

Retiree

City of Baltimore 2012 Benefit Plan Comparison Chart

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Note: This Comparison Is To Be Used As A Guide Only. Actual Benefits Will Be Governed by The Terms And Conditions of the Master Contract.

Section 1

Important Notices

Information About Your Benefits Plan for 2012

Express Scripts Clinical Programs	<p>Effective January 1, 2012, the City of Baltimore will implement new prescription drug clinical programs: Step Therapy, Prior Authorization and Quantity Limits.</p> <p>Step Therapy is a process that requires a person to try lower cost drugs before a higher cost drug in the same class is approved. Step Therapy will be waived if you are currently taking a higher cost prescribed drug prior to implementation of this program. However, new prescriptions will be subject to the Step Therapy process.</p> <p>Prior Authorization from your physician will be required for certain drugs. A list of the drugs that will require prior authorization will be provided in your Express Scripts Prescription Drug booklet. Prior Authorization will be waived if you are currently taking a prescribed drug that is on the Prior Authorization drug list. However, new prescriptions will be subject to the Prior Authorization process.</p> <p>Drug Quantity Management limits the amount of medications that can be dispensed during a given period in accordance with the Food and Drug Administration's (FDA) guidelines. If the quantity prescribed exceeds FDA limit, then the quantity will be dispensed at the FDA approved amount.</p>
Prescription Deductible for the Baltimore City Medicare Rx Plan	Beginning January 1, 2012 Medicare retirees and their Medicare eligible dependents must satisfy a \$100.00 deductible before the Baltimore City Medicare Rx Plan will provide prescription drug coverage. A deductible is the amount of covered expenses you must pay before your insurance plan will pay benefits.
Prescription Coverage	You and your dependents must be enrolled in a City of Baltimore medical plan in order to enroll in a prescription drug plan.
Life Insurance	Effective January 1, 2012, Minnesota Life will be the City of Baltimore's new Life/AD&D provider for primary retirees (not beneficiaries).
Dental Coverage	Dental coverage is provided through the medical plan. However, retirees enrolled in the Traditional Plan/Traditional Medicare Supplemental Plan do not receive dental coverage.
Enrollment Website	www.baltimorecity.essbenefits.com
Administrative Information	
Medicare Secondary Payer (MSP) Mandatory Reporting	Under the Medicare Secondary Payer (MSP) Mandatory Reporting, federal law requires the mandatory collection and reporting of social security numbers of all covered participants including employees, retirees and their dependents through employer group health benefits. Noncompliance may result in the loss of coverage for covered participants with invalid or missing social security numbers.

Administrative Information Continued

Duplicate Coverage Information	If you and your spouse/partner are both a City employee/retiree, you both cannot enroll each other or the same eligible dependents on your City medical, dental, vision and prescription plans during any coverage period. You will be notified to adjust duplicate coverage, if applicable.
Surviving Spouse	If your death precedes your spouse and your spouse is entitled to receive a monthly/bi-weekly pension check upon your death, he/she may be entitled to health benefits as a beneficiary. Your spouse's health benefits under your membership will terminate at the end of the month following your date of death. Your spouse's health benefits under his/her own membership will be effective the first day of the month following the Beneficiary Benefit Begin Date. The Beneficiary Benefit Begin Date is one day after your date of death. If your spouse is entitled, he/she will receive a new benefit enrollment packet in the mail.
Change or Correct Personal Information	To change your personal information including your name, social security number, date of birth, address and gender, you must contact your retirement agency in writing with the correct information. The Employee Benefits Division cannot update your personal information. Please contact your retirement agency directly for more information: <ul style="list-style-type: none"> - Employee Retirement System (ERS) retirees should contact ERS directly at 443-984-3200 - Fire & Police Retirement System (FPR) retirees should contact FPR directly at 410-497-7929 or 1-888-410-1600 - Maryland State Retirement Agency (MSRA) retirees should contact MSRA directly at 410-625-5555
Combined Medical & Prescription Drug Contribution Exceeds Monthly Pension	If your combined premium for medical and prescription drug benefits exceeds your retirement pension, you will receive an invoice for your combined medical and prescription drug premium. Invoices will be mailed to your address of record with your retirement system. You must mail a check or money order payable to the Director of Finance along with the corresponding invoice to the address printed on the invoice by the first of each month. If you wish to pay multiple premiums in advance, you may do so. Contact Employee Benefits - Premium Billing at 410-396-5831 for details.

Important Information About Medicare

Important Medicare Information	The City requires all its members (including you and your dependents) to enroll in Medicare Part B at the time you become eligible for Medicare Part A. Once enrolled in Medicare part B, you must remain enrolled in order to continue receiving the maximum possible benefit from the City's supplemental medical plan.
Social Security Approved Disability	When you (or spouse/child) become disabled as determined by the SSA, you must apply for Medicare Part B through SSA at the time you become eligible for Medicare Part A and provide Employee Benefits with your Medicare information immediately. If you decline your Medicare Part B, you will be responsible for all Medicare Part B (Medical) claims that would ordinarily be covered by Medicare B. Your medical coverage with the City will be converted to the supplemental coverage and the City will only cover 20% of the claims up to the Medicare Allowed Amount.

Section 1

Contact Phone Numbers & Websites

Provider	Phone Number	Website
CareFirst PPN	1-800-535-2292	www.carefirst.com
CareFirst Traditional	1-800-535-2292	www.carefirst.com
ValueOptions Mental Health (CareFirst Only)	1-866-468-5633	www.achievesolutions.net/baltimore
Kaiser Permanente HMO	1-866-248-0715	www.kaiserpermanente.org
Express Scripts Prescription Plan (Non-Medicare)	1-800-354-8123	www.express-scripts.com
Baltimore City Medicare Rx Plan (Medicare)	410-396-1780	www.baltimorecity.essbenefits.com
CareFirst Select Vision	1-800-535-1181	www.carefirst.com
Minnesota Life (Life and AD&D) New for January 1,2012	1-888-658-0193	www.lifebenefits.com/plandesign/baltimorecity
Employee's Retirement System (ERS)	1-877-273-7136	www.bcercs.org
Fire & Police Retirement (FPR)	1-888-410-1600	www.bcfpers.org
Maryland State Retirement	1-800-492-5909	http://www.sra.state.md.us/ (Pension Information)

Section 2

2012 Retiree without Medicare Benefit Plan Comparison Chart

*Allowed Benefit is 50% of R & C **any out-of-network provider can balance bill the difference between allowed amount and billed amount

	CareFirst PPN		CareFirst Traditional**	Kaiser HMO
	In-Network	Out-of-Network* *		
Dependent Eligibility	Dependent children, until the end of the calendar year they reach age 26, regardless of student or marital status.			
Plan Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Routine & Preventive Services				
Physician's Office Visit	100% of allowed benefit after \$20 copay per medical office visit to a primary care physician	80% allowed benefit	Major medical subject to deductible and coinsurance if applicable	\$5 copay per visit
Specialist Office Visit	100% allowed benefit after \$25 copay	80% allowed benefit	Major medical subject to deductible and coinsurance if applicable	\$5 copay per visit
Routine GYN Examination	100% of allowed benefit after \$5 copay; limit one per year	80% allowed benefit; one per year	No benefit	Covered in Full
Hearing Exams	Hearing Benefits 100% allowed benefit with medical diagnosis; one exam every 36 months (routine exams excluded)	Hearing Benefits 80% allowed benefit with medical diagnosis; one exam every 36 months (routine exams excluded)	No Benefit	\$5 copay per visit
Immunizations	100% allowed benefit- when associated with a routine physical	80% allowed benefit- when associated with a routine physical	No benefit	Covered in full
Mammography, Colorectal Screening, Prostate Screening	100% allowed benefit; eligibility based on age	80% allowed benefit; eligibility based on age	100% allowed benefit; eligibility based on age (prostate screening not covered)	Covered in full
Routine Physical	\$5 copay; 100% Allowed Benefit (1 exam every 36 months)	80% allowed benefit (1 exam every 36 months)	No benefit	Covered in full
Well Baby/Child Care	\$10 copay, then 100% allowed benefit; 0-11 Months 4 Visits; 12-23 Months 3 Visits; 2-6 Years 1 per Year; 7-12 Years 100% allowed Benefit.	\$10 copay, then 80% of allowed benefit; 0-11 Months 4 Visits; 12-23 Months 3 Visits; 2-6 Years 1 per Year; 7-12 Years 100% allowed Benefit.	No benefit	Covered in full

2012 Retiree without Medicare Benefit Plan Comparison Chart

*Allowed Benefit is 50% of R & C **any out-of-network provider can balance bill the difference between allowed amount and billed amount

	CareFirst PPN		CareFirst	Kaiser HMO
	In-Network	Out-of-Network* *	Traditional**	
Emergency Room and Urgent Care Services				
Ambulance Service (based on medical necessity)	Major medical subject to deductible and coinsurance if applicable (Ground Only)	Major medical subject to deductible and coinsurance if applicable (Ground Only)	Major medical subject to deductible and coinsurance if applicable (Ground Only)	Covered in full
Emergency Room (copay waived if admitted)	100% of allowed benefit \$50 copay	100% of allowed benefit \$50 copay	100% allowed benefit	\$50 copay
Urgent Care	\$10 copay per visit	Will be handled as in-network	Covered by major medical	\$5 copay per visit
Hospital Inpatient Services				
Anesthesia	100% allowed benefit	100% allowed benefit	100% allowed benefit	Covered in full
Hospital Services, Including Room, Board & General Nursing Services	100% allowed benefit (Acute Inpatient Rehab Not Covered)	\$100 deductible per admission, then plan pays 70% up to \$1,500 out of pocket maximum per admission, then 100% allowed benefit. preauthorization required *(Acute Inpatient Rehab Not Covered)	\$50 deductible per person for first admission in calendar year, then covered at 100% allowed benefit. (Acute Inpatient Rehab Not Covered)	Covered in full
Medical Surgical Physician Services	100% allowed benefit	80% allowed benefit	100% allowed benefit	Covered in full
Physical, Speech & Occupational Therapy	100% allowed benefit (Pre-Authorization Required After 10th Lifetime Visit)	80% allowed benefit (Pre-Authorization Required After 10th Lifetime Visit)	Major medical benefit	Covered in full
Organ Transplant (Pre-Authorization Required)	Kidney, bone marrow, cornea transplants, liver, heart, heart-lung or pancreas - 100% allowed benefit	Kidney, bone marrow, cornea transplants, liver, heart, heart-lung or pancreas - 100% allowed benefit	Kidney, bone marrow, cornea transplants, liver heart, heart lung or pancreas - 100% allowed benefit	Covered in full for non-experimental transplants: heart, heart-lung, liver, kidney, lung, bone marrow, cornea, simultaneous pancreas/kidney

2012 Retiree without Medicare Benefit Plan Comparison Chart

*Allowed Benefit is 50% of R & C **any out-of-network provider can balance bill the difference between allowed amount and billed amount

	CareFirst PPN		CareFirst	Kaiser HMO
	In-Network	Out-of-Network* *	Traditional**	
Outpatient Services				
Chemotherapy & Radiation	100% allowed benefit	80% allowed benefit	100% allowed benefit	\$5 copay per visit
Renal Dialysis	100% allowed benefit	80% allowed benefit	100% allowed benefit	\$5 copay per visit
Diagnostic Lab Work & X-rays	100% allowed benefit	80% allowed benefit	100% allowed benefit	Covered in full
Outpatient Surgery	100% allowed benefit	80% allowed benefit	100% allowed benefit	\$5 copay per visit
Allergy Serum				
Allergy Testing	100% allowed benefit	80% allowed benefit	Major medical benefit, subject to deductible and coinsurance if applicable	\$5 copay per visit
Allergy Serum	Allergy Serum not covered See Pharmacy benefits	Allergy Serum not covered See Pharmacy benefits	Allergy Serum not covered See Pharmacy benefits	Covered up to a \$200 maximum per year
Maternity				
Pre & Post-Natal Physician Services	100% allowed benefit	80% allowed benefit	100% allowed benefit	\$5 copay for initial visit to determine pregnancy then covered in full
Newborn Care (Inpatient)	100% allowed benefit initial & discharge	80% allowed benefit initial & discharge	100% allowed benefit initial & discharge	Covered in full
Delivery (Inpatient)	100% allowed benefit Pre-authorization Required	\$100 deductible per admission, then plan pays 70% up to \$1,500 out of pocket maximum per admission, then 100% allowed benefit. Pre-authorization Required	\$50 deductible per person for first admission in calendar year then covered at 100% allowed benefit.	Covered in full

2012 Retiree without Medicare Benefit Plan Comparison Chart

*Allowed Benefit is 50% of R & C **any out-of-network provider can balance bill the difference between allowed amount and billed amount

	CareFirst PPN		CareFirst	Kaiser HMO
	In-Network	Out-of-Network* *	Traditional**	
Fertility Testing & Family Planning				
Fertility Testing & Family Planning	100% allowed benefit	80% allowed benefit	100% allowed benefit	\$5 copay per visit for family planning. Fertility testing office visit and any other fertility services covered at 50%
In-Vitro Fertilization	100% allowed benefit, \$12,000 lifetime max Pre-authorization required	80% allowed benefit, \$12,000 lifetime max Pre-authorization required	100% allowed benefit, \$100,000 lifetime max Pre-authorization required	50% of allowable charges; \$100,000 maximum lifetime benefit for up to 3 attempts per life birth
Mental Health & Substance Abuse				
<u>Inpatient</u> Mental Health/Alcohol & Substance Abuse Benefits	100% allowed benefit; Pre-Authorization Required Provided by Value Options	\$100 deductible per admission, then plan pays 70% up to \$1,500 out of pocket maximum per admission, then 100% allowed benefit. Pre-Authorization Required Benefit provided by Value Options	Covered at 100% allowed benefit Benefit provided by Value Options	Covered in full
<u>Outpatient</u> Mental Health/Alcohol & Substance Abuse Benefits	100% allowed benefit after \$20 copay. Provided by Value Options	80% allowed benefit. Provided by Value Options	100% allowed benefit initial & discharge Benefit provided by Value Options	\$5 copay per visit
Miscellaneous Supplies & Services				
Nutrition & Health Education	Covered at 100% for certain diagnosis; contact plan for details	80% for certain diagnosis; contact plan for details	Covered at 100% for certain diagnosis; contact plan for details	\$5 copay per visit
Diabetic Supplies	100% allowed benefit, including lancets test strips and glucometers	100% allowed benefit, including lancets, test strips and glucometers	100% allowed benefit, including lancets, test strips and glucometers	Covered in Full
Insulin & syringes are covered by the Rx plan				

2012 Retiree without Medicare Benefit Plan Comparison Chart

*Allowed Benefit is 50% of R & C **any out-of-network provider can balance bill the difference between allowed amount and billed amount

	CareFirst PPN		CareFirst	Kaiser HMO
	In-Network	Out-of-Network* *	Traditional**	
Miscellaneous Supplies & Services Continued				
Durable Medical Equipment	Major medical benefit subject to deductible and coinsurance if applicable	Major medical subject to deductible and coinsurance if applicable	Major medical subject to deductible and coinsurance if applicable	Covered in full
Private Duty Nursing (Pre-authorization required)	Mandatory pre-certification and medical necessity; major medical benefit subject to deductible and coinsurance if applicable	Mandatory pre-certification and medical necessity; major medical benefits subject to deductible and coinsurance if applicable	Mandatory pre-certification and medical necessity; major medical benefits subject to deductible and coinsurance if applicable	Covered in full
Inpatient Hospice Care (Pre-authorization required)	100% allowed benefit	100% allowed benefit	100% allowed benefit	Covered in full for members with life expectancy of less than six months
Outpatient Hospice Care (Pre-authorization required)	100% allowed benefit	100% allowed benefit	100% allowed benefit	covered in full for members with life expectancy of less than six months
Prosthetic Devices (Such as artificial limbs)	Major medical benefit subject to deductible and coinsurance if applicable	Major medical benefit subject to deductible and coinsurance if applicable	Major medical subject to deductible and coinsurance if applicable	Covered in full
Major Medical				
Major Medical Annual Deductible	Major medical expenses only; \$200 per person per policy year	Major medical expenses only; \$200 per person per policy year	Major medical expenses only; \$200 per person per policy year	N/A
Major Medical Yearly Out-Of-Pocket Maximum Costs	After deductible is satisfied, benefit percentages for major medical services: \$30,000 paid at 100% allowed benefit then at 50% allowed benefit.	After deductible is satisfied, benefit percentages for major medical services: \$30,000 paid at 100% allowed benefit then at 50% allowed benefit.	After deductible is satisfied, benefit percentages for major medical services: \$30,000 paid at 100% allowed benefit then at 50% allowed benefit.	N/A

Section 3

2012 Retiree with Medicare Benefit Plan Comparison Chart

*Allowed Benefit is 50% of R & C **any out-of-network can balance bill the difference between allowed amount and billed amount

	CareFirst Traditional	Kaiser HMO
Are Referrals Required?	No	Yes
Dependent Eligibility	Dependent children, until the end of the calendar year they reach age 26, regardless of student or marital status.	
Plan Lifetime Maximum Benefit	Unlimited	Unlimited
Routine & Preventive Services		
Physician's Office Visit	Covered by major medical	\$5 copay per visit
Specialist Office Visit	Covered by major medical	\$5 copay per visit
Routine GYN Examination	For the year Medicare provides the benefit- 100% of balance after Medicare; for the year Medicare does not provide a benefit- 100% of BCBS allowed benefit	Covered in full
Hearing Exams	No Benefit	\$5 copay, hearing aids not covered
Immunizations	No benefit	Office visit copay may apply, then covered in full for influenza, pneumococcal and Hepatitis B vaccine
Mammography, Colorectal Screening, Prostate Screening	100% of balance after the Medicare allowed amount	\$5 copay per visit
Routine Physical	Limited to 1 visit per calendar year with \$100 maximum per year (no coverage for lab services)	Covered in full
Well Baby/Child Care	No benefit	Covered in full
Emergency Room and Urgent Care Services		
Ambulance Service (based on medical necessity)	Covered by major medical	Covered in full according to Medicare guidelines
Emergency Room (waived if admitted)	100% of balance after the Medicare allowed amount up to the Medicare allowed amount, if within 72 hours of the accident or injury.	\$50 copay
Urgent Care	Not applicable - see office visit	\$5 copay per visit

2012 Retiree with Medicare Benefit Plan Comparison Chart

*Allowed Benefit is 50% of R & C **any out-of-network can balance bill the difference between allowed amount and billed amount

	CareFirst Traditional	Kaiser HMO
Hospital Inpatient Services		
Anesthesia	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full
Hospital Services, including Room, Board & General Nursing Services	The plan pays the Medicare deductible for that Medicare Plan Year in full, lifetime reserved days covered by major medical	Covered in full for pre-authorized hospitalization or emergency admission
Diagnostic Lab Work & X-rays	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full
Medical Surgical Physician Services	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full
Physical, Speech & Occupational Therapy	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full
Organ Transplant (Pre-Authorization Required)	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full when authorized, according to Medicare guidelines
Outpatient Services		
Chemotherapy & Radiation	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	\$5 copay per visit
Renal Dialysis	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full for out-patient dialysis within the service area
Diagnostic Lab Work & X-rays	Covered by major medical	Covered in full
Outpatient Surgery	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full
Physical, Speech & Occupational Therapy	Covered by major medical up to 100 combined visits per calendar year	\$5 copay per visit, Medicare guidelines apply for medical necessity and length of treatment

2012 Retiree with Medicare Benefit Plan Comparison Chart

*Allowed Benefit is 50% of R & C **any out-of-network can balance bill the difference between allowed amount and billed amount

	CareFirst Traditional	Kaiser HMO
Outpatient Services Continued		
Allergy Testing	Covered by major medical	\$5 copay per visit
Allergy Serum	Covered by major medical	\$5 copay per visit
Maternity		
Pre/Post-Natal Physician Services	No benefit	\$5 copay
Delivery (Inpatient)	No benefit	Covered in full
Newborn Care (Inpatient)	No benefit	Covered in full
Fertility Testing & Family Planning		
Fertility Testing & Family Planning	No benefit	\$5 copay per visit- infertility 50% of allowable charges for testing, lab and x-ray charges
In-Vitro Fertilization	No benefit	50% of allowable charges; \$100,000 maximum lifetime benefit for up to 3 attempts per live birth
Mental Health & Substance Abuse		
<u>Inpatient</u> Mental Health Benefits/Alcohol & Substance Abuse	100% after Medicare	Covered in full
<u>Outpatient</u> Mental Health Benefits/Alcohol & Substance Abuse	Covered by major medical	\$5 copay per visit
Miscellaneous Supplies & Services		
Nutrition and Health Education	Paid the Same As OV/OP Services; contact plan for details	Unlimited visits
Diabetic Supplies	100% of balance after Medicare, including test strips, lancets & glucometers	\$5 copay per visit for Medicare covered self-monitoring training; covered in full for lancets, test strips & glucometers
Insulin & Syringes Are Covered By Your Rx Plan		

2012 Retiree with Medicare Benefit Plan Comparison Chart

*Allowed Benefit is 50% of R & C **any out-of-network can balance bill the difference between allowed amount and billed amount

	CareFirst Traditional	Kaiser HMO
Miscellaneous Supplies & Services Continued		
Private Duty Nursing (Pre-authorization required)	Covered by major medical	No benefit
Home Health Care	100% of balance after Medicare- 90 days per calendar year.	Covered in full according to Medicare guidelines
Extended Care Facility & Skilled Nursing Facilities	The plan pays the per day copay for that Medicare plan year for days 21-100; additional days no benefits.	Covered in full for up to 100 days per benefit period
Inpatient Hospice Care	Major Medical Benefit	Covered in full
Outpatient Hospice Care	Major Medical Benefit	Covered in full
Prosthetic Devices (Such as artificial limbs)	Covered by major medical	Covered in full according to Medicare guidelines
Major Medical		
Major Medical Annual Deductible	Deductible waived with Medicare	N/A
Major Medical Yearly Out-Of-Pocket Maximum Costs	First \$30,000 paid at 100%, than paid at 50%	N/a

Section 4			
2012 Express Scripts Copays			
Express Scripts Copays: Retiree without Medicare			
	Generic	Formulary (Preferred Brand)	Non-Formulary (Non-Preferred Brand)
Retail (30-Day Supply)	\$5	\$30	\$50
Mail Order (90-Day Supply)	\$12.50	\$75	\$125

Express Scripts Copays: Retiree with Medicare			
Deductible (New for 2012)	Beginning January 1, 2012 Medicare retirees and their Medicare eligible dependents must satisfy a \$100.00 deductible before the Baltimore City Medicare Rx Plan will provide prescription drug coverage. A deductible is the amount of covered expenses you must pay before your insurance plan will pay benefits.		
The following co-pays apply after you and/or you dependents have meet the \$100.00 deductible:			
Retail (30 Day Supply)	\$5	\$30	\$50
Medicare Part D (90 Day Supply -Local Retail Pharmacy)	\$15	\$90	\$150
Mail Order (90 Day Supply)	\$12.50	\$75	\$125

Section 4		
Prescription Drug Premium for Retirees		
Retirees & Dependents (All Members Non-Medicare) Prescription Drug Plan (Rx*)	Monthly Rx Premium	Bi-Weekly Rx Premium
Participant Only	\$24.43	\$11.28
Participant + Child	\$47.65	\$21.99
Participant + Spouse/Domestic Partner	\$54.89	\$25.34
Participant + Family	\$59.58	\$27.50
Retirees & Dependents All Members with Medicare Part A and/or Part B) Prescription Drug (Medicare D) Plan (MRx**)		
One Member Enrolled in Medicare Rx (MRx)	\$25.98	\$11.99
Two Members Enrolled in Medicare Rx (MRx)	\$51.96	\$23.98
Three Members Enrolled in Medicare Rx (MRx)	\$77.93	\$35.97
Four Members Enrolled in Medicare Rx (MRx)	\$103.91	\$47.96
Non-Medicare Dependent(s) of Retirees Enrolled in MRx Prescription Drug Plan (Rx)		
Spouse/Domestic Partner	\$24.43	\$11.28
Spouse/Domestic Partner + Child	\$47.65	\$21.99
Spouse/Domestic Partner + Two or More Children	\$59.58	\$27.50
One Child Only	\$23.22	\$10.72
Two or More Children Only	\$35.15	\$16.22

*Rx Plan = Non-Medicare retirees and dependents enrolled in Express Scripts

**MRx Plan= Medicare retirees and dependents enrolled in Express Scripts

Section 4

CareFirst Select Vision- Schedule of Benefits (Retirees: MAPS, Police & Fire Only)

If you go to a

Participating Provider		Non-Participating Provider			
Covered Service (Note: Plan allows one pair of glasses or contacts, per member, in a 24 month period.)					
Vision Exam	Plan Pays 100% of Allowed Benefit.		Plan Pays 100% of allowed Benefit; you pay the balance.		
Glasses		Plan pays up to:		Plan pays up to:	You Pay:
	Single Vision	\$41.50	Single Vision	\$41.50	Balance
	Bifocal	\$67.00	Bifocal	\$67.00	Balance
	Trifocal	\$89.50	Trifocal	\$89.50	Balance
	Double Bifocal	\$100.50	Double Bifocal	\$100.50	Balance
	Cataract (Aphakic)	\$156.50	Cataract (Aphakic)	\$156.50	Balance
Frames Per Pair	Plan Pays up to \$29.50 and you pay \$0 for select frames. (If you select more expensive frames then you pay the balance.)		Plan pays up to \$29.50; you pay the balance.		
Contact Lenses**	Covered only if medically necessary or instead of glasses				
	Medically Required*	Plan pays up to \$221.	Plan pays up to \$221; you pay the balance.		
	Not Medically Required. Single Vision.**	Plan pays up to \$71.	Plan pays up to \$71; you pay the balance.		
	Not Medically Required. Bifocal **	Plan pays up to \$96.50.	Plan pays up to \$96.50; you pay the balance.		
* Following cataract surgery or when visual acuity of at least 20/70 in the better eye is possible with the use of contact lenses.					
** In place of glasses (frames and lenses)					

NOTE: The Only Retirees Eligible for the CareFirst Select Vision Benefits Are MAPS, FIRE & Police

Section 4	
Retiree Life Insurance	
UNION	Benefit Amount
MAPS	\$8,500
Fire	\$7,000
Police	\$7,000
AFSCME Local 558 (Nurses)	\$1,500
AFSCME Local 2202	\$5,000
AFSCME Local 44	\$5,000
CUB	\$5,000

Important Information About Your Life Insurance:
 Effective January 1, 2012 The City of Baltimore will have a new Life Insurance Vendor:
 Minnesota Life
 Phone Number: 1-877-273-7136
 Website: www.lifebenefits.com/plandesign/baltimorecity

New Beneficiary forms are available on the City of Baltimore Enrollment website:
www.baltimorecity.essbenefits.com



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