



# **Fiscal 2024 Survey**

## **County Health Benefits**

The following definitions are provided for reference:

|                        |  |
|------------------------|--|
| <b>HMO</b>             | A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the Health Maintenance Organization. It generally will not cover out-of-network care except in an emergency.   |
| <b>PPO</b>             | A type of health insurance plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers.  |
| <b>Fully-Insured</b>   | Refers to a group health plan in which the employer purchases health, prescription, dental, vision, life, and/or long-term disability insurance from a commercial insurer in order to provide coverage to employees/dependents.  |
| <b>Self-Insured</b>    | The employer itself collects premiums from enrollees and takes on the responsibility of paying employees' and dependents' health, prescription, dental, vision, life, and/or long-term disability insurance claims.  |
| <b>Single Plan</b>     | Employee or Retiree only coverage.   |
| <b>Two Person Plan</b> | Employee or Retiree and one dependent coverage.  |
| <b>Family Plan</b>     | Employee or Retiree and all eligible dependents.   |
| <b>Stop-Loss</b>       | <p>Specific or Individual stop-loss is the form of excess risk coverage that provides protection for the employer against a high claim on any one individual. This is protection against abnormal severity of a single claim.</p> <p>Aggregate stop-loss provides a ceiling on the dollar amount of eligible expenses that an employer would pay, in total, during a contract period. The carrier reimburses the employer after the end of the contract period for aggregate claims.</p> |

**FY 2024 Maryland County Government Health Benefits Survey**

**Allegany**

**Active Employees**

|                      | Provider                   | Type of Plan (HMO, PPO, High Deductible, etc.)                                 | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst                  | PPO  | Self Insured                             | 146                          | 115  | 159                                      |
| Prescription         | CareFirst                  | PPO  | Self Insured                             | 146                          | 115  | 159                                      |
| Dental               | CareFirst                  | PPO  | Self Insured                             | 75                           | 180  | 113                                      |
| Vision               | Vision Benefits of America | PPO  | Self Insured                             | 143                          | 102  | 120                                      |
| Life                 | MetLife                    | Full-Time Employees and Select Part-Time Employees provided coverage by County | Self Insured                             | 477                          | 0  | 0  |
| Long-term Disability | American Fidelity          | Employee has option to purchase plan at 100% cost                              | Self Insured                             | 337                          | 0  | 0  |

**Retirees - under age 65**

|                      | Provider                   | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst                  | PPO  | Self Insured                             | 56                           |  |  |
| Prescription         | CareFirst                  | PPO  | Self Insured                             |                              |  |  |
| Dental               | CareFirst                  | PPO  | Self Insured                             |                              |  |  |
| Vision               | Vision Benefits of America | PPO  | Self Insured                             | 140                          | 99   | 119                                      |
| Life                 | MetLife                    | \$6,000 policy for retirees                    | Self Insured                             |                              |  |  |
| Long-term Disability | American Fidelity          | Option to take policy after termination        | Self Insured                             |                              |  |  |

**Retirees - over age 65**

|                      | Provider          | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-------------------|--|--|------------------------------|--|--|
| Medical              | ViaBenefits       | \$150 monthly Medicare supplement              |  | 0                            |  |  |
| Prescription         | n/a               | n/a  |  | 0                            |  |  |
| Dental               | CareFirst         | 18 months of Cobra eligibility                 |  | 9                            |  |  |
| Vision               | ViaBenefits       | 18 months of Cobra eligibility                 |  | 7                            | 11   | 0  |
| Life                 | MetLife           | \$6,000 policy for retirees                    |  |                              |  |  |
| Long-term Disability | American Fidelity | Option to take policy after termination        |  |                              |  |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | CareFirst. Specific deductible is \$200,000. Aggregate is \$1,000,000.  |
| What is the maximum dental benefit per member per year?  | \$1,500   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12 months lenses/24 months frames   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No.   |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | County promotes and provides access to wellness resources, such as Burnalong and Noom, to promote healthy living in the mindset that a healthier lifestyle can help to prevent some chronic illnesses which would incur higher medical costs. |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | County promotes and provides access to wellness resources, such as Burnalong and Noom, to promote healthy living in the mindset that a healthier lifestyle can help to prevent some chronic illnesses which would incur higher medical costs. |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | County provides all full-time employees and retirees with life insurance coverage through MetLife. All retirees of Medicare age are eligible for a \$150 Medicare supplement through ViaBenefits.   |

**FY 2024 Maryland County Government Health Benefits Survey**

**Anne Arundel**

**Active Employees**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.)           | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------|--|--|------------------------------|--|--|
| Medical              | Aetna        | Aetna Open Choice PPO & Open Access Aetna Select HMO-EPO | Self-Insured                             | 1,501                        | 810  | 1,719                                    |
| Prescription         | CVS Caremark |  | Self-Insured                             | 1,501                        | 810  | 1,719                                    |
| Dental               | CIGNA        |  | Self-Insured                             | 1,588                        | 844  | 1,791                                    |
| Vision               | EyeMed       |  | Self-Insured                             | 1,595                        | 847  | 1,796                                    |
| Life                 | MetLife      |  | Self-Insured                             | 4,335                        |  |  |
| Long-term Disability | MetLife      |  | Self-Insured                             | 1,078                        |  |  |

**Retirees - under age 65**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.)           | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------|--|--|------------------------------|--|--|
| Medical              | Aetna        | Aetna Open Choice PPO & Open Access Aetna Select HMO-EPO | Self-Insured                             | 360                          | 293  | 256                                      |
| Prescription         | CVS Caremark |  | Self-Insured                             | 360                          | 293  | 256                                      |
| Dental               | CIGNA        |  | Self-Insured                             | 312                          | 342  | 261                                      |
| Vision               | EyeMed       |  | Self-Insured                             | 308                          | 326  | 250                                      |
| Life                 | MetLife      |  | Self-Insured                             | 493                          |  |  |
| Long-term Disability | MetLife      |  | Self-Insured                             | 0                            |  |  |

**Retirees - over age 65**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------|--|--|------------------------------|--|--|
| Medical              | Aetna        | Aetna Medicare Advantage PPO ESA               | Self-Insured                             | 1,286                        | 782  | 1  |
| Prescription         | SilverScript |  | Self-Insured                             | 1,286                        | 782  | 1  |
| Dental               | CIGNA        |  | Self-Insured                             | 919                          | 842  | 40                                       |
| Vision               | EyeMed       |  | Self-Insured                             | 935                          | 856  | 39                                       |
| Life                 | MetLife      |  | Self-Insured                             | 713                          |  |  |
| Long-term Disability | MetLife      |  | Self-Insured                             | 0                            |  |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | The County does not have a stop-loss carrier.   |
| What is the maximum dental benefit per member per year?  | Up to \$2000 for an in-network provider   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | Once every 12 months from the date of service   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | Once every 12 months from the date of service   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | The County has an EAP program and our members have access to a Wellness Program, Hinge Health, Teledoc, CVS HealthHub, Minute Clinic, 24 hour Nurse line, Transform Diabetes, and preventative care services.   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | The County moved to the insured Medicare Advantage Plan from the self insured Medicare Wrap Plan and moved to the EGWP SilverScript RX plan. Also, we have health insurance subsidy split based on years of service that was passed in 2013. The insurance carrier offers some incentives like Silver Sneakers, Resources For Living, Meal delivery, transportation, home visits, and tele-health to our members. |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Supplemental Life, Short & Long-Term Disability, Legal Services, FSA  |

**FY 2024 Maryland County Government Health Benefits Survey**

**Baltimore City**

**Active Employees**

|                             | Provider                             | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees) | On Family Plans (#employees) |
|-----------------------------|--------------------------------------|--|--|------------------------------|----------------------------------|------------------------------|
| <b>Medical</b>              | CareFirst                            | PPO - High Option                              | Self Insured                             | 2,088                        | 1,180                            | 1,036                        |
|                             | CareFirst                            | PPO - Standard Option                          | Self Insured                             | 514                          | 171                              | 133                          |
| <b>Prescription</b>         | Aetna                                | HMO  | Self Insured                             | 1,701                        | 1,002                            | 1,139                        |
|                             | Kaiser                               | HMO  | Fully Insured                            | 761                          | 256                              | 247                          |
|                             | CVS                                  | High Option                                    | Self Insured                             | 4,159                        | 1,906                            | 2,769                        |
| <b>Dental</b>               | CVS                                  | Standard Option                                | Self Insured                             | 668                          | 177                              | 216                          |
|                             | United Concordia                     | DHMO   | Fully Insured                            | 1,693                        | 653                              | 452                          |
| <b>Vision</b>               | United Concordia                     | DPPO   | Self Insured                             | 3,348                        | 2,058                            | 2,015                        |
|                             | National Vision Administrators (NVA) | In-Network/Out-of-Network                      | Fully Insured                            | 10,427 (total employees)     |                                  |                              |
| <b>Life</b>                 | MetLife                              | Basic Life & AD&D                              | Fully Insured                            | 10,212 (total employees)     |                                  |                              |
|                             | MetLife                              | Optional Life & AD&D                           | Fully Insured                            | 4,744 (total employees)      |                                  |                              |
| <b>Long-term Disability</b> | n/a                                  |  |  |                              |                                  |                              |

**Retirees - under age 65**

|                             | Provider                             | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees) | On Family Plans (#employees) |
|-----------------------------|--------------------------------------|--|--|------------------------------|----------------------------------|------------------------------|
| <b>Medical</b>              | CareFirst                            | PPO - High Option                              | Self Insured                             | 640                          | 299                              | 245                          |
|                             | CareFirst                            | PPO - Standard Option                          | Self Insured                             | 122                          | 36                               | 35                           |
| <b>Prescription</b>         | Aetna                                | PPO  | Self Insured                             | 129                          | 47                               | 5                            |
|                             | Kaiser                               | HMO  | Fully Insured                            | 45                           | 14                               | 2                            |
|                             | CVS                                  | High Option                                    | Self Insured                             | 1,078                        | 417                              | 284                          |
| <b>Dental</b>               | CVS                                  | Standard Option                                | Self Insured                             | 128                          | 41                               | 33                           |
|                             | United Concordia                     | DHMO   | Fully Insured                            | 667                          | 525                              | 261                          |
| <b>Vision</b>               | United Concordia                     | DPPO   | Fully Insured                            | 130                          | 113                              | 50                           |
|                             | National Vision Administrators (NVA) | In-network/Out-of-Network                      | Fully Insured                            | 5,945 (total employees)      |                                  |                              |
| <b>Life</b>                 | MetLife                              | Basic Life & AD&D                              | Fully Insured                            | 11,562 (total retirees)      |                                  |                              |
| <b>Long-term Disability</b> | n/a                                  |  |  |                              |                                  |                              |

**Retirees - over age 65**

|                             | Provider                                 | Type of Plan (HMO, PPO, High Deductible, etc.)       | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees)            | On Two-person Plans (#employees) | On Family Plans (#employees) |
|-----------------------------|--|--|--|---|----------------------------------|------------------------------|
| <b>Medical</b>              | Aetna                                    | Medicare Advantage (includes Prescription Drug Plan) | Fully Insured                            | 12,616 (# of retirees only - not total) | 0                                | 0                            |
| <b>Prescription</b>         | Kaiser                                   | Medicare Advantage (includes Prescription Drug Plan) | Fully Insured                            | 424                                     | 209                              | 1                            |
| <b>Dental</b>               | Included with Aetna and Kaiser MAPD plan |  |  |   |                                  |                              |
| <b>Vision</b>               | n/a                                      |  |  |   |                                  |                              |
| <b>Life</b>                 | n/a                                      |  |  |   |                                  |                              |
| <b>Long-term Disability</b> | n/a                                      |  |  |   |                                  |                              |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | None  |
| What is the maximum dental benefit per member per year?  | DPPO: Actives \$1,500 and Retirees \$1,000<br>DHMO is unlimited (based on fee schedule)   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | Every 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | Every 12 months   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | Providing aggressive wellness programs to tackle the top 10 diseases. Several cost containment programs were injected in 2018 to reduce the self-funded medical and prescription drug claim costs.                                      |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | The City purchased a fully-insured MAPD plan (including medical and prescription drugs) for the Medicare retirees. It saved \$28 millions annually. The City does not provide the self-insured plans for the Medicare retirees anymore. |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Option for additional life/AD&D coverage for Actives  |

**FY 2024 Maryland County Government Health Benefits Survey**

**Baltimore County**

**Active Employees**

|                       | Provider                       | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|-----------------------|--------------------------------|--|--|------------------------------|--|--|
| Medical/ Prescription | Cigna                          | EPO  | Self Insured                             | 1,776                        | 2,319  | 7,530                                    |
| Medical/ Prescription | Cigna                          | PPO  | Self Insured                             | 282                          | 246  | 352                                      |
| Medical/ Prescription | Cigna                          | HDHP   | Self Insured                             | 57                           | 24   | 44                                       |
| Medical/ Prescription | Kaiser                         | HMO  | Fully Insured                            | 182                          | 182  | 370                                      |
| Dental                | CareFirst                      | Traditional                                    | Self Insured                             | 1,324                        | 1,927  | 6,163                                    |
| Dental                | CareFirst                      | PPO  | Self Insured                             | 623                          | 604  | 1,869                                    |
| Dental                | Cigna                          | HMO  | Fully Insured                            | 326                          | 363  | 798                                      |
| Vision                | National Vision Administrators |  | Self Insured                             | 2,218                        | 2,816  | 8,579                                    |
| Life                  | MetLife                        | Basic Life                                     | Fully Insured                            | 6,810                        | N/A  | N/A                                      |
| Long-term Disability  | New York Life                  | 60% Salary                                     | Fully Insured                            | 629                          | N/A  | N/A                                      |

**Retirees - under age 65**

|                       | Provider                       | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|-----------------------|--------------------------------|--|--|------------------------------|--|--|
| Medical/ Prescription | Cigna                          | EPO  | Self Insured                             | 750                          | 1,145  | 1,215                                    |
| Medical/ Prescription | Cigna                          | PPO  | Self Insured                             | 100                          | 72   | 75                                       |
| Medical/ Prescription | Cigna                          | HDHP   | Self Insured                             | 3                            | 4  | 3  |
| Medical/ Prescription | Kaiser                         | HMO  | Fully Insured                            | 43                           | 46   | 35                                       |
| Dental                | CareFirst                      | PPO- Traditional                               | Self Insured                             | 781- Retirees                | 1320 Retirees                                | 437 Retirees                             |
| Dental                | CareFirst                      | PPO- Preferred                                 | Self Insured                             | 1035 Retirees                | 2524 Retirees                                | 955 Retirees                             |
| Dental                | Cigna                          | HMO  | Fully Insured                            | 371 Retirees                 | 659 Retirees                                 | 140 Retirees                             |
| Vision                | National Vision Administrators |  | Self Insured                             | 2239 Retirees                | 4655 Retirees                                | 1591 Retirees                            |
| Life                  | MetLife                        | Basic Life                                     | Fully Insured                            | 4757 Retirees                | N/A  | N/A                                      |
| Long-term Disability  | N/A                            | N/A  | N/A                                      | N/A                          | N/A  | N/A                                      |

**Retirees - over age 65**

|                      | Provider                                   | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees)     | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--|--|--|----------------------------------|--|--|
| Medical/Prescription | Administered by Third Party, Retiree First | Private Medicare Exchange                      | N/A                                      | 11,007                           | N/A  | N/A                                      |
| Dental               | CareFirst                                  | PPO- Traditional                               | Self Insured                             | Included in retiree counts above |  |  |
| Dental               | CareFirst                                  | PPO- Preferred                                 | Self Insured                             | Included in retiree counts above |  |  |
| Dental               | Cigna                                      | HMO  | Fully Insured                            | Included in retiree counts above |  |  |
| Vision               | National Vision Administrators             |  | Self Insured                             | Included in retiree counts above |  |  |
| Life                 | MetLife                                    | Basic Life                                     | Fully Insured                            | Included in retiree counts above | N/A  | N/A                                      |
| Long-term Disability | N/A  | N/A  | N/A                                      | N/A                              | N/A  | N/A                                      |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | Cigna provides the stop loss for the Cigna plans. The specific attachment point is \$500,000, No aggregate.   |
| What is the maximum dental benefit per member per year?  | CareFirst Traditional- \$2,000<br>CareFirst Preferred PPO- \$1,500<br>Cigna DHMO- Unlimited   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 24 months   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | Active subsidy for dependents was completely restructured for those hired after 7/1/07.   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | Retiree subsidy was completely restructured for those retiring after 7/1/07 and for those hired after 7/1/07 have an even greater reduction in subsidy.   |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Additional Life, Spouse Life, Child Life, Health Flexible Spending, Dependent Flexible Spending, Health Savings Account, Pre- tax Parking and Transit benefits (variety of plans offered through third parties MWE and SF&C). |

**FY 2024 Maryland County Government Health Benefits Survey**

**Calvert**

**Active Employees**

|                      | Provider                       | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/# dependents) | On Family Plans (#employees/# dependents) |
|----------------------|--------------------------------|--|--|------------------------------|---|---|
| Medical              | CareFirst                      | HMO Open Access, Advantage PPO                 | Self Insured                             | HMO-216 Advantage-115        | HMO-134/134 Adv-76/76                         | HMO-156/ TBD Adv-101/TBD                  |
| Prescription         | Carefirst, included in medical |  | Self Insured                             |                              |   |   |
| Dental               | CareFirst                      |  | Self Insured                             | 503                          | 351   | 289                                       |
| Vision               | Carefirst/ Davis Vision        |  | Self Insured                             | 720                          | 459   | 503                                       |
| Life                 | Dearborn                       | N/A  | Fully Insured                            | 722                          | N/A   | N/A                                       |
| Long-term Disability | Dearborn                       | N/A  | Fully Insured                            | 675                          | N/A   | N/A                                       |

**Retirees - under age 65**

|                      | Provider                         | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/# dependents) | On Family Plans (#employees/# dependents) |
|----------------------|----------------------------------|--|--|------------------------------|---|---|
| Medical              | Carefirst                        | HMO Open Access, Advantage PPO                 | Self Insured                             | HMO-32 ADV-28                | HMO-4/4 ADV-4/4                               | HMO-5/12 ADV-9/19                         |
| Prescription         | Carefirst, included with medical |  | Self Insured                             | 60                           |   |   |
| Dental               | Carefirst                        | PPO  | Self Insured                             | 163                          | 121 / 121                                     | 24 / 54                                   |
| Vision               | Carefirst, included with medical |  | Self Insured                             |                              |   |   |
| Life                 | N/A                              | N/A  |  |                              |   |   |
| Long-term Disability | N/A                              | N/A  |  |                              |   |   |

**Retirees - over age 65**

|                      | Provider                         | Type of Plan (HMO, PPO, High Deductible, etc.)                      | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/# dependents) | On Family Plans (#employees/# dependents) |
|----------------------|----------------------------------|---|--|------------------------------|---|---|
| Medical              | Carefirst                        | HMO Open Access, Advantage PPO                                      | Self Insured                             | HMO-62 Advantage-129         | HMO-16/16 Advantage-30/30                     | 0   |
| Prescription         | Carefirst, included with medical |   | Self Insured                             |                              |   |   |
| Dental               | Carefirst                        | We do not separate over 65 participants-all retirees included above |  | N/A                          | N/A   | N/A                                       |
| Vision               | Carefirst, included with medical |   | Self Insured                             |                              |   |   |
| Life                 | N/A                              |   |  |                              |   |   |
| Long-term Disability | N/A                              |   |  |                              |   |   |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | CareFirst \$200,000   |
| What is the maximum dental benefit per member per year?  | \$1,800.00 calendar year max, \$1,500 orthodontia Lifetime Max  |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | Every 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12 month benefit period   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | CareMark CVS on maintenance drugs   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | CareMark CVS on maintenance drugs   |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Legal Services, ID Services, Accident Insurance, Critical Illness Insurance, Cancer Insurance, Gunshot Wound Insurance, Short - term Disability Income Insurance, Term Life Insurance, Whole Life Insurance, Hospitalization Insurance, Flexible Spending Accounts, 529 College Savings Plan, Retirement 457(b) |

**FY 2024 Maryland County Government Health Benefits Survey**

**Caroline**

**Active Employees**

|                      | Provider        | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------|--|--|------------------------------|--|--|
| Medical              | State Insurance |  | Self Insured                             | 97                           | 39 Emp. 38 Dep.                              | 42 Emp. 117 Dep.                         |
| Prescription         |                 |  |  |                              |  |  |
| Dental               |                 |  | Self Insured                             | 92                           | 43 Emp. 44 Dep.                              | 35 Emp. 95 Dep.                          |
| Vision               |                 |  | Self Insured                             | 50                           | 16 Emp. 16 Dep.                              | 16 Emp. 48 Dep.                          |
| Life                 |                 |  | Self Insured                             | 99                           | 22 Emp. 22 Dep.                              | 21 Emp. 32 Dep.                          |
| Long-term Disability |                 |  | Self Insured                             | 23                           |  |  |

**Retirees - under age 65**

|                      | Provider | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------|--|--|------------------------------|--|--|
| Medical              | CareFlex | HRA  | Self Insured                             | 3                            |  |  |
| Prescription         |          |  |  |                              |  |  |
| Dental               |          |  | Self Insured                             |                              | 1 Emp. 1 Dep.                                |  |
| Vision               |          |  |  |                              |  |  |
| Life                 |          |  |  |                              |  |  |
| Long-term Disability |          |  |  |                              |  |  |

**Retirees - over age 65**

|                      | Provider | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------|--|--|------------------------------|--|--|
| Medical              |          |  | Self Insured                             | 28                           | 3 Emp. 3 Dep.                                |  |
| Prescription         |          |  |  |                              |  |  |
| Dental               |          |  | Self Insured                             | 15                           | 14 Emp. 14 Dep.                              |  |
| Vision               |          |  |  |                              |  |  |
| Life                 |          |  |  |                              |  |  |
| Long-term Disability |          |  |  |                              |  |  |

**Additional Health Benefits Questions**

|  |  |
|--|--|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   |  |
| What is the maximum dental benefit per member per year?  | \$1,000  |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | Yes  |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | Yes  |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No   |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | Prescription coverage cost is include with health                        |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | HRA \$500 Reimbursement; Part D Reimbursement up to \$100                |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Supplemental life insurance, long term care insurance, cancer insurance, |

**FY 2024 Maryland County Government Health Benefits Survey**

**Carroll**

**Active Employees**

|                      | Provider                | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-------------------------|--|--|------------------------------|--|--|
| Medical              | United Healthcare (UHC) | EPO /PPO                                       | self insured                             | 348                          | 294/294                                      | 408/1206                                 |
| Prescription         | UHC/Optum Rx            |  | self insured                             | 348                          | 294/294                                      | 408/1206                                 |
| Dental               | Delta                   |  | self insured                             | 342                          | 299/299                                      | 405/1200                                 |
| Vision               | VSP                     |  | self insured                             | 348                          | 294/294                                      | 408/1206                                 |
| Life                 | Standard                |  | fully insured                            | 1,175                        |  |  |
| Long-term Disability | Standard                |  | fully insured                            | 1,060                        |  |  |

**Retirees - under age 65**

|                      | Provider          | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-------------------|--|--|------------------------------|--|--|
| Medical              | United Healthcare | EPO/PPO  | self insured                             | 74                           | 42/42  | 1/5                                      |
| Prescription         | UHC/Optum Rx      |  | self insured                             | 74                           | 42/42  | 1/5                                      |
| Dental               | Delta             |  | self insured                             | 47                           | 24/24  |  |
| Vision               | VSP               |  | self insured                             | 43                           | 22/22  |  |
| Life                 |                   |  |  |                              |  |  |
| Long-term Disability |                   |  |  |                              |  |  |

**Retirees - over age 65**

|                      | Provider          | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-------------------|--|--|------------------------------|--|--|
| Medical              | United Healthcare | Medicare Advantage                             | fully insured                            | 225                          | 210/210                                      |  |
| Prescription         |                   |  |  |                              |  |  |
| Dental               |                   |  |  |                              |  |  |
| Vision               |                   |  |  |                              |  |  |
| Life                 |                   |  |  |                              |  |  |
| Long-term Disability |                   |  |  |                              |  |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | United Healthcare BP Individual stop loss - \$450,000   |
| What is the maximum dental benefit per member per year?  | \$1,500   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | every 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | every 12 months   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | yes   |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   |   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | Those employees hired after 2005 have a higher cost-sharing of premium. We also increased the years of services requirement to 15 years as opposed to 10. |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Accident Only, Cancer, Life , Hospital Indemnity, Critical Illness  |

**FY 2024 Maryland County Government Health Benefits Survey**

**Cecil**

**Active Employees**

|                      | Provider              | Type of Plan (HMO, PPO, High Deductible, etc.)             | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst BC/BS       | Offer Standard PPO and High Deductible                     | Self Insured                             | 261                          | 119  | 191                                      |
| Prescription         | CareFirst BC/BS - CVS | Combined with Medical                                      | Self Insured                             | 261                          | 119  | 191                                      |
| Dental               | Delta Dental          | PPO  | Self Insured                             | 256                          | 115  | 197                                      |
| Vision               | EyeMed                | PPO  | Self Insured                             | 253                          | 115  | 188                                      |
| Life                 | Minnesota Life        | Basic Life + AD&D - 1 years of salary - Provided by County | Fully Insured                            | 650                          | 0  | 0  |
| Long-term Disability | N/A                   | N/A  | N/A                                      | N/A                          | N/A  | N/A                                      |

**Retirees - under age 65** - This plan was sunset on 1/1/2019 - members that were enrolled as of 12/31/2018 were grandfathered in. 1/1/2019 Cecil County started offering Health Reimbursement Accounts to retirees with 15 years of service or more.

|                      | Provider              | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst BC/BS       |  |  | 1                            |  |  |
| Prescription         | CareFirst BC/BS - CVS |  |  | 1                            |  |  |
| Dental               | Delta Dental          |  |  | 1                            |  |  |
| Vision               | EyeMed                |  |  | 1                            |  |  |
| Life                 | N/A                   |  |  | N/A                          | N/A  | N/A                                      |
| Long-term Disability | N/A                   |  |  | N/A                          | N/A  | N/A                                      |

**Retirees - over age 65** - This plan was sunset on 1/1/2019 - members that were enrolled as of 12/31/2018 were grandfathered in. 1/1/2019 Cecil County started offering Health Reimbursement Accounts to retirees with 15 years of service or more.

|                      | Provider              | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst BC/BS       |  |  | 26                           | 9  | 1  |
| Prescription         | CareFirst BC/BS - CVS |  |  | 26                           | 9  | 1  |
| Dental               | Delta Dental          |  |  | 18                           | 9  | 1  |
| Vision               | EyeMed                |  |  | 25                           |  | 1  |
| Life                 | N/A                   |  |  | N/A                          | N/A  | N/A                                      |
| Long-term Disability | N/A                   |  |  | N/A                          | N/A  | N/A                                      |

**Additional Health Benefits Questions**

|  |  |
|--|--|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | VOYA Financial - \$200,000 specific stop loss per enrollee.  |
| What is the maximum dental benefit per member per year?  | \$1,500.00   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months  |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12 months  |
| Does the medical/prescription plan maintain grandfathered status under ACA?  |  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   |  |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   |  |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Supplemental life insurance for employee, spouse and dependent children under age 26; accident coverage, hospital indemnity coverage, universal life insurance, and ID Theft coverage. |

**FY 2024 Maryland County Government Health Benefits Survey**

**Charles**

**Active Employees ADVANTAGE PLAN**

|                             | Provider               | Type of Plan (HMO, PPO, High Deductible, etc.)                             | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|-----------------------------|------------------------|--|--|------------------------------|--|--|
| <b>Medical</b>              | CareFirst              | PPO and HMO  | Self Insured                             | 247                          | 165/165                                      | 303/928                                  |
| <b>Prescription</b>         | CareFirst              | \$5.00/ for generic; \$25 for brand on formulary; \$50 brand non-formulary | Self Insured                             | 247                          | 165/165                                      | 303/928                                  |
| <b>Dental</b>               | CareFirst/Delta Dental | \$2000 cal yr max; Preventive 100%; Basic 80%; Major 50%                   | Self Insured                             | 236                          | 164/164                                      | 298/1310                                 |
| <b>Vision</b>               | included with medical  | PPO and HMO  | Self Insured                             | 247                          | 165/165                                      | 303/928                                  |
| <b>Life</b>                 | The Hartford           | Basic; supplemental; dependent   | Insured                                  | 565 Basic - 270 Supplemental | 154 (voluntary dependent)                    |  |
| <b>Long-term Disability</b> | The Hartford           | 60% of salary after 120 day out of work                                    | Insured                                  | 565                          | N/A  | N/A                                      |

**Active Employees OPEN ACCESS**

|                             | Provider               | Type of Plan (HMO, PPO, High Deductible, etc.)                             | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|-----------------------------|------------------------|--|--|------------------------------|--|--|
| <b>Medical</b>              | CareFirst              | PPO and HMO  | Self insured                             | 300                          | 152/152                                      | 216/654                                  |
| <b>Prescription</b>         | CareFirst              | \$5.00/ for generic; \$25 for brand on formulary; \$50 brand non-formulary | Self insured                             | 300                          | 152/152                                      | 216/654                                  |
| <b>Dental</b>               | CareFirst/Delta Dental | \$2000 cal yr max; Preventive 100%; Basic 80%; Major 50%                   | Self insured                             | 281                          | 152/152                                      | 217/656                                  |
| <b>Vision</b>               | included with medical  | PPO and HMO  | Self insured                             | 300                          | 152/152                                      | 216/654                                  |
| <b>Life</b>                 |                        |  |  | 595 Basic/285 Supplemental   | 224 (voluntary dependent)                    |  |
| <b>Long-term Disability</b> |                        |  |  |                              |  |  |

**Retirees - over age 65**

|                             | Provider               | Type of Plan (HMO, PPO, High Deductible, etc.)                             | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|-----------------------------|------------------------|--|--|------------------------------|--|--|
| <b>Medical</b>              | CareFirst              | PPO and HMO  | self insured                             | 361                          |  |  |
| <b>Prescription</b>         | CareFirst              | \$5.00/ for generic; \$25 for brand on formulary; \$50 brand non-formulary | self insured                             | 361                          |  |  |
| <b>Dental</b>               | CareFirst/Delta Dental | \$2000 cal yr max; Preventive 100%; Basic 80%; Major 50%                   | self insured                             | 350                          |  |  |
| <b>Vision</b>               | included with medical  | PPO and HMO  | self insured                             |                              |  |  |
| <b>Life</b>                 |                        |  |  | 3 basic/1 supplemental       | 1 (voluntary dependent)                      |  |
| <b>Long-term Disability</b> |                        |  |  | NA                           | NA   |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | CareFirst - \$275,000   |
| What is the maximum dental benefit per member per year?  | \$2,000   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12 months   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | no  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | Post Employment Health Program  |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | Post Employment Health Program  |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | supplemental life, dependent life, whole life with long term care rider, accident, hospital indemnity, critical illness, legal resources, FSA - medical and dependent |

**FY 2024 Maryland County Government Health Benefits Survey**

**Dorchester**

**Active Employees**

|                      | Provider                    | Type of Plan (HMO, PPO, High Deductible, etc.)           | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------------------|--|--|------------------------------|--|--|
| Medical              | Self Insured                | PPO in Network, PPO In & Out of Network, High Deductible | Self Insured                             | 110                          | 66   | 45                                       |
| Prescription         | Magellan                    |  | Self Insured                             | 110                          | 66   | 45                                       |
| Dental               | Delta Dental                | PPO In & Out of Network                                  | Fully Insured                            | 97                           | 67   | 49                                       |
| Vision               | VSP                         | PPO In & Out of Network                                  | Fully Insured                            | 103                          | 62   | 42                                       |
| Life                 | OneAmerica and The Standard |  | Fully Insured                            |                              |  |  |
| Long-term Disability | n/a                         |  | Fully Insured                            |                              |  |  |

**Retirees - under age 65**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.)           | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------|--|--|------------------------------|--|--|
| Medical              | Self Insured | PPO in Network, PPO In & Out of Network, High Deductible | Self Insured                             | 24                           | 6  | 2  |
| Prescription         | Magellan     |  | Self Insured                             | 24                           | 6  | 2  |
| Dental               | Delta Dental | PPO In & Out of Network                                  | Fully Insured                            | 29                           | 12   | 1  |
| Vision               | VSP          | PPO In & Out of Network                                  | Fully Insured                            | 22                           | 6  | 2  |
| Life                 | n/a          |  |  |                              |  |  |
| Long-term Disability | n/a          |  |  |                              |  |  |

**Retirees - over age 65**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------|--|--|------------------------------|--|--|
| Medical              | Medicare     | Medicare Supplement Plans, A, F, G             | Fully Insured                            | 50                           | 54   |  |
| Prescription         | n/a          |  |  |                              |  |  |
| Dental               | Delta Dental | PPO In & Out of Network                        | Fully Insured                            | 23                           | 18   | 1  |
| Vision               | VSP          | PPO In & Out of Network                        | Fully Insured                            | 0                            | 0  | 0  |
| Life                 | n/a          |  |  |                              |  |  |
| Long-term Disability | n/a          |  |  |                              |  |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | Sirius American: Specific \$175,000; Agregating Specific Deductible \$35,000, Agregating Attachment Point \$4,739,169 |
| What is the maximum dental benefit per member per year?  | \$1,250   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12 months   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | Pillar Rx   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | Pillar Rx - Under 65 Retirees   |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Voluntary Life through OneAmerica, various voluntary plans through AFLAC  |

**FY 2024 Maryland County Government Health Benefits Survey**

**Frederick**

**Active Employees**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------|--|--|------------------------------|--|--|
| Medical              | Cigna        | PPO and HDP                                    | Yes                                      | 753                          | 546  | 781                                      |
| Prescription         | Cigna        | PPO and HDP                                    | Yes                                      | 753                          | 546  | 781                                      |
| Dental               | Cigna        | PPO and HMO                                    | No                                       | 754                          | 547  | 675                                      |
| Vision               | VSP          | HMO  | No                                       | 545                          | 464  | 421                                      |
| Life                 | The Standard | Basic Term Life                                | No                                       | 2,544                        |  |  |
| Long-term Disability | N/A          | N/A  | N/A                                      | N/A                          | N/A  | N/A                                      |

**Retirees - under age 65**

|                      | Provider | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------|--|--|------------------------------|--|--|
| Medical              | Cigna    | PPO and HDP                                    | Yes                                      | 106                          | 114  | 36                                       |
| Prescription         | Cigna    | PPO and HDP                                    | Yes                                      | 106                          | 114  | 36                                       |
| Dental               | Cigna    | PPO and HMO                                    | No                                       | 84                           | 92   | 30                                       |
| Vision               | VSP      | HMO  | No                                       | 39                           | 60   | 12                                       |
| Life                 | N/A      | N/A  | N/A                                      | N/A                          | N/A  | N/A                                      |
| Long-term Disability | N/A      | N/A  | N/A                                      | N/A                          | N/A  | N/A                                      |

**Retirees - over age 65**

|                      | Provider | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------|--|--|------------------------------|--|--|
| Medical              | Cigna    | PPO and Medicare Advantage                     | Yes, No                                  | 289                          | 199  | 3  |
| Prescription         | Cigna    | PPO and Medicare Advantage                     | Yes, No                                  | 289                          | 199  | 3  |
| Dental               | Cigna    | PPO and HMO                                    | No                                       | 206                          | 177  | 4  |
| Vision               | VSP      | HMO  | No                                       | 70                           | 87   | 1  |
| Life                 | N/A      | N/A  | N/A                                      | N/A                          | N/A  | N/A                                      |
| Long-term Disability | N/A      | N/A  | N/A                                      | N/A                          | N/A  | N/A                                      |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | Cigna is our stop loss carrier. \$500,000 specific  |
| What is the maximum dental benefit per member per year?  | Enhanced Dental \$2000, Basic Dental \$1200, HMO no maximum   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | Every calendar year   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | Every calendar year   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | We have essential restriction with Cigna. This includes prior authorizations and quantity limits on specific drugs. We also educate and push the usage of generics. |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | We have essential restriction with Cigna. This includes prior authorizations and quantity limits on specific drugs. We also educate and push the usage of generics. |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Supplemental life, accident, hospital indemnity, critical illness, medial and dependent care flexible spending, legal   |

**FY 2024 Maryland County Government Health Benefits Survey**

**Garrett**

**Active Employees**

|                      | Provider                       | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst BlueCross BlueShield | PPO, POS, High Deductible                      | Self Insured                             | 126                          | 76   | 68                                       |
| Prescription         | CVS                            |  | Self Insured                             | 126                          | 76   | 68                                       |
| Dental               | Delta Dental                   |  | Self Insured                             | 114                          | 80   | 83                                       |
| Vision               | National Vision Administrators |  | Self Insured                             | 116                          | 78   | 81                                       |
| Life                 | One America                    |  |  | 324                          |  |  |
| Long-term Disability | One America                    |  |  | 324                          |  |  |

**Retirees - under age 65**

|                      | Provider                       | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst BlueCross BlueShield | PPO, POS, High Deductible                      | Self Insured                             | 30                           | 2  | 1  |
| Prescription         | CVS                            |  | Self Insured                             | 30                           | 2  | 1  |
| Dental               | Delta Dental                   |  | Self Insured                             | 21                           | 6  | 2  |
| Vision               | National Vision Administrators |  | Self Insured                             | 21                           | 7  | 2  |
| Life                 |                                |  |  |                              |  |  |
| Long-term Disability |                                |  |  |                              |  |  |

**Retirees - over age 65**

|                      | Provider                       | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst BlueCross BlueShield | PPO, POS, High Deductible                      | Self Insured                             | 0                            | 0  | 0  |
| Prescription         | CVS                            |  | Self Insured                             | 0                            | 0  | 0  |
| Dental               | Delta Dental                   |  | Self Insured                             | 69                           | 22   | 0  |
| Vision               | National Vision Administrators |  | Self Insured                             | 69                           | 32   | 0  |
| Life                 |                                |  |  |                              |  |  |
| Long-term Disability |                                |  |  |                              |  |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | Care Frist. Specific is \$275,000 and aggregate is \$100,000  |
| What is the maximum dental benefit per member per year?  | \$1,200   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 24  |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 24  |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | NO  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | \$600/year discount for employees who qualify for our wellbeing incentive. This also applies to employee spouses. There is a \$600/year surcharge for employee tobacco use. This can be waived if they complete three classes on quitting their tobacco use. This also applies to employee spouses. |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | \$600/year discount for retirees who qualify for our wellbeing incentive. This also applies to retiree spouses. There is a \$600/year surcharge for retiree tobacco use. This can be waived if they complete three classes on quitting their tobacco use. This also applies to retiree spouses.     |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Healthcare FSA, Critical Illness, Disability Income Insurance, Life Insurance, Accident, Cancer   |

**FY 2024 Maryland County Government Health Benefits Survey**

**Harford**

**Active Employees**

|                      | Provider            | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|---------------------|--|--|------------------------------|--|--|
| Medical              | CAREFIRST/ KAISER   | TRIPLE OPTION/HMO                              | SELF/FULL                                | 483                          | 392  | 648                                      |
| Prescription         | INCLUDED IN MEDICAL |  |  |                              |  |  |
| Dental               | CAREFIRST           |  | SELF                                     | 451                          | 390  | 636                                      |
| Vision               | CAREFIRST           |  | SELF                                     | 369                          | 333  | 497                                      |
| Life                 | METLIFE             |  |  | 1,755                        |  |  |
| Long-term Disability | METLIFE             |  |  | 640                          |  |  |

**Retirees - under age 65**

|                      | Provider            | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|---------------------|--|--|------------------------------|--|--|
| Medical              | CAREFIRST/KAISER    | TRIPLE OPTION/HMO                              | SELF/FULL                                | 133                          | 95   | 54                                       |
| Prescription         | INCLUDED IN MEDICAL |  |  |                              |  |  |
| Dental               | CAREFIRST           |  | SELF                                     | 36                           | 68   | 33                                       |
| Vision               | CAREFIRST           |  | SELF                                     | 12                           | 17   | 6  |
| Life                 | METLIFE             | (RETIREE ONLY)                                 |  | 68                           |  |  |
| Long-term Disability | N/A                 |  |  |                              |  |  |

**Retirees - over age 65**

|                      | Provider                  | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|---------------------------|--|--|------------------------------|--|--|
| Medical              | UNITED HEALTH CARE/KAISER | HMO  | FULL                                     | 473                          | INDIVIDUAL PLANS ONLY                        | INDIVIDUAL PLANS ONLY                    |
| Prescription         | INCLUDED IN MEDICAL       |  |  |                              |  |  |
| Dental               | CAREFIRST                 |  |  | 148                          | 216  | 2  |
| Vision               | CAREFIRST                 |  |  | 87                           | 135  | 1  |
| Life                 | METLIFE                   | (RETIREE ONLY)                                 |  | 441                          | RETIREE PLAN ONLY                            | RETIREE PLAN ONLY                        |
| Long-term Disability | N/A                       |  |  |                              |  |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | \$500,000   |
| What is the maximum dental benefit per member per year?  | \$2,000   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 MONTHS   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12 MONTHS   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | YES   |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | PLAN DESIGN CHANGED FROM CO-PAYS TO CO-INSURANCE (CAREFIRST PLANS ONLY)   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | PLAN DESIGN CHANGED FROM CO-PAYS TO CO-INSURANCE (CAREFIRST PLANS ONLY)   |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | SUPPLEMENTAL LIFE, LONG TERM DISABILITY, LEGAL INSURANCE, CANCER, ACCIDENT, SHORT TERM DISABILITY AND SPECIFIED HEALTH COVERAGE |

**FY 2024 Maryland County Government Health Benefits Survey**

**Howard**

**Active Employees**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.)                          | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------|---|--|------------------------------|--|--|
| Medical              | Aetna        | EPO   | Self insured                             | 895                          | 648  | 953                                      |
| Medical              | Aetna        | PPO   | Self insured                             | 284                          | 144  | 172                                      |
| Medical              | Kaiser       | HMO   | Fully insured                            | 126                          | 41   | 37                                       |
| Prescription         | CVS Caremark | EPO, PPO  | Self insured                             | 1,179                        | 792  | 1,125                                    |
| Dental               | Delta Dental | DPPO  | Self insured                             | 1,142                        | 819  | 1,101                                    |
| Dental               | Delta Care   | DHMO  | Fully insured                            | 128                          | 48   | 31                                       |
| Vision               | VSP          | PPO   | Self insured                             | 1,179                        | 792  | 1,125                                    |
| Life                 | The Standard | Basic (2x salary, up to \$500k), Supplemental (1x, 2x, 3x up to \$500k) | Fully insured                            | 3,637                        |  |  |
| Long-term Disability | The Standard | 60% up to \$4k per month  | Fully insured                            | 3,130                        |  |  |

**Retirees - under age 65**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------|--|--|------------------------------|--|--|
| Medical              | Aetna        | EPO  | Self insured                             | 237                          | 66   | 29                                       |
| Medical              | Aetna        | PPO  | Self insured                             | 49                           | 4  | 6  |
| Medical              | Kaiser       | HMO  | Fully insured                            | 9                            | 0  | 0  |
| Prescription         | CVS Caremark | EPO, PPO                                       | Self insured                             | 286                          | 70   | 35                                       |
| Dental               | Delta Dental | DPPO   | Self insured                             | 180                          | 103  | 40                                       |
| Dental               | Delta Care   | DHMO   | Fully insured                            | 6                            | 3  | 1  |
| Vision               | VSP          | PPO  | Self insured                             | 286                          | 70   | 35                                       |
| Life                 |              |  |  |                              |  |  |
| Long-term Disability |              |  |  |                              |  |  |

**Retirees - over age 65**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------|--|--|------------------------------|--|--|
| Medical              | Aetna        | Medicare Advantage HMO                         | Fully insured                            | 505                          | 136  |  |
| Medical              | Aetna        | Medicare Advantage PPO                         | Fully insured                            | 187                          | 39   |  |
| Medical              | Kaiser       | Medicare Advantage HMO                         | Fully insured                            | 30                           | 4  |  |
| Prescription         |              |  |  |                              |  |  |
| Dental               | Delta Dental | DPPO   | Self insured                             | 524                          | 298  | 6  |
| Dental               | Delta Care   | DHMO   | Fully insured                            | 16                           | 16   |  |
| Vision               |              |  |  |                              |  |  |
| Life                 |              |  |  |                              |  |  |
| Long-term Disability |              |  |  |                              |  |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | Aetna Individual Stop Loss Limit \$600,000  |
| What is the maximum dental benefit per member per year?  | \$1,500   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12 months   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | Yes   |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | Prior authorization and step therapy (prescription drug clinical management strategies); Leverage copay assistance program to reduce Specialty Rx expenses                              |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | Prior authorization and step therapy (prescription drug clinical management strategies); Leverage copay assistance program to reduce Specialty Rx expenses                              |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Voluntary Short Term Disability, Accident, Critical Illness, Hospital Indemnity, Pre-Paid Legal, Supplemental Term Life Insurance, Supplemental Permanent Life Insurance, Pet Insurance |

**FY 2024 Maryland County Government Health Benefits Survey**

**Kent**

**Active Employees**

|                      | Provider                      | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-------------------------------|--|--|------------------------------|--|--|
| Medical              | Cigna                         | PPO  | Self Insured                             | 92                           | 41, 41                                       | 37, 106                                  |
| Prescription         | Cigna                         | PPO  | Self Insured                             | 92                           | 41, 41                                       | 37, 106                                  |
| Dental               | Cigna                         | PPO  | Self Insured                             | 80                           | 53, 53                                       | 41, 105                                  |
| Vision               | National Vision Administrator | PPO  | Self Insured                             | 91                           | 44, 44                                       | 45, 125                                  |
| Life                 |                               |  |  |                              |  |  |
| Long-term Disability | Lincoln Financial             |  |  |                              |  |  |

**Retirees - under age 65**

|                      | Provider          | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-------------------|--|--|------------------------------|--|--|
| Medical              | Cigna             | PPO  | Self Insured                             | 4                            | 2, 2   | 0  |
| Prescription         | Cigna             | PPO  | Self Insured                             | 4                            | 2, 2   | 0  |
| Dental               | Cigna             | PPO  | Self Insured                             | 5, 5                         | 2, 2   | 0  |
| Vision               | National Vision   | PPO  | Self Insured                             | 5, 5                         | 2, 2   | 0  |
| Life                 |                   |  |  |                              |  |  |
| Long-term Disability | Lincoln Financial |  |  |                              |  |  |

**Retirees - over age 65**

|                      | Provider        | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------|--|--|------------------------------|--|--|
| Medical              | Medicare        |  |  | 21                           | 5, 5   | 0  |
| Prescription         | Medicare        |  |  | 21                           | 5, 5   | 0  |
| Dental               | Cigna           |  |  | 19                           | 10, 10                                       | 0  |
| Vision               | National Vision |  |  | 20                           | 11, 11                                       | 0  |
| Life                 |                 |  |  |                              |  |  |
| Long-term Disability |                 |  |  |                              |  |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | Everest is our stop-loss carrier. The specific deductible is \$85,000 and the aggregate corridor is 115%. |
| What is the maximum dental benefit per member per year?  | \$1,200   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | Every 12 months.  |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | Every 12 months.  |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | N/A   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | N/A   |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Supplemental life insurance, cancer insurance, FSA & HAS accounts,  |

**FY 2024 Maryland County Government Health Benefits Survey**

**MNCPPC**

**Active Employees**

|                      | Provider                                 | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--|--|--|------------------------------|--|--|
| Medical              | 1- UnitedHealthcare 2- Kaiser Permanente | 1- EPO and POS 2- HMO                          | 1- Self-Insured<br>2- Fully Insured      | 812                          | 400/400                                      | 646/871                                  |
| Prescription         | Caremark CVS                             | Tier/Co-Pay                                    | Self-Insured                             | 580                          | 383/383                                      | 594/1,699                                |
| Dental               | Delta Dental                             | HMO and PPO                                    | Fully Insured                            | 772                          | 389/389                                      | 672/1106                                 |
| Vision               | EyeMed                                   |  | Fully Insured                            | 712                          | 398/398                                      | 575/1621                                 |
| Life                 | Securian Financial                       |  | Fully Insured                            | 2,214                        |  |  |
| Long-term Disability | MetLife                                  |  | Fully Insured                            | 2,214                        |  |  |

**Retirees - under age 65**

|                      | Provider                                 | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--|--|--|------------------------------|--|--|
| Medical              | 1- UnitedHealthcare 2- Kaiser Permanente | 1- EPO and POS 2- HMO                          | 1- Self-Insured<br>2- Fully Insured      | 148                          | 141/141                                      | 83/296                                   |
| Prescription         | Caremark CVS                             | Tier/Co-Pay                                    | Self-Insured                             | 107                          | 131/131                                      | 92/251                                   |
| Dental               | Delta Dental                             | HMO and PPO                                    | Fully Insured                            | 142                          | 129/129                                      | 82/222                                   |
| Vision               | EyeMed                                   |  | Fully Insured                            | 642*                         | 589/589*                                     | 89/240*                                  |
| Life                 | N/A                                      |  |  |                              |  |  |
| Long-term Disability | N/A                                      |  |  |                              |  |  |

**Retirees - over age 65**

|                      | Provider                                 | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees)  | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--|--|--|-------------------------------|--|--|
| Medical              | 1- UnitedHealthcare 2- Kaiser Permanente | 1- EPO and POS 2- HMO                          | 1- Self-Insured<br>2- Fully Insured      | 548                           | 427/427                                      | 18/36                                    |
| Prescription         | SilverScript                             | EGWP   | Self-Insured                             | 1,325                         |  |  |
| Dental               | Delta Dental                             | HMO and PPO                                    | Fully Insured                            | 531                           | 494/494                                      | 29/85                                    |
| Vision               | EyeMed                                   |  | Fully Insured                            | * All Retirees Included above | * All Retirees Included above                | * All Retirees Included above            |
| Life                 | N/A                                      |  |  |                               |  |  |
| Long-term Disability | N/A                                      |  |  |                               |  |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | UnitedHealthcare: Specific- \$450,000 Aggregate: 125%   |
| What is the maximum dental benefit per member per year?  | \$2,000   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | Every 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | Every 12 months under the Moderate and High Level Plans. Every 24 months under the Low Level Plan.  |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No.   |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | PrudentRx: Uses copay optimization to reduce employer spend on specialty drugs (average 25%), while simultaneously using manufacturer copay coupon cards to reduce plan participant's out-of-pocket cost (\$0.00) if the participant is enrolled in the plan. If the participant is not enrolled in the plan they will pay 30% coinsurance. Participant must get prescriptions filled at Exclusive Caremark Specialty pharmacies. Applies to specialty medications such as those for Hepatitis C, Autoimmune Conditions, Oncology and Multiple Sclerosis. |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Supplemental Life Insurance (1,2,3,4,5 times base annual salary, maximum \$750,000), Dependent Life Insurance (Spouse/Child - \$10,000/ \$5,000, \$20,000/\$10,000,\$30,000/\$15,000), Legal Resources Pre-Paid Legal Plan  |

**FY 2024 Maryland County Government Health Benefits Survey**

**Montgomery**

**Active Employees**

|                      | Provider          | Type of Plan (HMO, PPO, High Deductible, etc.)                                    | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees)    | On Two-person Plans (#employees/# dependents) | On Family Plans (#employees/# dependents) |
|----------------------|-------------------|---|--|---------------------------------|---|---|
| Medical              | Carefirst         | Point of Service (POS)  | Self-Insured                             | 1,947                           | 1,265   | 2,238                                     |
| Medical              | United HealthCare | HMO   | Self-Insured                             | 657                             | 405   | 744                                       |
| Medical              | Kaiser Permanene  | HMO   | Fully Insured                            | 802                             | 401   | 560                                       |
| Prescription         | CVS Caremark      |   | Self-Insured                             | 2,390                           | 1,558   | 2,796                                     |
| Dental               | CIGNA             | PPO   | Self-Insured                             | 3,161                           | 2,064   | 3,575                                     |
| Dental               | CIGNA             | DHMO  | Fully Insured                            | 298                             | 110   | 128                                       |
| Vision               | Eyemed            |   | Self-Insured                             | 2,921                           | 1,956   | 3,360                                     |
| Life                 | MetLife           | Mandatory Benefit, all benefits eligible employees have 1x salary up to \$200,000 | Fully Insured                            |                                 |   |   |
| Optional Life        | MetLife           |   | Fully Insured                            | 6067 have elected optional life |   |   |
| Long-term Disability | MetLife           |   | Fully Insured                            | 2,361                           |   |   |

**Retirees - under age 65**

|                      | Provider      | Type of Plan (HMO, PPO, High Deductible, etc.)   | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/# dependents) | On Family Plans (#employees/# dependents) |
|----------------------|---------------|--|--|------------------------------|---|---|
| Medical              | Carefirst     | Point of Service (POS)   | Self-Insured                             | 329                          | 360   | 385                                       |
| Medical              | Carefirst     | Indemnity  | Self-Insured                             | 6                            | 16  | 0   |
| Medical              | United Health | HMO  | Self-Insured                             | 57                           | 72  | 40  |
| Medical              | Kaiser        | HMO  | Fully Insured                            | 54                           | 20  | 19  |
| Prescription         | CVS Caremark  |  | Self-Insured                             | 345                          | 418   | 340                                       |
| Dental               | CIGNA         | PPO  | Self-Insured                             | 453                          | 506   | 394                                       |
| Vision               | Eyemed        | Vision Discount Plan - All retirees have access to this free discount plan                         |  |                              |   |   |
| Life                 | MetLife       | A reduced benefit from when they were active, all retirees with benefits have some life insurance. | Fully Insured                            |                              |   |   |
| Long-term Disability | N/A           |  |  |                              |   |   |

**Retirees - over age 65**

|                      | Provider      | Type of Plan (HMO, PPO, High Deductible, etc.)   | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/# dependents) | On Family Plans (#employees/# dependents) |
|----------------------|---------------|--|--|------------------------------|---|---|
| Medical              | Carefirst     | Point of Service (POS)   | Self-Insured                             | 1,506                        | 1,299   | 73  |
| Medical              | Carefirst     | Indemnity  | Self-Insured                             | 288                          | 109   | 1   |
| Medical              | United Health | HMO  | Self-Insured                             | 311                          | 364   | 15  |
| Medical              | Kaiser        | HMO  | Fully Insured                            | 153                          | 117   | 7   |
| Prescription         | SilverScript  |  | Self-Insured                             | 1,750                        | 1,614   | 85  |
| Dental               | CIGNA         | PPO  | Self-Insured                             | 2,340                        | 2,199   | 109                                       |
| Vision               | Eyemed        | Vision Discount Plan - All retirees have access to this free discount plan.                        |  |                              |   |   |
| Life                 |               | A reduced benefit from when they were active, all retirees with benefits have some life insurance. |  |                              |   |   |
| Long-term Disability | N/A           |  |  |                              |   |   |

**Additional Health Benefits Questions**

|  |  |
|--|--|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | \$1,000,000 and stop loss is with each insurance carrier (Carefirst and UnitedHealth Care).                                  |
| What is the maximum dental benefit per member per year?  | \$2,000  |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months  |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 24 months for frames, 12 months for lenses   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | Yes  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | None   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | None   |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Optional Life Insurance, Short-Term Disability and Critical Illness through AFLAC for unrepresented and IAFF employees only. |

**FY 2024 Maryland County Government Health Benefits Survey**

**Prince George's**

**Active Employees**

|                      | Provider        | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------|--|--|------------------------------|--|--|
| Medical              | Cigna, Kaiser   | PPO, HMO                                       | Self Insured                             | 2,268                        | 1,009  | 1,758                                    |
| Prescription         | Express Scripts |  | Self Insured                             | 2,054                        | 944  | 1,705                                    |
| Dental               | Aetna           | PPO, HMO                                       | Self Insured                             | 2,277                        | 1,036  | 1,741                                    |
| Vision               | VSP             |  | Self Insured                             | 2,171                        | 1,018  | 1,770                                    |
| Life                 | Metlife         |  | Fully Insured                            | 6,360                        | n/a  | n/a                                      |
| Long-term Disability | Metlife         |  | Fully Insured                            | 1,232                        | n/a  | n/a                                      |

**Retirees - under age 65**

|                      | Provider        | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------|--|--|------------------------------|--|--|
| Medical              | Cigna, Kaiser   | PPO, HMO                                       | Self Insured                             | 511                          | 476  | 595                                      |
| Prescription         | Express Scripts |  | Self Insured                             | 2,515                        | 1,438  | 2,332                                    |
| Dental               | Aetna           |  | Self Insured                             | 571                          | 547  | 631                                      |
| Vision               | VSP             |  | Self Insured                             | 591                          | 586  | 671                                      |
| Life                 | Metlife         |  | Fully Insured                            | 2,199                        | n/a  | n/a                                      |
| Long-term Disability | Metlife         |  | Fully Insured                            | 7                            | n/a  | n/a                                      |

**Retirees - over age 65**

|                      | Provider        | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------|--|--|------------------------------|--|--|
| Medical              | Cigna, Kaiser   | PPO, HMO                                       | Self Insured                             | 1,542                        | 324  | 805                                      |
| Prescription         | Express Scripts |  | Self Insured                             | 1,485                        | 1,077  | 71                                       |
| Dental               | Aetna           |  | Self Insured                             | 1,150                        | 927  | 55                                       |
| Vision               | VSP             |  | Self Insured                             | 1,449                        | 1,141  | 64                                       |
| Life                 | Metlife         |  | Fully Insured                            | 3,116                        | n/a  | n/a                                      |
| Long-term Disability | Metlife         |  | Fully Insured                            | n/a                          | n/a  | n/a                                      |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | n/a   |
| What is the maximum dental benefit per member per year?  | HMO: no max<br>PPO: \$1500/person   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12  |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | Frames: 24<br>Lenses: 12  |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | Robust wellness/preventative care benefits  |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | EGWP; Medicare Advantage plans (Kaiser)   |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | supplemental life insurance; spouse and dependent life; extra life supplemental; critical incident/accident/whole life insurance, financial/legal plan; 457 deferred comp savings program; short term disability; paid family leave; flexible spending accounts |

**FY 2024 Maryland County Government Health Benefits Survey**

**Queen Anne's**

**Active Employees**

|                      | Provider      | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|---------------|--|--|------------------------------|--|--|
| Medical              | CareFirst     | EPO/PPO  | Self                                     | 32                           | 94   | 257                                      |
| Prescription         | CareFirst CVS |  |  |                              |  |  |
| Dental               | CareFirst     |  |  |                              |  |  |
| Vision               | DavisVision   |  |  |                              |  |  |
| Life                 | Lincoln       | Term Life                                      | Fully                                    |                              |  |  |
| Long-term Disability | The Standard  | Voluntary Benefit                              | Fully                                    |                              |  |  |

**Retirees - under age 65**

|                      | Provider      | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|---------------|--|--|------------------------------|--|--|
| Medical              | CareFirst     | EPO/PPO  | Self                                     | 30                           | 36   | 68                                       |
| Prescription         | CareFirst CVS |  |  |                              |  |  |
| Dental               | CareFirst     |  |  |                              |  |  |
| Vision               | DavisVision   |  |  |                              |  |  |
| Life                 | N/A           |  |  |                              |  |  |
| Long-term Disability | N/A           |  |  |                              |  |  |

**Retirees - over age 65**

|                      | Provider        | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------|--|--|------------------------------|--|--|
| Medical              | CareFirst       | Medicare Advantage                             |  | 94                           | 112  |  |
| Prescription         | Express Scripts |  |  |                              |  |  |
| Dental               | CareFirst       |  |  |                              |  |  |
| Vision               | DavisVision     |  |  |                              |  |  |
| Life                 | N/A             |  |  |                              |  |  |
| Long-term Disability | N/A             |  |  |                              |  |  |

**Additional Health Benefits Questions**

|  |  |
|--|--|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | CareFirst, \$250,000   |
| What is the maximum dental benefit per member per year?  | \$1,500  |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No   |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | July 31, opened Primary Care Health Center   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   |  |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Accident Insurance, Hospital Indemnity, Critical Illness, Whole Life, Long-term Disability. Short-term Disability, FSA, Identity Theft |

**FY 2024 Maryland County Government Health Benefits Survey**

**St. Mary's**

**Active Employees**

|                      | Provider              | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst             | HMO and PPO                                    | Self Insured                             | 318                          | 355  | 955                                      |
| Prescription         | CareFirst             | covered under medical                          | Self Insured                             | 318                          | 355  | 955                                      |
| Dental               | CareFirst             | PPO and Traditional Plan                       | Self Insured                             | 323                          | 375  | 957                                      |
| Vision               | CareFirst Blue Vision |  | Self Insured                             | 304                          | 383  | 957                                      |
| Life                 | Minnesota Life        |  |  | 851                          | 0  | 0  |
| Long-term Disability | Madison Life          |  |  | 851                          | 0  | 0  |

**Retirees - under age 65**

|                      | Provider              | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees)           | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------------|--|--|--|--|--|
| Medical              | CareFirst             | HMO & PPO                                      | Self Insured                             | 36                                     | 78   | 243                                      |
| Prescription         | CareFirst             | covered under medical                          | Self Insured                             | 36                                     | 78   | 243                                      |
| Dental               | CareFirst             | PPO and Traditional Plan                       | Self Insured                             | 27                                     | 267  | 142                                      |
| Vision               | CareFirst Blue Vision |  | Self Insured                             | 33                                     | 102  | 150                                      |
| Life                 | Minnesota Life        |  |  | 329 retirees total (including age 65+) | 0  | 0  |
| Long-term Disability | Madison Life          |  |  | 0                                      | 0  | 0  |

**Retirees - over age 65**

|                      | Provider              | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees)                | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-----------------------|--|--|---|--|--|
| Medical              | CareFirst             | HMO & PPO                                      | Self Insured                             | 216   | 0  | 0  |
| Prescription         | CareFirst             | covered under medical                          | Self Insured                             | 216   | 0  | 0  |
| Dental               | CareFirst             | PPO and Traditional Plan                       | Self Insured                             | 91  | 2  | 4  |
| Vision               | CareFirst Blue Vision |  | Self Insured                             | 116   | 173  | 4  |
| Life                 | Minnesota Life        |  |  | 329 retirees total (including under age 65) |  |  |
| Long-term Disability | Madison Life          |  |  | 0   | 0  | 0  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | CareFirst: \$150 Specific   |
| What is the maximum dental benefit per member per year?  | \$1,500   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12 months   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | No options have been implemented.   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | No options have been implemented.   |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Supplemental life, whole life with chronic care rider, accident, hospitalization, critical illness, Employee Assistance Program, Flexible Spending account, 457b deferred comp. |

**FY 2024 Maryland County Government Health Benefits Survey**

**Somerset**

**Active Employees**

|                      | Provider   | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|------------|--|--|------------------------------|--|--|
| Medical              | Care First |  |  | 96                           | 28   | 13                                       |
| Prescription         |            |  |  |                              |  |  |
| Dental               | Integra    |  |  | 88                           | 26   | 10                                       |
| Vision               | Integra    |  |  | 78                           | 12   | 16                                       |
| Life                 |            |  |  |                              |  |  |
| Long-term Disability |            |  |  |                              |  |  |

**Retirees - under age 65**

|                      | Provider   | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|------------|--|--|------------------------------|--|--|
| Medical              | Care First |  |  | 12                           | 4  |  |
| Prescription         |            |  |  |                              |  |  |
| Dental               | Integra    |  |  | 4                            | 2  |  |
| Vision               | Integra    |  |  | 24                           | 5  |  |
| Life                 |            |  |  |                              |  |  |
| Long-term Disability |            |  |  |                              |  |  |

**Retirees - over age 65**

|                      | Provider | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------|--|--|------------------------------|--|--|
| Medical              | Integra  |  |  | 33                           | 11   |  |
| Prescription         |          |  |  |                              |  |  |
| Dental               | Integra  |  |  | 22                           | 5  |  |
| Vision               | Integra  |  |  | 3                            | 4  |  |
| Life                 |          |  |  |                              |  |  |
| Long-term Disability |          |  |  |                              |  |  |

**Additional Health Benefits Questions**

|  |                                    |
|--|------------------------------------|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | N/A                                |
| What is the maximum dental benefit per member per year?  |                                    |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months                          |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12 months                          |
| Does the medical/prescription plan maintain grandfathered status under ACA?  |                                    |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   |                                    |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   |                                    |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Transamerica Life Insurance, AFLAC |

**FY 2024 Maryland County Government Health Benefits Survey**

**Talbot**

**Active Employees**

|                      | Provider   | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|------------|--|--|------------------------------|--|--|
| Medical              | Cigna      | Open Access Plus                               | fully insured                            | 103                          | 61   | 79                                       |
| Prescription         | Cigna      | Open Access Plus                               | fully insured                            | 103                          | 61   | 79                                       |
| Dental               | Sun Life   | PPO  | fully insured                            | 298                          | 0  | 0  |
| Vision               | UHC Vision | PPO  | fully insured                            | 91                           | 46   | 78                                       |
| Life                 | Sun Life   | n/a  | fully insured                            | 298                          |  |  |
| Long-term Disability | n/a        | n/a  | fully insured                            | n/a                          |  |  |

**Retirees - under age 65**

|                      | Provider   | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees)     | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|------------|--|--|----------------------------------|--|--|
| Medical              | Cigna      | Open Access Plus                               | fully insured                            | 20                               | 12   | 4  |
| Prescription         | Cigna      | Open Access Plus                               | fully insured                            | 20                               | 12   | 4  |
| Dental               | Sun Life   | PPO  | fully insured                            | 20                               | 12   | 4  |
| Vision               | UHC Vision | n/a  | fully insured                            | n/a                              |  |  |
| Life                 | Sun Life   | n/a  | fully insured                            | 307 (combined over and under 65) |  |  |
| Long-term Disability | n/a        | n/a  | fully insured                            | n/a                              |  |  |

**Retirees - over age 65**

|                      | Provider | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------|--|--|------------------------------|--|--|
| Medical              | Intrega  | Supplemental                                   | Self Insured                             | 47                           | 26   | 0  |
| Prescription         | Intrega  | Supplemental                                   | Self Insured                             | 47                           | 26   | 0  |
| Dental               | Sun Life | Supplemental                                   | Self Insured                             | 47                           | 26   | 0  |
| Vision               | n/a      |  |  |                              |  |  |
| Life                 | Sun Life | n/a  |  |                              |  |  |
| Long-term Disability | n/a      |  |  |                              |  |  |

**Additional Health Benefits Questions**

|  |  |
|--|--|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | Cigna - \$150,000 deductible, under \$50,000 \$1,821   |
| What is the maximum dental benefit per member per year?  | \$1,500  |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months  |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | contacts and glass prescription every 12 months - frames every 24 months   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | NO   |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | None at this time  |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | None at this time  |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Supplemental life, Voluntary Long Term Disability, Cancer, Accident, Hospital Indemnity, Critical Illness, Flex Spending |

**FY 2024 Maryland County Government Health Benefits Survey**

**Washington**

**Active Employees**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured | On Single Plans | On Two-person Plans | On Family Plans |
|----------------------|--------------|--|-------------------------|-----------------|---------------------|-----------------|
| Medical              | Aetna        | HMO, PPO                                       | Self- Insured           | 209             | 175/375             | 326/1199        |
| Prescription         | CVS Caremark | One Plan (grouped with Medical)                | Self- Insured           | 209             | 175/375             | 326/1199        |
| Dental               | Delta Dental | PPO, Flex                                      | Self- Insured           | 204             | 169/338             | 308/1125        |
| Vision               | EyeMed       | 12 Month, 24 Month                             | Fully Insured           | 195             | 170/340             | 3001/1109       |
| Life                 | The Hartford | 1 X Annual Salary with Max of \$100,000        | Fully Insured           | 806             |                     |                 |
| Long-term Disability | The Hartford | Base Plan 40%                                  | Fully Insured           | 806             |                     |                 |

**Retirees - under age 65**

|                      | Provider     | Type of Plan (HMO, PPO, High Deductible, etc.)                 | Are Plans Fully Insured | On Single Plans | On Two-person Plans | On Family Plans |
|----------------------|--------------|--|-------------------------|-----------------|---------------------|-----------------|
| Medical              | Aetna        | HMO, PPO   | Self- Insured           | 28              | 25/50               | 10/28           |
| Prescription         | CVS Caremark | One Plan (grouped with Medical)                                | Self- Insured           | 28              | 25/50               | 10/28           |
| Dental               | Delta Dental | PPO, Flex  | Self- Insured           | 29              | 28/56               | 12/34           |
| Vision               | EyeMed       | 12 Month, 24 Month   | Fully Insured           | 30              | 27/54               | 12/34           |
| Life                 | The Hartford | If taking any Health Coverages above, they receive coverage th | Fully Insured           | 30              | 28                  | 12              |
| Long-term Disability | Not Offered  | Not Offered  | Not Offered             | Not Offered     | Not Offered         | Not Offered     |

**Retirees - over age 65**

|                      | Provider    | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured | On Single Plans | On Two-person Plans | On Family Plans |
|----------------------|-------------|--|-------------------------|-----------------|---------------------|-----------------|
| Medical              | Not Offered | Not Offered                                    | Not Offered             | Not Offered     | Not Offered         | Not Offered     |
| Prescription         | Not Offered | Not Offered                                    | Not Offered             | Not Offered     | Not Offered         | Not Offered     |
| Dental               | Not Offered | Not Offered                                    | Not Offered             | Not Offered     | Not Offered         | Not Offered     |
| Vision               | Not Offered | Not Offered                                    | Not Offered             | Not Offered     | Not Offered         | Not Offered     |
| Life                 | Not Offered | Not Offered                                    | Not Offered             | Not Offered     | Not Offered         | Not Offered     |
| Long-term Disability | Not Offered | Not Offered                                    | Not Offered             | Not Offered     | Not Offered         | Not Offered     |

**Additional Health Benefits Questions**

|  |  |
|--|--|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | HM Insurance- \$175,000  |
| What is the maximum dental benefit per member per year?  | \$1,000  |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | We have both options to choose from.   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | We have both options to choose from.   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No   |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | Have incorporated strategies recommended by our prescription plan CVS Caremark |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | Have incorporated strategies recommended by our prescription plan CVS Caremark |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | Long Term Disability Buy-Up Coverage   |

**FY 2024 Maryland County Government Health Benefits Survey**

**Wicomico**

**Active Employees**

|                      | Provider                            | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|-------------------------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst BlueCross BlueShield      | PPO  | Self Funded                              | 264                          | 107  | 96                                       |
| Prescription         | CareFirst BlueCross BlueShield      | PPO  | Self Funded                              | 264                          | 107  | 96                                       |
| Dental               | CareFirst BlueCross BlueShield      | PPO  | Self Funded                              | 264                          | 107  | 96                                       |
| Vision               | CareFirst BlueCross BlueShield      | PPO  | Self Funded                              | 264                          | 107  | 96                                       |
| Life                 | Mutual of Omaha & American Fidelity | Voluntary group life insurance & whole life    | Fully Insured                            |                              | n/a  | n/a                                      |
| Long-term Disability | Mutual of Omaha                     |  | Fully Insured                            | 556                          | n/a  | n/a                                      |

**Retirees - under age 65**

|                      | Provider                       | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------------------------|--|--|------------------------------|--|--|
| Medical              | CareFirst BlueCross BlueShield | PPO  | Self Funded                              | 62                           | 18   | 13                                       |
| Prescription         | CareFirst BlueCross BlueShield | PPO  | Self Funded                              | 62                           | 18   | 13                                       |
| Dental               | CareFirst BlueCross BlueShield | PPO  | Self Funded                              | 62                           | 18   | 13                                       |
| Vision               | CareFirst BlueCross BlueShield | PPO  | Self Funded                              | 62                           | 18   | 13                                       |
| Life                 | n/a                            | n/a  | n/a                                      | n/a                          | n/a  | n/a                                      |
| Long-term Disability | n/a                            | n/a  | n/a                                      | n/a                          | n/a  | n/a                                      |

**Retirees - over age 65**

|                      | Provider                       | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|--------------------------------|--|--|------------------------------|--|--|
| Medical              | United Healthcare - AARP       | Medical Supplement                             |  | 224                          | n/a  | n/a                                      |
| Prescription         | United Healthcare - AARP       | PDP  |  | 236                          | n/a  | n/a                                      |
| Dental               | CareFirst BlueCross BlueShield | PPO  | Self Funded                              | 238                          | n/a  | n/a                                      |
| Vision               | CareFirst BlueCross BlueShield | PPO  | Self Funded                              | 219                          | n/a  | n/a                                      |
| Life                 | n/a                            | n/a  | n/a                                      | n/a                          | n/a  | n/a                                      |
| Long-term Disability | n/a                            | n/a  | n/a                                      | n/a                          | n/a  | n/a                                      |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | CareFirst BlueCross BlueShield - stop loss - \$225,000  |
| What is the maximum dental benefit per member per year?  | \$1,000/ per member   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | 12 months   |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | yes   |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | participate in a consortium group   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | participate in a consortium group   |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | American Fidelity - supplemental life, long-term care, cancer, accident, short-term disability, hospital indemnity, critical illness, 457b, FSA |

**FY 2024 Maryland County Government Health Benefits Survey**

**Worcester**

**Active Employees**

|                      | Provider                         | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees) | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------------------------------|--|--|------------------------------|--|--|
| Medical              | Carefirst Blue Cross/Blue Shield | Blue Preferred PPO                             | Self Insured                             | 711                          | 371  | 711                                      |
| Prescription         | CVS/Caremark                     |  | Self Insured                             | 711                          | 371  | 711                                      |
| Dental               | Carefirst Blue Cross/Blue Shield |  | Self Insured                             | 814                          | 546  | 645                                      |
| Vision               | VSP                              |  | Fully insured                            | 789                          | 615  | 479                                      |
| Life                 | Guardian                         |  | Self Insured                             |                              |  |  |
| Long-term Disability | Guardian                         |  | Self Insured                             |                              |  |  |

**Retirees - under age 65**

|                      | Provider                         | Type of Plan (HMO, PPO, High Deductible, etc.) | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees)       | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------------------------------|--|--|------------------------------------|--|--|
| Medical              | Carefirst Blue Cross/Blue Shield | Blue Preferred PPO                             | Self Insured                             | included in Active Employees count |  |  |
| Prescription         | CVS/Caremark                     |  | Self Insured                             | included in Active Employees count |  |  |
| Dental               | Carefirst Blue Cross/Blue Shield |  | Self Insured                             | included in Active Employees count |  |  |
| Vision               | VSP                              |  | Fully insured                            | included in Active Employees count |  |  |
| Life                 | Not offered                      |  |  |                                    |  |  |
| Long-term Disability | Not offered                      |  |  |                                    |  |  |

**Retirees - over age 65**

|                      | Provider                         | Type of Plan (HMO, PPO, High Deductible, etc.)           | Are Plans Fully Insured or Self Insured? | On Single Plans (#employees)       | On Two-person Plans (#employees/#dependents) | On Family Plans (#employees/#dependents) |
|----------------------|----------------------------------|--|--|------------------------------------|--|--|
| Medical              | Carefirst Blue Cross/Blue Shield | Carefirst Blue Cross/Blue Shield Medicare Advantage plan | Self Insured                             |                                    |  |  |
| Prescription         | CVS/Caremark                     |  | Self Insured                             |                                    |  |  |
| Dental               | Carefirst Blue Cross/Blue Shield |  | Self Insured                             | included in Active Employees count |  |  |
| Vision               | VSP                              |  | Self Insured                             | included in Active Employees count |  |  |
| Life                 | Not offered                      |  |  |                                    |  |  |
| Long-term Disability | Not offered                      |  |  |                                    |  |  |

**Additional Health Benefits Questions**

|  |   |
|--|---|
| If your county self-insures, who is your stop-loss carrier and what are the specific and aggregate attachment points of your policy?   | CareFirst Blue Cross Blue Shield is the stop-loss carrier. We have a \$300K specific stop loss per member and a \$1 million aggregated plan.  |
| What is the maximum dental benefit per member per year?  | We have 2 plans - a \$1,000 annual plan and a \$1,500 annual plan   |
| Does the vision benefit provide for an eye exam every 12 or 24 months?   | 12 months   |
| Does the vision benefit provide for an eyeglasses/contacts every 12 or 24 months?  | eyeglasses every 24 months  |
| Does the medical/prescription plan maintain grandfathered status under ACA?  | No  |
| Please describe any innovative measures enacted for medical/prescription cost control for active employees and their dependent(s).   | We changed the ER co pay from \$50 to \$200 to change member behavior and this did decrease ER visits. The ER visit copay is now \$100. We use Prudent RX for specialty medications and this has saved us almost \$400K. We eliminated the use of Walgreens from our plan and use CVS for specialty prescriptions. The fitness room at the Recreation Center is free for all active employees and retirees.   |
| Please describe any innovative measures enacted for medical/prescription cost control for retirees and their dependent(s).   | We switched to the Carefirst Medicare Advantage Plan 1/1/22 for retirees over 65. Carefirst has partnered with Porter to send a licensed nurse to the home for a well check if the retiree doesn't have a primary care provider on record.  |
| Please list any voluntary benefits offered to employees (ex: supplemental life insurance, long term care insurance, cancer insurance, pet care insurance, financial/legal, etc.) | We offer voluntary AFLAC plans by payroll deduction, supplemental life insurance, free financial advisors, and for FY 24, a \$1K match to deferred compensation/Roth IRA plans for county active employees only   |
| Additional Comments:   | Our plan includes actives and retirees for Worcester County Government and the Board of Education. We also include active employees for the Worcester County Commission on Aging (we don't cover their retirees). The plans is the same for actives and retirees under 65. We don't offer a HMO or High Deductible plans. Dental and Vision costs are paid 100% by the employees and are not funded by the County at all. Employees hired after 7/1/15 have a 80/20 cost share and those hired prior to 6/30/15 have a 90/10 cost share. New hires after 11/1/07 need 15 years of service to stay on the health care when they retire. Those hired 10/31/07 or before, need 5 years of service to remain on the health care at retirement. New hires after 10/1/17 can have dependents remain on their insurance at retirement but the dependents have to pay 100% of the cost share. |