



St. Mary's County Government Retiree Newsletter

For Retirees of St. Mary's County Government & SMC Library

Attention Retirees: Open Enrollment Starts May 6, 2025!

Mark your Calendars! Our annual Retiree Benefits Open Enrollment is right around the corner, starting on Tuesday, May 6, 2025, and concluding on Tuesday, May 20, 2025.


Open enrollment is your opportunity to make changes to your medical plan elections for the upcoming plan year. Changes made during open enrollment will become effective on July 1, 2025!


Updates and Changes


Effective July 1, 2025, monthly premiums for medical and vision coverage will remain unchanged for non-Medicare retirees. However, Medicare retirees can expect a slight **decrease** in their monthly premiums. All retirees will see a slight increase in dental premiums. For specific details on the new premium amounts, please refer to the charts provided on pages 2 and 3.


Exciting news for members of the BlueChoice Advantage Plan – hearing aids are now covered at 100% both in and out of network- with no deductible.

Key Points


 **Online Access:** Retirees can conveniently access detailed information about medical, prescription, dental, and vision plans on the County's website. Simply visit www.stmaryscountymd.gov, click on "Employee Information" in the top right corner, and then select the "Retiree Information" box.


 **Need Help? We've Got You Covered:** If you have any questions or need assistance regarding your benefits, don't hesitate to contact the Benefits Department at St. Mary's County Government. You can reach us via email at benefits@stmaryscountymd.gov or by phone at 301-475-4200, extension 1100. Assistance is available Monday through Friday from 8:00 am to 4:30 pm.


 **Changes in Coverage:** Retirees are only able to make changes to their medical plan elections during Open Enrollment. It is important to note that once a retiree cancels their medical, dental, or vision coverage, this decision is permanent and cannot be reversed at a later date. Therefore, retirees should carefully consider their options before making any changes to their coverage.


 **Dependent Coverage:** Dependent children up to age 26 can remain on the retiree's medical, dental, or vision plans through the end of the month of the child's 26th birthday, regardless of student or marital status. Exceptions may apply for children incapable of sustaining employment due to mental or physical disability.


Please note, a divorced spouse must be dropped from insurance coverage at the end of the month in which the divorce is final.

 **Retiree Life Insurance:** If you elected \$5,000 in retiree life insurance coverage, ensure that your beneficiary information is up to date. Life insurance beneficiary forms are available on the County's website.

 **Retirees Eligible for Medicare:** Retirees and their covered dependents who become eligible for Medicare whether due to age or disability, are required to enroll in Medicare Parts A and B when eligible. If you and/or your spouse turn age 65 during the plan year, you will receive a letter from the Human Resources Department approximately 2 months prior to your 65th birth month notifying you that you must enroll in Medicare Parts A & B. You are eligible for Medicare effective on the first day of the month in which you turn age 65. If your birthday happens to land on the first day of the month, you will be eligible for Medicare on the first day of your birthday month.

 **Summary of Benefits and Coverage:** A Summary of Benefits and Coverage may help you understand costs for care from in-network and out-of-network providers. SBCs are available via email or on the County's website.

 **Address Changes:** Addresses maintained in the Benefits Department are reported to benefit vendor partners. By keeping them up-to-date, retirees help ensure they receive important information and announcements. To update an address, phone number, or email address, notify the Benefits Department at benefits@stmaryscountymd.gov or call 301-475-4200, extension 1100.

 **Coverage for Surviving Spouses:** Surviving spouses of deceased retirees have the option of continuing coverage until they remarry. Upon notification of a retiree's death, surviving spouses should contact the Benefits Department regarding their enrollment. To maintain insurance coverage, surviving spouses must complete an election form and set up payment with 15 calendar days of the retiree's death.

Retiree Benefits Page

By accessing the Retiree Benefits Page on the County's public website, anyone with an internet connection has immediate, 24/7 access to detailed information on retiree benefits.

www.stmaryscountymd.gov

Click "Employee Information" at top right of screen; click "Retiree Information."

CareFirst Dental Plan Rates Effective July 1, 2025 (all retirees)

Level of Coverage	Dental PPO Plan	Traditional Dental Plan (not open to new enrollments)
Retiree	\$28.17	\$35.26
Retiree & Child	\$44.70	\$55.92
Retiree & Spouse	\$61.18	\$76.56
Retiree & Family	\$82.99	\$103.80

Retiree Life Insurance Rates (\$5,000/all retirees)

25+ Years	20 Years	15 Years	10 Years
15%	36.25%	57.50%	78.75%
\$0.56	\$1.36	\$2.16	\$2.95

Health Insurance Monthly Rates Effective July 1, 2025
Subsidies Effective for Retirements on or after July 1, 2010 (full-time positions)

Retirees 65 & Under
No premium increase

BlueChoice Advantage	Total Premium	25+ Years	20 Years	15 Years	10 Years
Level of Coverage	100%	15%	36.25%	57.50%	78.75%
Retiree	\$1,155.53	\$173.33	\$418.88	\$664.43	\$909.98
Retiree & Child	\$1,733.37	\$260.01	\$628.35	\$996.69	\$1,365.03
Retiree & Spouse	\$2,311.05	\$346.66	\$837.76	\$1,328.85	\$1,819.95
Retiree & Family	\$3,004.44	\$450.67	\$1,089.11	\$1,727.55	\$2,366.00

BlueChoice HMO Open Access	Total Premium	25+ Years	20 Years	15 Years	10 Years
Level of Coverage	100%	15%	36.25%	57.50%	78.75%
Retiree	\$905.78	\$135.87	\$328.35	\$520.82	\$713.30
Retiree & Child	\$1,547.14	\$232.07	\$560.84	\$889.61	\$1,218.37
Retiree & Spouse	\$2,056.62	\$308.49	\$745.52	\$1,182.56	\$1,619.59
Retiree & Family	\$2,669.62	\$400.44	\$967.74	\$1,535.03	\$2,102.33

Medicare Retirees (65 & over)
2.5 % premium decrease

BlueChoice Advantage	Total Premium	25+ Years	20 Years	15 Years	10 Years
Level of Coverage	100%	15%	36.25%	57.50%	78.75%
Retiree	\$914.52	\$137.18	\$331.51	\$525.85	\$720.19
Retiree's Spouse	\$914.52	\$137.18	\$331.51	\$525.85	\$720.19

BlueChoice HMO Open Access	Total Premium	25+ Years	20 Years	15 Years	10 Years
Level of Coverage	100%	15%	36.25%	57.50%	78.75%
Retiree	\$782.63	\$117.39	\$283.70	\$450.01	\$616.32
Retiree's Spouse	\$782.63	\$117.39	\$283.70	\$450.01	\$616.32

CareFirst BlueVision Plan
No premium increase

	Total Premium	25+ Years	20 Years	15 Years	10 Years
Level of Coverage	100%	15%	36.25%	57.50%	78.75%
Retiree	\$5.02	\$0.75	\$1.82	\$2.89	\$3.95
Retiree & Child	\$7.23	\$1.08	\$2.62	\$4.16	\$5.69
Retiree & Spouse	\$10.08	\$1.51	\$3.65	\$5.80	\$7.94
Retiree & Family	\$12.40	\$1.86	\$4.50	\$7.13	\$9.77

Rates for retirees who retired on or before July 1, 2010, should email
benefits@stmarysmd.com for current rates

Federally Mandated Notices

Newborns and Mothers' Health Protection Act of 1996 (NMLHA)

This federal law includes important protection for mothers and their newborn children with regard to the length of hospital stays following the birth of a child. The law stipulates that "group health plans and health insurance issuers generally may not under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section." However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). Plans and issuers may not, under Federal law require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay less than 48 hours (or 96 hours).

Genetic Information Nondiscrimination Act (GINA)

GINA sets a national level of protection by prohibiting employers from requiring or purchasing genetic information about you or your family members. The law also prohibits group and individual health insurers from using your genetic information in determining eligibility or premiums.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

This federal law requires group health plans that provide coverage for medically necessary mastectomies to also provide the following coverage for those that elect breast reconstruction:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to provide a symmetrical appearance; and
- Prostheses and physical complications of all stages of the mastectomy, including lymphedema.

The county's medical plans cover mastectomies and the benefits required by this act.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations impose privacy and security requirements upon the use and disclosure of protected health information. Protected health information (PHI) is information created, received, or maintained by the St. Mary's County Government's group health plans that relates to an individual's physical or mental health or condition, the provision of medical care for that individual or the payment for that individual's medical care, which identifies or may be used to identify the individual to whom it relates. It's the policy of St. Mary's County Government to comply fully with HIPAA's requirements and to protect the privacy of such PHI.

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 are 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, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1 (866) 444-EBSA (3272).

Prescription Drug Coverage and Medicare - NOTICE OF CREDITABLE COVERAGE

Important Notice from St. Mary's County Government 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 St. Mary's County Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a different Medicare drug plan, your current St. Mary's County Government Health Plan coverage may be affected.

You have the following options regarding your health and prescription drug coverage:

1. Keep your current St. Mary's County Government Health Plan coverage (which includes prescription drug coverage) and don't enroll in a different Medicare Part D plan; or
2. Opt out of your current St. Mary's County Government Health Plan coverage (which includes prescription drug coverage) and enroll in a different Medicare Part D plan. You will not be able to reenroll in the St. Mary's County Government Health plan coverage if you opt out of it.

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 the St. Mary's County Government and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

More Information About This Notice or Your Current Prescription Drug Coverage

You will 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 St. Mary's County Government changes. You also may request a copy of this notice at any time.

More Information About Your Options Under Medicare Prescription Drug Coverage

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

For more information about Medicare prescription drug coverage:

1. Visit www.medicare.gov
2. Call your state Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
3. Call 1 (800) MEDICARE (1-800-633-4227). TTY: 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).