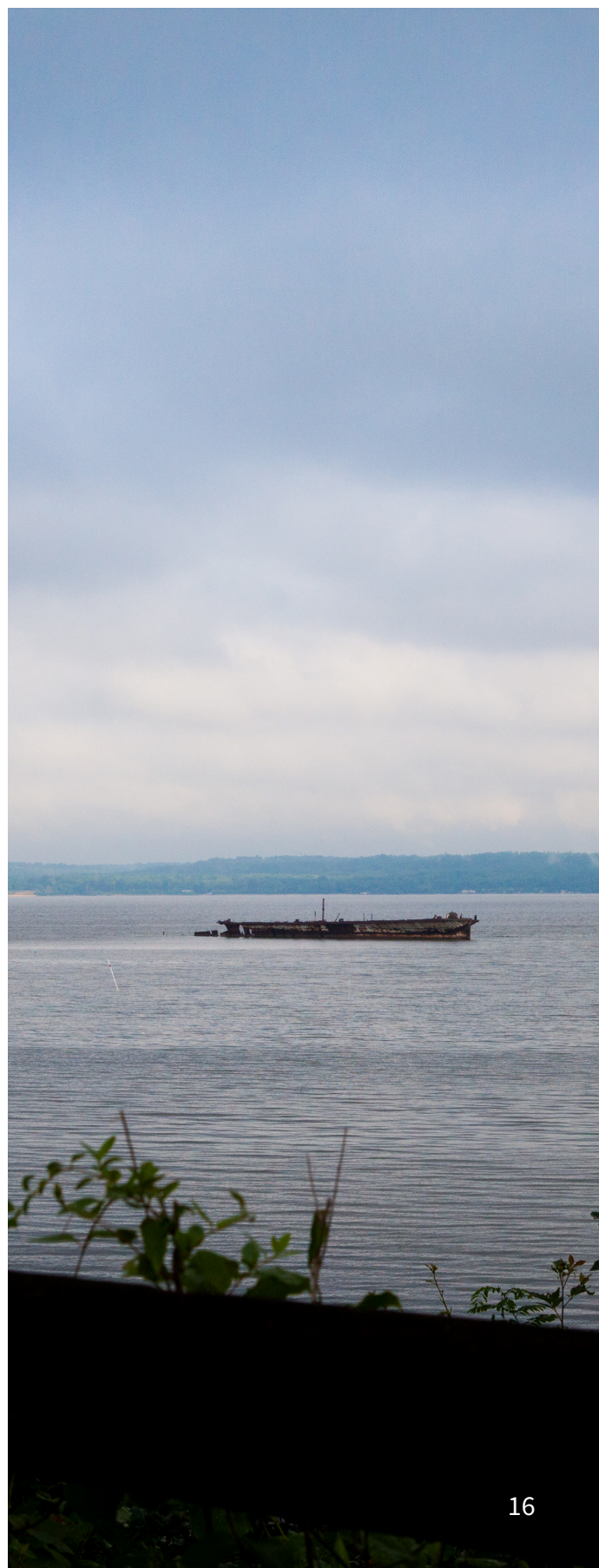
CCG Offers Pharmacy Coverage through CareFirst providing you with safe, convenient and cost-effective prescription drug plan that offers:

- A nationwide network of 69,000 pharmacies
- Access to thousands of covered prescription drugs
- Mail Service Pharmacy, a convenient and fast option to refill your prescriptions through home delivery
- Maintenance Medications: receive a 3-month supply for only 2 copays
- Coordinated medical and pharmacy programs to help improve your overall health and reduce costs
- Personalized notices and phone calls from CVS Caremark, our pharmacy benefit manager, detailing cost savings opportunities, safety alerts and drug education

Our Formulary (Drug List) Structure

A Formulary is a list of covered prescription drugs. Our formulary list can be found under the Library tab on bswift. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals who make sure the drugs on the formulary are safe and clinically effective. The tiers that are included in your plan:

- Tier 1: Generic Drugs
- Tier 2: Preferred Brand Drugs
- Tier 3: Non- Preferred Brand Drugs



Dental Coverage

Good dental hygiene is important for your overall health. Fluoride treatments for adults have been added to our benefits and are now included with preventive exam and cleaning appointments. Search for a provider at www.deltadentalines.com or www.carefirst.com

	CareFirst Dental	Delta Dental
Benefit Year Deductible (waived for Preventive Services)	In-Network & Out- of Network*	In-Network & Out-of- Network
Plan Year Maximum Individual	\$25	\$25
Plan Year Maximum Family	\$75	\$75
Diagnostic and Preventive Services (e.g., x-rays, cleanings, exams) Every 4 months	\$2,000 per member	\$2,000 per member
Basic Restorative Services (Fillings, simple extractions, root canals and periodontal)	100% of "AB"	100% of "AB"
Major Restorative Services Fillings, simple extractions	100% of "AB"	100% of "AB"
Major Restorative Services Root canals and periodontal	80% of "AB"	80% of "AB"
Orthodontic Services (Adult and child)	50% of "AB"	50% of "AB"
Orthodontia Lifetime Maximum	\$2,000 per member	\$2,000 per member

"AB" = Allowed Benefit

*Non-participating providers may bill you the difference between the insurer's allowed benefit and the provider's total charge.



Accident Insurance

Accident Insurance pays cash benefits directly to you for covered injuries and treatments.

Accidents happen all the time. Whether you are working around the house, driving your car, or your child is on their bike or at soccer practice, accidents can be painful, and costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay. Wouldn't it be nice to have money to offset those unexpected bills?

Plan Features

- The accident plan pays cash directly to you to be used however you choose.
- This is a 24-hour policy, covers on- and off-the-job injuries.
- You can cover yourself, your spouse, and your children.
- This policy pays an additional 25% benefit if your child (ages 18 and under) is injured while playing organized sports.
- Line of Duty Benefit provides additional benefits for public safety officers.
- Includes a \$50 Health Maintenance Screening benefit.
- Exclusions for hazardous activities, self-inflicted injuries, etc.

Benefits are payable for:

- Fractures, dislocations, cuts, and burns
- Emergency, urgent, and follow-up care
- Accidental Death and Dismemberment
- X-rays, MRI, CAT scans, and other tests
- Concussions, eye injuries, and tendon, ligament, and disc repair
- Plus much more!

Benefit Example

Two girls collided on the soccer field. It didn't look too serious, but a trip to Urgent Care revealed a torn ACL which meant surgery and rehab. Here's how the family had help with the costs of treatment and recovery.

Urgent Care	\$60
MRI	\$300
ACL Repair	\$1,000
Surgical Facility (outpatient)	\$500
Therapy (four visits)	\$200
Subtotal	\$2,060
25% Youth organized Sports Benefit	\$515
Benefits Paid	\$2,575

Affordable rates per pay

Deductions are taken post-tax

Employee	Employee & Spouse	Employee & Child (ren)	Family
\$7.41	\$10.26	\$13.60	\$16.45

LEARN MORE



[Watch this short video on how Accident Insurance benefits you and your family.](#)



The bswift Library tab includes:

- Claim forms
- Certificate of Insurance

Hospital Indemnity Insurance

Hospital Indemnity Insurance pays cash benefits directly to you for covered hospital stays.

Some trips to the hospital are planned, like having a baby or a scheduled procedure, but sometimes they are totally unexpected. And hospital stays are expensive: The average cost of a 3-day hospital stay is around \$30,000. Hospital Indemnity coverage could help to pay for expenses of a hospitalization as brief as 20 hours.

Plan Features

- Hospital Indemnity provides coverage for injuries and illnesses, including pregnancy
- No pre-existing condition limitations
- Coverage is guaranteed, no medical questions asked
- Hospital Indemnity rates are not based on age or smoker status
- Includes a \$100 Health Maintenance Screening benefit per insured

How the Plan Works--An Example

Ellen was ready to deliver her third child and had a unplanned C-section. The admission benefit was \$1,500 and four days in the hospital added an extra \$400. The money meant that her spouse could take time off for their growing family. And they would have money left over for newborn expenses.

Policy Benefits	Cost
Hospital Admission	\$1,500/per year
Daily Hospital Confinement	\$100/day
Critical Care Unit Admission	\$500/per year
Daily CCU Confinement	\$100/day
Health Maintenance Screening per insured	\$100/year

Rates Per Pay

Deductions are taken post-tax

Coverage Level	Employee	Employee & Spouse	Employee & Child(ren)	Family
Pay per deduction	\$7.99	\$13.82	\$11.21	\$19.98

LEARN MORE

- Critical Care Unit Benefits are paid in addition to Hospital Benefits.
- Coverage is portable at the same rates.
- There is no termination age for employees or spouses.
- Admitted or Admission means: A stay at a hospital or Critical Care Unit for at least 20 consecutive hours for examination by a Physician for diagnosis or treatment of a loss.

[Watch this short video for more information.](#)



Critical Illness Insurance

Critical Illness Insurance pays benefits directly to you for covered illnesses and treatments.

You may have medical insurance, but that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for — things like copays, loss of income, childcare, and travel expenses. Do you have enough in savings to cover the expenses from a Critical Illness?

Plan Features

- The policy pays you a lump sum benefit upon diagnosis.
- You can cover yourself and your spouse with no health questions to enroll.
- You can elect up to \$30,000 of coverage (rates are based on your age and tobacco status).
- Your children under age 26 are automatically covered at 50% of your benefit amount.
- Includes a \$100 Health Maintenance Screening benefit.

How the Plan Works

Robin learned that she had breast cancer, and upon her diagnosis, the policy paid a lump sum benefit of \$10,000. Relieved of the financial worry, she could focus on getting well. The extra money would come in handy, and Robin could decide how she wanted to spend it. Medical expenses, alternative treatments, or that trip that she always dreamed of.

Keep in mind:

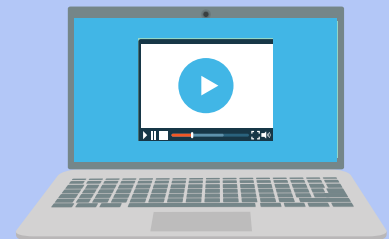
- Covered conditions include:
 - Heart attack, stroke, cancer, paralysis, advanced MS, ALS
 - Major organ failure, end-stage renal failure, coma
 - Advanced Alzheimer's, bone marrow transplant
- 21 additional covered children's diseases
- Pays a 100% additional occurrence benefit if you are diagnosed with another covered condition after the first one
- Pays a 50% re-occurrence benefit if you have the same diagnosis at least six months after the initial diagnosis and have been treatment free
- Future purchases are based on your age when you buy your first Critical Illness policy — consider a starter policy to lock in your rate this year
- Deductions are taken post-tax

AT A GLANCE

Rates for a \$10,000 non-tobacco policy:

Age at Issue	Rates per pay
18-29	\$1.95
30-39	\$2.90
40-49	\$4.80
50-59	\$7.55
60-69	\$12.25
70-99	\$20.65

How Critical Insurance benefits you and your family



Watch this short video for more information.

Claim forms for Accident Insurance, Hospital Indemnity and Critical Illness Insurance may be found on bswift website under the Library tab.

See Certificates of Insurance for all three policies under the Library tab on the bswift website.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars for health care and/or dependent childcare expenses. You must enroll each year to participate in an FSA.

FSA Contributions

When you elect an FSA, you contribute a portion of your salary to pay for healthcare or dependent child day care expenses that you will have to pay for “out-of-pocket.” The amount you defer to an FSA will automatically be deducted from your pre-tax earnings per paycheck. FSAs allow you to save money as your contributions reduce your taxable income.

Healthcare Flexible Spending Account (HC FSA)

FSA funds may only be used to pay for “out-of-pocket” medical, dental, vision, and prescription drug expenses at any time without federal tax liability or penalty. The HC FSA has a rollover feature allowing a portion of unused funds to rollover to the next plan year. For the 2026-2027 plan year, you may rollover up to \$680 of unused funds to the 2027-2028 plan year. All funds remaining above this amount will be forfeited so plan your contributions accordingly. **For the 2026-2027 plan year, you may contribute a minimum of \$120 or up to a maximum of \$3,400 (annually) to your HC FSA.**

Dependent Care Flexible Spending Account (DC FSA)

The Dependent Care Flexible Spending Account can be used to pay day care expenses for your eligible dependents. Your eligible dependents are any individuals under age 13 and those not able to care for themselves because of a physical or mental disability that you claim as dependents on your federal income tax return.

Dependent care expenses must be incurred to enable you (and your spouse if married) to work or look for work. Work may include actively looking for work but does not include unpaid volunteer work, or volunteer work for a nominal salary. Your spouse is considered to have worked if he or she is a full-time student for at least five calendar months during the tax year, or if he or she is physically or mentally incapable of self-care.

Expenses you pay for dependent care while you are off work due to illness are not eligible for reimbursement.

DC FSAs cannot be used to pay for care provided by your spouse or anyone claimed by you as a dependent. Care providers must be licensed.

The maximum annual amount that you may contribute to the DC FSA is:

\$7,500 if single, or married, filing jointly
\$3,750 if married, filing separately



Click the laptop icon on the right to watch a short video on understanding Flexible Spending Account Benefits



Login Information:

<https://participant.briweb.com/login>

Company Code: charlescountymd

Member ID: Social Security number (no dashes, no spaces)

Life and AD&D Coverage

Prepare for the Unthinkable

Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance

CCG provides The Hartford Basic Term Life insurance and Accidental Death & Dismemberment (AD&D) insurance to all benefit eligible employees. The coverage is automatic, and the premiums are 100% employer paid.

Full -Time Employees

Benefit Schedule	1.5x Annual Earnings rounded to the nearest \$1,000
Maximum Benefit	\$250,000
Guarantee Issue	Full benefit
AD&D Benefit	Matches Life benefit
Employer Contribution	100%



Life and AD&D Coverage (cont.)

Prepare for the Unthinkable

Supplemental Employee Term Life Insurance

You can purchase Supplemental Term Life Insurance coverage for yourself and your family. Consider the cost of funeral expenses, legal expenses, and general living expenses for your surviving family members when choosing an appropriate amount of additional coverage.

	Employee	Spouse	Child
Benefit Schedule	1, 2, or 3x annual earnings	\$5,000, \$10,000, \$15,000 or \$20,000	\$5,000 or \$10,000
Guarantee Issue (new hires only)	\$400,000	\$20,000	\$10,000
Maximum Benefit	\$500,000	\$20,000	\$10,000
Minimum Benefit	\$10,000	\$5,000	\$5,000
Age Reduction Schedule at age 70	To 65%	N/A	N/A
Age Reduction Schedule at age 75	To 50%	N/A	N/A
Employer Contribution	0%	0%	0%

	Spouse \$0.14 per 1,000 per month	Child \$0.10 per 1,000 per month
\$5,000	\$0.35 per pay/ \$0.70 per month	\$0.25 per pay/ \$0.50 per month
\$10,000	\$0.70 per pay/ \$1.40 per month	\$0.50 per pay/ \$1.00 per month
\$15,000	\$1.05 per pay/ \$2.10 per month	N/A
\$20,000	\$1.40 per pay/ \$2.80 per month	N/A

The certificate of insurance for term life policies and long-term disability may be found under the Library tab in bswift.

Whole Life Insurance with Long-Term Care

An innovative plan that provides Life Insurance with built-in Long-Term Care benefits.

Just starting out? Growing your family? Thinking about retirement? This policy can be an important part of your overall financial wellness. It provides a life insurance benefit and could be used to pay for long-term care expenses. It eliminates the possibility of paying for coverage you may never use. That's why these hybrid policies have become so popular.

Did you know that:

- Most people outlive their employer-paid life insurance and need coverage for retirement.
- You can lock in rates that will not increase with age.
- Coverage for yourself, your spouse, or both of you is affordable.
- Inexpensive coverage for kids is available too!

Plan Features

- You can choose the benefit amount that you want: as little as \$10,000, up to \$200,000. This is referred to as the face amount or death benefit.
- If you leave employment or retire, you can take the policy with you — the cost will not increase and the benefits will not decrease, guaranteed.
- There is a second part of the policy, the Cash Value, which builds over time. It gives you many options that your group term life benefit does not provide.
- Because of the Cash Value, you have three options, whether you have the policy as an employee at the Charles County Government or you decide to keep the policy if you leave employment and pay Unum directly (at the same rates):
 - Keep the policy. If you pay the premiums, and the policy is in force, your beneficiary will receive the death benefit.
 - Cancel your life insurance and receive a check for the Cash Value.
 - Choose a Reduced Paid-Up policy (payments stop, but the policy doesn't). Simply notify Unum to do this. Unum will use your Cash Value to buy a new policy for a smaller death benefit, but there will be no more premiums due (because it is "Paid Up").

Coverage Options

- For employees between 15 and 80 years old, coverage is available for up to \$200,000
- For spouses between 15 and 80 years old, coverage is available for up to \$50,000
- For children between 15 days and 25 years old, a child term life rider can be added to your whole life policy for up to \$10,000
 - When the child reaches age 25, the child has a right to buy an individual whole life policy at up to 5 times the amount of their rider
- New enrollees will be subject to health questions known as Evidence of Insurability (EOI) • Existing enrollees can increase coverages without EOI, but one qualifying question as follows:
 - Employee ages 15 - 50 up to \$100,000, or ages 51 - 80 up to \$50,000
 - Spouse ages 15 - 50 up to \$25,000, or ages 51 - 80 up to \$10,000



[Click here](#) to watch a short video that explains the difference between this policy and the CCG group term plan.

Whole Life Insurance with Long-Term Care (cont.)

Educate Yourself about the Need for Long-Term Care

If you are like most people, you know a relative, neighbor or friend who needed Long-Term Care (LTC). LTC is for people who are challenged to take care of themselves and need help eating, dressing, or bathing. Studies show that seven in 10 Americans over the age of 65 will need some form of LTC during their lifetime. That's why the Unum plan automatically includes LTC benefits.

An example:

After several years of retirement, Carol's health declined and she entered an Assisted Living facility. It was \$3,000 a month, but she had planned ahead.

The Unum policy would cover \$1,800 of the cost – not the entire expense, but a good portion. And after the policy paid \$30,000 of her LTC expenses since she had elected the Restoration Rider at enrollment, she still had the initial benefit to cover final expenses, and a little more. The Restoration Rider is an option available at the time of policy purchase. The rider replaces up to 100% of the face amount if the policy is used for LTC benefits. This rider is only available for ages 15 to 60.

\$1,800 LTC benefit paid for 16.67 months	\$30,000
Face amount of life insurance remaining	\$30,000
Total value of whole life policy benefits	\$60,000

Please Note

- LTC benefits are available with the loss of two or more “activities of daily living” (ADLs). ADLs are bathing, dressing, eating, continence, toileting, transferring, and severe cognitive impairment.
- LTC benefits are payable after receiving 90 days of qualifying care.
- The Restoration Rider is an option available at the time of policy purchase only on the “Payments continue after age 70” plan. The rider replaces up to 100% of the face amount if the policy is used for LTC benefits.
- If you take a loan against your policy, any debt will be deducted:
 - From the Death Benefit otherwise payable at death.
 - Upon payment or application of the Surrender Value.

The monthly benefits:

- 4% for Home Health Care and Adult Day Care (25 months).
- 6% for LTC and Assisted Living facilities (16.67 months).



[Click here](#) to see a video that explains the difference between this policy and the CCG group term plan.



See Certificate of Insurance under the Library tab on the bswift website.

REMINDER

Schedule an appointment with a Decision Support Specialist or send an email to service@boltonusa.com if you have additional questions on the Whole Life Insurance plan or need assistance enrolling.

Long-Term Disability Insurance

CCG recognizes an injury or illness could strike at any time and leave you unable to work. To protect you and your family financially in the event of an injury or illness, CCG offers Long-Term Disability coverage through The Hartford Insurance Company. The coverage is automatic and the premiums are 100% employer paid.

Benefit Amount

This coverage pays a benefit in the event that you cannot work because of injury or illness. This benefit replaces a portion of your monthly income, providing funds directly to you. The monthly benefit is 60% of your insured pre-disability earnings, reduced by deductible income from other sources, and not to exceed a maximum monthly benefit of \$5,000. Benefit payments begin after an elimination period of 120 days from the start of your disability.

Pre-existing limitation provisions do apply to the Long-Term Disability plan. A pre-existing condition is defined as a mental or physical condition whether or not diagnosed or misdiagnosed:

- For which you've done or for which a reasonably prudent person would've done any of the following:
 - Consulted a physician or other licensed medical professional
 - Received medical treatment, services, or advice;
 - Undergone diagnostic procedures, including self-administered procedures; and/or taken prescribed drugs or medications.
- Which, as a result of any medical examination, including routine examination, was discovered or suspected at any time during the 90-day period just before your insurance becomes effective.

You are not covered for a disability caused or contributed to by a pre-existing condition or medical or surgical treatment of a pre-existing condition unless, on the date you become disabled, you:

- Have been continuously insured under the Group Policy for 12 months; and
- Have been Actively at Work for at least one full day after the end of that 12 months.

Legal Services

Legal Resources is an employee benefit that provides high-quality legal services to its members, helping to lead lives free of major legal expenses. It provides you and your family with the peace of mind of knowing legal assistance is always just a call, click, or tap away. Members choose their own law firm from an experienced Law Firm and Attorney Network and contact them directly with unlimited usage when a legal need arises. The Legal Plan provides coverage for a wide range of personal legal matters, including:

- General Advice and Consultation
 - Unlimited in-person or telephone advice and consultation for fully covered services
 - Any legal matter where the attorney fees are not fully covered, you will receive an hour of consultation free and a 25% discount.

You pay per paycheck: \$8.00

24 post-tax times per year

Some examples of covered services:

- Family Law
- Elder Law
- Criminal Matters
- Wills and Estate Planning
- Traffic Violations
- Civil Accidents
- Preparation and Review of Routine Legal Documents
- Real Estate
- Consumer Relations and Credit Protection
- Identity Theft

Pet Insurance

Pets are family. But when an unexpected illness or injury happens, veterinary care can be costly. MetLife Pet Insurance helps make those moments less stressful by reimbursing you for eligible veterinary expenses, so you can focus on your pet's health, not the bill.

What the Plan Covers

MetLife Pet Insurance is designed to cover a wide range of care for dogs, cats, and in some states, even exotic pets.

Coverage may include:

- Accidents and illnesses
- Exam fees and diagnostic tests
- Surgeries, hospital stays, and treatments
- Prescription medications and therapeutic food
- Chronic, hereditary, and congenital conditions
- Orthopedic conditions (with no waiting period)
- Alternative therapies and physical therapy

You can also choose optional preventive care coverage to help pay for routine expenses like vaccinations, flea and tick medication, blood work, and dental cleanings.

Choose Your Coverage

You can customize your plan by choosing your annual limit, deductible, and reimbursement percentage (up to 90%).

There are no breed exclusions, no upper age limits, and no lifetime or per-incident caps.

If you enroll for pet insurance, you pay premiums directly to MetLife. Unlike other benefits, premiums are not deducted from your pay.

How Pet Insurance Works



Here's how the plan works:

1. Visit any licensed veterinarian—there are no networks.
2. Pay the vet bill at the time of service.
3. Submit a claim through the MetLife Pet mobile app or online.
4. Get reimbursed for covered expenses once your deductible is met. Most claims are processed within five days.

Extra Features

- Mobile app for claims and pet health records
- 24/7 live vet chat
- Vaccination and appointment reminders
- Healthy pet incentive that may reduce your deductible over time



Additional Benefits—Because You Deserve More

2026-2027 Fiscal Year

Workers' Compensation

All employees are covered by Workers' Compensation under the Employee's Workers' Compensation Guidelines for injuries occurring while performing normal work duties. Central Services Division administers this program.

CareFirst Options Discount Program

Your CareFirst ID card entitles you to discounts on alternative therapies and health and wellness programs such as chiropractic, acupuncture, massage, yoga, Pilates, tai chi, qi gong, guided imagery, nutritional counseling, and fitness centers. Additionally, the program offers discounts on Weight Watchers® Online, Jenny Craig®, mail order contacts, laser vision correction, hearing aids, and eldercare referrals. Since this program is in addition to your medical plan, rather than a benefit, there are no claim forms, referrals, or paperwork to complete. We see this as a way for our members to tap into health and wellness practitioners at discounted rates. To find out more, visit www.carefirst.com/options. Additional discounts are also available through BlueCross BlueShield at www.blue365deals.com.

Retirement Plans – Pension

When is the best time to start saving for retirement? Now. The sooner you begin planning for your retirement, the better!

Charles County Pension Plan- 401(a)

The Charles County Pension Plan (the "Plan") is a defined benefit plan sponsored by the County Commissioners of Charles County.

Participation is mandatory for an employee hired on or after July 1, 1991.

Current participants may obtain additional information pertaining to your pension benefit online or via phone:

- Call Empower Retirement's toll-free telephone service at 800-338-4015, to access your account 24 hours a day, 7 days a week.
- Visit www.empowermyretirement.com.

Additional Benefits—Because You Deserve More (cont.)

2026-2027 Fiscal Year

Retirement Plans – Pension (cont.)

Sheriff's Office Retirement Plan – 401(a)

The Charles County Sheriff's Office Retirement Plan (the "Plan") is a defined benefits plan which is sponsored by the County Commissioners of Charles County. The Plan was established on July 1, 1973, to provide a measure of financial security for you and your family during retirement. Participation in the Plan is mandatory for all Sheriff's Office employees.

Current participants may obtain additional information and pertaining to the Charles County Sheriff's Office Retirement Plan:

- www.mypensionbenefit.com/Default.aspx?co=charlespol
- Contact HR 301-645-0585 for password assistance

Deferred Compensation

457(b) Retirement Plan

The 457(b) retirement plan is available to employees and can serve as a supplement to a traditional pension plan or other retirement plans. You determine the pre-tax/post-tax amount you want to contribute (up to the IRS maximum) and how it is to be invested.

How the Plan Works

Employees may enroll in the 457(b) plan through the approved vendor. Contributions are made by payroll deduction on a pre-tax/post-tax basis. Contributions are called elective deferrals and may be excluded from the employee's taxable income. Personal contributions grow tax-deferred until retirement, when withdrawals are taxed as ordinary income. To participate in the 457(b) plan, please contact our approved vendor on the Contacts page.

Additional Benefits—Because You Deserve More

2026-2027 Fiscal Year

Employee Assistance Program

We recognize you may experience issues that affect the quality of life at home or at work. The Employee Assistance Program (EAP) is available to you and your household family members 24 hours a day, seven days a week by calling 888-993-7650. All calls are completely confidential and there is no cost to you for using the service. The professionals at the EAP will help by assessing, advising, and recommending options to help you or your family members deal with problems. In addition to unlimited phone counseling, you're eligible for six free face-to-face counseling sessions per incident per year.

The EAP can help with many issues:

- Conflicts at work
- Financial or legal problems
- Depression, grief, stress, or anxiety
- Marital or family concerns
- Eldercare
- Drug and alcohol dependency
- And more

Program benefits include:

- Up to 6 FREE counseling sessions with an EAP professional for you and your household members
- FREE financial consultation & referrals
- FREE legal consultation & referrals
- FREE child care resources & referrals
- FREE eldercare resources & referrals
- FREE online Resource Library, with thousands of resources



For information about the EAP services, contact AllOne Health or see the Central Services Division Safety Officer. **Click here** to see an overview on the Employer Assistance Program

Questions?

Your Benefits Contacts

Benefit Plan	Contact	Phone	Website or Email
bswift Online Enrollment	Bolton	240-232-8875	service@boltonusa.com
Medical/Rx and Dental	CareFirst	877-691-5856	www.carefirst.com
Dental	Delta Dental	800-932-0783	www.deltadental.com
The Standard Accident, Hospital Indemnity and Critical Illness	Bolton	240-232-8875	service@boltonusa.com
Basic & Supplemental Term	The Hartford	800-532-2233	https://CharlesCounty.bswift.com
Flexible Spending Account	Benefit Resource	800-473-9595	www.benefitresource.com
Unum Whole Life Questions	Bolton	240-232-8875	service@boltonusa.com
Unum Whole Life Changes	Unum	800-635-5597	www.unum.com/employees/benefits/life-insurance
Long- Term Disability	The Hartford	800-523-2233	https://CharlesCounty.bswift.com
Legal Plan	Legal Resources	800-728-5768	lrn@legalresources.com
Pension SORP	Human Resources	301-645-0563	DHR@charlescountymd.gov
Pension	Empower for Non Public Safety, Animal Control Officers, Paramedics and EMTs	800-338-4015	www.empowermyretirement.com
Deferred Compensation Plan	Nationwide	410-274-9568	r.s.wamboldt@nationwide.com OR directly schedule at outlook.office365.com/owa/calendar/CharlesCountyMD@onourside.onmicrosoft.com/bookings/
Employee Assistance Plan	AllOne Health	888-993-7650	allonehealth.com/deeroaks.com Company Codes: Charles County Government - ccg Charles County Sheriff's Office - ccso Charles County Emergency Sevices - ccdes
Pet Insurance	MetLife	855-270-7387	https://www.metlifepetinsurance.com/

Nancy Bowling
BowlingN@charlescountymd.gov
301-885-2764

Kim Pelczar
Pelczark@charlescountymd.gov
301-645-0563

Taneesha Swann
Swannta@charlescountymd.gov
240-776-6705

Annual Notices

Charles County Government is required by applicable law to provide you with certain notices each year that inform you of your rights and our responsibilities with respect to the County's health plan (the "Plan"). Please carefully review the information contained below and share it with your covered dependents. We suggest you keep this information for future reference.

Medicare Part D-Creditable Coverage

Important Notice 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 CCG 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.

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. CCG has determined that the prescription drug coverage offered by the Charles County Government 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 15 - December 7. 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 coverage will be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your current health and prescription drug benefits. If you drop your current coverage with CCG and enroll in Medicare prescription drug coverage, you may enroll back into the CCG Health Plan during the Open Enrollment period or if you experience a qualifying event. If you do decide to join a Medicare drug plan and drop your current CCG Health Plan coverage, 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 CCG 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 19 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

For further information contact the Human Resources Department. 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 the Charles County Government changes. You also may request a copy of this notice at any time.

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, you may visit www.medicare.gov, or:

- Call your State Health Insurance Assistance Program 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, 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 if you have maintained creditable coverage and, therefore, if you are required to pay a higher premium (a penalty).

HIPAA Notice of Availability of Privacy Practices

The CCG Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. The Notice describes the legal obligations of the CCG group health plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, the Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Human Resources.

HIPAA Notice of Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Also, you may be entitled to special enrollment rights pursuant to the Children's Health Insurance Program Reauthorization Act of 2009 (the Act)

if you or your dependents:

1. Lose coverage under a Medicaid or State Plan; or
2. Become eligible for group health premium assistance under a Medicaid plan or State Plan.

If a special enrollment right is provided pursuant to the Act, you may change your election consistent with such special enrollment right within 60 days as long as the election is made consistent with the special enrollment.

Waiver of Coverage

If you elect to waive coverage for yourself or your dependents (including your spouse), you acknowledge that you and your spouse and/or dependent child(ren) can only enroll later during an annual Open Enrollment period. An exception to this is if you and your spouse and/or dependent child(ren) are entitled to enroll in accordance with the "Special Enrollment Rights" described above. To request special enrollment or obtain more information, contact Human Resources.

Women's Health and Cancer Rights Act (WHCRA)

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 consultations 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 and Treatment of physical complications 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. Contact Benefits Division, Human Resources Department for more information.

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.

If you or your dependents are already enrolled in Medicaid or CHIP your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP, to see if your state has a premium assistance program, or for more information on special enrollment rights, contact the U.S. Department of Labor or the U.S. Department of Health and Human Services or the Employee Benefits Security Administration Centers for Medicare & Medicaid Services at 1-866-444-EBSA (3272), 1-877-267-2323.

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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW (543-7669) or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the 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 or call 1-866-444-EBSA (3272).



General Glossary of Terms

AD&D	Accidental Death & Dismemberment (AD&D) Insurance pays a benefit if you suffer certain types of injuries, such as the loss of a hand, foot, or eye as a result of an accident, or if you die as a result of an accident. AD&D coverage is automatically provided as part of your Basic Life Insurance.
Allowed Benefit	The fee an insurance company has negotiated with a provider to charge for covered services. Payment for covered services is based on this negotiated amount.
Annual Benefits Election Period	A period during the year when your employer allows you to elect new benefits or make changes to your current benefits. Also referred to as Open Enrollment.
Basic Life Insurance	The group term life insurance provided at no cost to full-time employees.
Beneficiary	A person(s) or an entity (such as an association or organization) that you name to receive your life and AD&D insurance benefits if you die while covered; or to receive your vested account balances in your Retirement and Savings Program if you should die.
Calendar Year	The period spanning from January 1 to December 31 of each year.
Coinsurance	A fixed percentage of medical or dental costs that you are required to pay for covered services under your insurance policy. This applies if you use out-of-network providers. Coinsurance is not the same as, and does not include, copay.
Coordination of Benefits (COB)	A provision of the insurance industry, which limits benefits if you are covered under multiple insurance plans. Benefits are limited to 100% of covered expenses. The order in which insurance companies are paid is also designated by this provision.
Copayment (Copay)	The amount you pay when you use in-network providers or purchase prescription drugs.
Covered Expenses	Charges that are paid in part, or in full, by the plan.
Deductible	The amount you must pay in covered health care expenses before the plan begins to pay a percentage of your costs. Applies only when using out-of-network providers with the Advantage plan.
Dependent	The definition of a “dependent” will vary according to each plan. Dependents under the medical, dental, vision, or health flexible spending plan are: 1) an employee’s lawful spouse; or 2) an employee’s child who a) has not yet reached age 26, b) in the case of a minor, is a member of the employee’s household unless the employee has been court or administratively ordered to provide insurance coverage. Dependent requirements are different for life insurance, the dependent flexible spending plan, and health savings account. Please contact Human Resources for details.
Flexible Spending Account	A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars for unreimbursed medical, prescription, vision, and dental expenses, and dependent care costs.

General Glossary of Terms (cont.)

Generic Drug	A drug that may be sold under more than one name, by more than one company.
Guaranteed Issue	A provision that allows you to purchase insurance coverage regardless of the health of you and/or your spouse.
In-Network Benefits	Benefits that are paid at a higher level when you use network participating providers.
Medical Evidence of Insurability	If you do not purchase life insurance, when it is first offered, or within 30 days of your date of eligibility, you may need to complete a health questionnaire in order to be approved for the plan, thus providing evidence that you are insurable. The insurance company will review your health information and determine whether or not they will provide coverage to you.
Non-Reimbursed Expenses	Services you have paid for, and that are not reimbursable by your insurance company; for example, copays, deductibles, charges in excess of the reasonable and customary or the allowed benefit, or other charges not covered by your insurance company.
Open Enrollment	See “Annual Benefits Election Period.”
Out-of-Network Benefits	Benefits that are paid at a lower level when you use out-of-network providers.
Plan Year	The period spanning from the beginning of the benefit plan year to the end of the benefit plan year. Currently for CCG this is from July 1 to June 30 of the following year.
Preferred Provider	A provider who has contracted with your insurance company to be paid directly for covered services, and who will accept the allowed benefit as a payment in full. Also referred to as a participating provider, or an in-network provider.
Prescription Drugs	Allergy serums, biologicals, prescription drugs, and injectable insulin that are approved by your insurance company, or that by law must be dispensed with a prescription.
Primary Care Provider (PCP)	In an HMO plan, you must choose a network provider from a directory of providers, as your Primary Care Provider (PCP).
Provider	A person or facility who provides medical or dental services to you or your dependents. This can include doctors, nurse practitioners, physician's assistants, hospitals, labs, and other ancillary services, and health care providers.
Qualifying Event	An occurrence that entitles a person to select or change benefits outside of a defined “Open Enrollment” period. Events could include but are not limited to termination of employment, death of a covered person, marriage, divorce, birth, adoption, Medicare eligibility, a dependent child’s loss of dependent status, or commencement of or return from an unpaid leave of absence.



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