



CITY OF NEW CARROLLTON



July 1, 2021 – June 30, 2022

Employee Benefits Guide

Eligibility Requirements

Employees

- 1) You are a regular full-time employee; and
- 2) You remain employed until the first of the month following the date of hire.

You must sign-up for our medical, dental and vision coverage within thirty (30) days of eligibility or you have to wait until open enrollment for insurance (usually held in July of each year). You may enroll outside of this period if you experience a qualifying event such as loss of coverage, birth or adoption of a child, and/or you get married.

- 3) Full-time, sworn Police Officers are eligible for medical, dental, vision, basic life insurance/accidental death and dismemberment, and long-term disability coverage on their first day of employment.

Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- Spouse: a person to whom you are legally married by ceremony.
- Dependent Children: your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status. Dependent coverage terminates at the end of the month in which the dependent ceases to meet the definition of an eligible dependent.

Making Changes

The benefits plan year runs from July 1 through June 30. You will not be able to make changes to your elections during the plan year unless you or one of your dependents experience a qualified change-in-status event. If you do not experience a qualified change-in-status event, the elections you make and their related payroll deductions will remain in effect through June 30, 2022.

You must notify the Human Resources Department within 30 days of the qualified change-in-status event in order to make a change to your benefit elections. Documentation supporting the change will be required.

Qualified change-in-status events are as follows:

- Marriage or Divorce
- Birth, Adoption, or Death
- Change in employment status for you, your spouse, or your dependent child.
- Eligibility for or loss of other coverage due to your spouse's open enrollment period, or loss or gain or benefit eligibility.



Medical Benefits

Helping you maintain good health

Medical coverage is provided through the Cigna Open Access plan. Employees are allowed to seek treatment from primary care physicians and specialists without referrals. For full benefits, please see the Cigna Open Access Summary of Benefits. This insurance plan comes with an annual deductible of \$100.00 for an individual and \$200.00 for a family. Employees are responsible for the full cost of the deductible.

CURRENT MEDICAL BIWEEKLY RATES (07/01/2021 – 06/30/2022):

Individual: \$10.00

Individual & Child(ren): \$99.55/biweekly

Individual & Spouse: \$123.77/biweekly

Family: \$150.67/biweekly

Choosing the right type of care

Your doctor knows best

- Your personal physician best understands your health.
- Having a personal physician can result in overall better care.

What if you get sick or injured when your doctor's office is closed?

Cigna Members: 24/7 medical advice

- Health Information Line: get advice on a diagnosis or where to receive care (1-800-244-6224).
- Cigna Telehealth Connection: access virtual doctor visits for common, uncomplicated, non-emergency health issues.

Urgent care centers are usually open after normal business hours, including evenings and weekends.

- Many urgent care centers offer on-site diagnostic tests.
- In most situations, you will find that you save time and money by going to urgent care instead of the Emergency Room. Make sure that the urgent care center you select is in the network!

Emergency Room (ER)

- ERs are the best place for treating severe/life-threatening conditions.
- ERs provide the most expensive type of care.

Plan Highlights		In-Network	
Lifetime Maximum	Unlimited		
Plan Coinsurance	Your plan pays 100%		
Contract Year Deductible	Individual: \$100 Family: \$200		
<ul style="list-style-type: none">Copays always apply before plan deductible and coinsurance.Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.			
Contract Year Out-of-Pocket Maximum	Individual: \$5,000 Family: \$10,000		
<ul style="list-style-type: none">Plan deductible contributes towards your out-of-pocket maximum.All copays and benefit deductibles contribute towards your out-of-pocket maximum.Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum.After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.This plan includes a combined Medical/Pharmacy out-of-pocket maximum.			

Pharmacy		In-Network	
Cost Share and Supply			
Cigna Pharmacy Cost Share <ul style="list-style-type: none">• Retail – up to 90-day supply (except Specialty up to 30-day supply)• Home Delivery – up to 90-day supply		Retail (per 30-day supply): Generic: You pay \$0 Preferred Brand: You pay \$25 Non-Preferred Brand: You pay \$45 Retail (per 90-day supply): Generic: You pay \$0 Preferred Brand: You pay \$50 Non-Preferred Brand: You pay \$90 Home Delivery (per 90-day supply): Generic: You pay \$0 Preferred Brand: You pay \$50 Non-Preferred Brand: You pay \$90	
<ul style="list-style-type: none">• Retail drugs for a 30-day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90-day supply(such as maintenance drugs) will be available at select network pharmacies.• Cigna 90 Now Program: For specified maintenance medications, you must obtain a 90-day prescription (filled at either a 90-day network retail pharmacy or network home delivery pharmacy) for the medication to be covered by the plan. Otherwise, after three 30-day fill(s), you pay the entire cost of the prescription.• This plan will not cover out-of-network pharmacy benefits.• Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.• Patient is responsible for the applicable cost share based upon the tier of the dispensed medication.• Exclusive specialty home delivery: Specialty medications must be filled through home delivery; otherwise you pay the entire cost of the prescription after 3 Retail fills. Some exceptions may apply.• Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.• If you receive a supply of 34 days or less at home delivery (including a Specialty Prescription Drug), the home delivery pharmacy cost share will be adjusted to reflect a 30-day supply.			



Dental Benefits

Keeping a healthy smile

The City of New Carrollton provides dental coverage through the MetLife Dental plan. For full benefits, please see the MetLife Dental Summary of Benefits. It is recommended that you choose an in-network dentist, so you will have lower out-of-pocket costs

CURRENT DENTAL BIWEEKLY RATES (07/01/2021 – 06/30/2022):

Individual: \$0.00

Individual & Child: \$5.47/biweekly

Individual & Children: \$7.81/biweekly

Individual & Spouse: \$8.20/ biweekly

Family: \$11.32/biweekly

Coverage Type:	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Negotiated Fee ²
Type A - Preventive	100%	100%
Type B - Basic Restorative	100%	100%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible ³		
Individual	\$0	\$0
Family	\$0	\$0
Annual Maximum Benefit:		
Per Individual	\$2000	\$2000
Orthodontia Lifetime Maximum - Ortho applies to Child Only	Child to age 19	
	\$1200 per Person	\$1200 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
<div>1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.</div> <div>2. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.</div> <div>3. Applies to Type B and C services only.</div>		



Vision Benefits

Seeing things clearly

Vision coverage is provided through National Vision Administrators (NVA). For full benefits, please see the National Vision Administrators Summary of Vision Care Benefits.

CURRENT VISION BIWEEKLY RATES (07/01/2021 – 06/30/2022):

Individual: \$0.00

Individual & Child): \$.75/biweekly

Individual & Child(ren): \$1.08/biweekly

Individual & Spouse: \$1.13/biweekly

Family: \$1.56/biweekly

<i>Benefit Frequency</i>	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
Examination Once Every 12 Months	▪ Covered 100%	Reimbursed Amount ▪ Up to \$32
Lenses Once Every 12 Months	Standard Glass or Plastic	
▪ Single Vision ▪ Bifocal ▪ Trifocal ▪ Lenticular	▪ Covered 100%	▪ Up to \$26 ▪ Up to \$36 ▪ Up to \$46 ▪ Up to \$72
Frame Once Every 12 Months	Retail Allowance ▪ Up to \$60 (20% discount off balance)*	▪ Up to \$30
Contact Lenses Once Every 12 Months	In lieu of Lenses & Frame	In lieu of Lenses & Frame
Elective Contact Lenses	▪ Up to \$85 Retail ^① (15% discount (Conventional) or 10% discount (Disposable) off balance)**	▪ Up to \$85
Medically Necessary	▪ Covered 100%	▪ Up to \$225



Connect Care 3

Your health and wellness partner

Connect Care 3 provides health advocacy and nurse navigation services for minor to severe illnesses. These services are confidential and available at no charge. The Nurse Navigators listen to concerns, provide various options for care, and answer questions about illnesses and treatment options.

Additional Services Offered by Connect Care 3

Chronic Disease Management and Prevention – a team of experts will provide you with resources and expertise to help you understand, prevent, or manage chronic conditions.

Nutrition Education – a registered dietitian will work one-on-one with you to complete a thorough nutritional assessment to evaluate current habits and identify areas for improvement.

Tobacco Cessation - a certified health coach who has received tobacco cessation training will be partnered with you to assist you in achieving and maintaining a tobacco free life.

Contact Information

Connect Care 3

www.connectcare3.com

1-877-223-2350



Flexible Spending Account

A Flexible Spending Account (FSA) plan is offered to employees through AmeriFlex. Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars for eligible health care expenses.

In order to participate in the FSA, you must enroll each year. Your annual contributions remain in effect during the entire year (July 1 through June 30). The only time you can change your election is during Open Enrollment or if you experience a qualified change-in-status event.

All employees who participate in a Flexible Spending Account Plan will receive an FSA debit card as a way to pay up front for qualified expenses. The FSA debit card will be mailed to your home. If you already have a card, keep it! You will not receive a new one until it expires.

Health Care FSA

Health Care FSAs are one of the most popular benefit plans offered by employers because they provide employees with a practical way to pay for everyday, routine medical expenses such as copays, deductibles, and vision care. You may set aside up to \$2,750 annually in pre-tax dollars, which is deducted out of your pay throughout the year. You can use the FSA for expenses for yourself, your spouse, and your dependent children. Your annual contribution amount is deposited into your account and is available to you at the beginning of the plan year. As you incur expenses, use your debit card to pay for your expenses or submit a claim to be reimbursed.



When you choose how much to contribute to an FSA, be sure to estimate your expenses carefully. The Health Care FSA allows you to rollover up to \$500 in your account at the end of the plan year. You will have 90 days after the end of the plan year to submit claims incurred during that plan year.

Flexible Spending Account Continued

Dependent Care FSA

A Dependent Care FSA (DCFSA) is a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare. It is a smart, simple way to save money while taking care of your loved ones so that you can continue to work. Dependent Care FSA allows you to set aside pre-tax dollars for eligible dependent care expenses.

Dependent Care FSA Eligible Expenses

- Care for your child who is under age 13
 - Before and after school care
 - Babysitting and nanny expenses
 - Daycare, nursery school, and preschool
 - Summer day camp
- Care for your spouse or a relative who is physically or mentally incapable of self-care and lives in your home

If you take advantage of Dependent Care FSA, save your receipts and other supporting documentation related to your DCFSA expenses and claims. The IRS may request itemized receipts to verify the eligibility of your expenses.



Life & AD&D Insurance

Basic Life and AD&D Insurance

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident.

Our Life and Accidental Death & Dismemberment policies are provided through the Lincoln Financial Group. These policies are one times the employee's annual salary up to a maximum of one hundred thousand dollars (\$100,000). Benefits will reduce by 35% at age 70 and terminate upon retirement. This is a City funded benefit, and employees are automatically enrolled in the programs with no cost to the employee.

Contact Information

Lincoln Financial Group
800-423-2765



Long Term Disability Insurance

City-Paid Long-Term Disability (LTD)

The LTD plan through Lincoln Financial is designed to provide you with continuing income in the event of a prolonged illness or injury. Long-Term Disability provides supplemental income to employees who are unable to work for a minimum of ninety (90) days or more due to their own severe injury or illness. This benefit is provided at no cost to you.

LTD Benefit				
	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
Employer Paid Plan	66.67% of monthly salary up to \$3,800 per month	Later of Age 65 or Social Security Normal Retirement Age	24 Months	90 Days

Pre-Existing Condition You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months, or you remain treatment free for a period of six consecutive months.

Waiver of Premium You will not be required to pay premium during any time of approved total or partial disability.

Benefit Limitations Mental Illness: 24 Months
Substance Abuse: 24 Months
Specified Illness: 24 Months

Contact Information

Lincoln Financial Group
800-423-2765

Supplemental Insurance

AFLAC

AFLAC provides supplemental insurance for personal sickness, accident, and disability. This is an employee-funded program. Forms and information can be obtained from the Human Resources Department a City AFLAC representative handles the program.

Contact Information

AFLAC

Representative: Mary Ho

mary_ho@us.aflac.com

(301) 831-9096

Colonial Life

Colonial Life provides supplemental insurance for personal sickness, accident, and disability. This is an employee-funded program. Forms and information can be obtained from the Municipal Center and a City Colonial Life representative handles the program.

Contact Information

Colonial Life

Representative: Karen Linder-Staub

klindero4@comcast.net

(410) 663-2072

Voluntary Life Insurance

New York Life

New York Life offers voluntary permanent whole life insurance plans that employees can maintain even if they are no longer employed with the City. This is an employee-funded program. Information can be obtained from the Human Resources Department, and is handled by a City New York Life representative.

Contact Information

New York Life

Representative Joyce G. Swinson

jgswinson@ft.newyorklife.com (410) 740-3069



EMPLOYEE WELLNESS PROGRAM

Employee Assistance Programs (EAP) BHS & Cigna

An Employee Assistance Program (EAP) provides employees and their family members with free, confidential assistance to help with family, personal and work-related problems. The EAP offers short-term counseling services, resources and other problem-solving solutions to employees in need. Brochures and business cards are available in the Human Resources Department.

Employees also have access to a complimentary benefit called Work/Life Services offered by Business Health Services. Work/Life Services assists employees who are in need of convenience care services, or dealing with childcare/eldercare issues, as well as legal or financial concerns. Employees can contact a BHS Care Coordinator at no charge for a consult and/or a list of quality resources. Employees can also contact Cigna if they are enrolled in health benefits with the City of New Carrollton.

Contact Information

Business Health Services
www.bhsonline.com
1-800-327-2251

Cigna
www.myCigna.com
1-877-622-4327



Legal Assistance

Legal Resources Plan

Employees may participate in a legal services plan provided by Legal Resources. The Legal Resources Legal Plan covers the attorney fees for a broad range of the most frequently needed legal services. Plans cover you, your spouse, and qualifying dependent children. There are no annual usage limitations, co-pays, or deductibles for the fully covered services. Plans provide assistance on a variety of personal issues, including drafting wills; court representation for minor offenses; divorce and custody issues; as well as a variety of others. This plan is employee-funded.

Contact Information

Legal Resources Plan

www.legalresourcesplan.com

(301) 654-9692



Retirement Benefits

State of Maryland Pension Plan

The City of New Carrollton participates in the Maryland Pension Plan. Employees are required to submit 7% of their annual salary to their plan by a mandatory deduction from their paycheck. The City contributes a greater amount which varies yearly.

Contact Information

Human Resources

hr@newcarrolltonmd.gov

(301) 459-6100

Deferred Compensation Plan

Our 457 plan is administered through ICMA Retirement Corporation. A 457 plan is a deferred compensation plan maintained by state and local governments through which employees may defer a portion of their salaries until a later date, usually retirement. ICMA-RC also offers Traditional and Roth Individual Retirement Accounts (IRAs). This is an employee-funded benefit. Applications and current rates are available from the Human Resources Department.

Contact Information

ICMA Retirement Corporation

www.icmarc.org

1-800-669-7400

State Employees Federal Credit Union SECU

The City of New Carrollton participates in the State Employees Credit Union of Maryland (SECU) Bank at Work program. SECU is Maryland's largest credit union with 22 branches throughout Maryland and more than 50,000 free ATMs nationwide. They offer a full set of traditional financial services like checking, savings, credit cards, loans, insurance, and business banking. All City employees are eligible to participate in this program.

Contact Information

SECU

www.secumd.org

(800) 879-7328

Child Care Services

New Carrollton Early Learning Center

The New Carrollton Early Learning Center offers full and part-time programs for children ages 2 to 11. All City employees are eligible to receive fifty percent (50%) off the registration fee at the New Carrollton Early Learning Center.

Contact Information

New Carrollton Early Learning Center

www.newcarrollton-elc.com

(301) 577-1868



NEW CARROLLTON EARLY LEARNING CENTER

COBRA

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and/or your dependents may continue group health insurance coverage without interruption for up to 18 or 36 months. If you are entitled to 18 months of continuation coverage, and you are determined to be disabled under the terms of the Social Security Act as of the date your employment terminated (or the date your hours were reduced), you are eligible for an additional 11 months of continuation coverage after the expiration of the 18-month period. To qualify for this additional period of coverage, you must notify the employer at the address shown within 60 days after you receive a determination of disability from the Social Security Administration, provided notice is given before the end of the initial 18 months of continuation coverage. During the additional 11 months of continuation coverage, your premium for that coverage will be approximately 50% higher than it was during the preceding 18 months.

If you elect to continue coverage under the health care plan, you must pay the monthly premium required for the coverage you elect to continue. The current monthly cost for this coverage will be communicated to you on your election form. The cost is subject to change. Failure to pay this amount in a timely manner will result in loss of coverage.

The continued coverage will cease at the end of the 18, 29, or 36-month period (whichever applies), or earlier when the following occurs:

- (a) the cost of continued coverage is not paid on time; or
- (b) that person becomes entitled to Medicare; or
- (c) that person becomes covered under another group health plan, unless that other plan contains an exclusion or limitation with respect to any pre-existing condition affecting you or a covered dependent; or
- (d) the Plan terminates for all employees.

For more information about COBRA, please contact the Human Resources Department.



OUT OF
OFFICE

Leave Policy

Annual Leave:

Employees earn annual leave based on the years of service to the City. See Personnel manual for more details.

0 to 2 Years:	10 days of leave
3 to 9 Years:	15 days of leave
10 to 19 Years:	20 days of leave
20+ Years:	25 days of leave

Sick Leave:

Employees earn 3.69 hours of sick leave per pay period.

Paid Holidays

The following days are established as official holidays for City employees:

NEW YEAR'S DAY	LABOR DAY
MARTIN LUTHER KING'S BIRTHDAY	VETERAN'S DAY
PRESIDENT'S DAY	THANKSGIVING DAY
MEMORIAL DAY	THE DAY AFTER THANKSGIVING
INDEPENDENCE DAY	CHRISTMAS DAY

Emergency Leave

Emergency Leave is defined as a death (or impending death) in the immediate family. Immediate family is defined as: the employee's spouse, children, stepchildren, parents, grandparents, brothers, or sisters, spouse's parents and grandparents, and any member of the employee's household.

Full-time and part-time employees may be granted up to three days of emergency leave with pay. Emergency leave will be granted upon the recommendation of the employee's supervisor. Part-time employees will receive pay on a pro-rata basis

Administrative Leave

Administrative leave may be granted to any full-time or permanent part-time employee, as designated by the Mayor, by the Director of Public Works, the Chief of Police, or the City Administrative Officer for anyone of the following reasons:

- a) Performance of jury duty
- b) Subpoenaed court appearance
- c) For the purpose of voting, not to exceed two (2) hours
- d) For attendance in an official capacity as a representative of the City.
- e) For the purpose of taking educational courses related to the employee's work.



Professional Development & Educational Assistance

Employees are encouraged to pursue job-related seminars, trainings and workshops. The City will pay for these courses with prior approval from their supervisor.

Educational Assistance

The City of New Carrollton shall provide educational assistance to its full-time employees for pre-approved tuition expenses if allocated in the fiscal budget. Enrollment in college level education is voluntary and must be completed on an employee's own personal time during nonworking hours. Educational Assistance will be approved and reimbursed in accordance with the guidelines established below:

A. Eligibility

1. Full-time employees with a minimum of one year (1) of continuous service with the City are eligible to receive educational assistance.

B. Approved Courses

1. Eligible employees may be reimbursed for courses the City determines are directly related to the employee's current job or that will enhance the employee's potential for advancement to a position within the City and to which the employee has a reasonable expectation of advancing. Job required training will not be reimbursed through the educational assistance program.
2. Only courses completed at a college or university that is accredited by an accrediting agency recognized by the U.S. Department of Education are eligible for reimbursement.

Professional Development & Educational Assistance Cont.

C. Reimbursement Criteria

1. The City shall provide reimbursement for pre-approved tuition expenses not to exceed \$1,200.00 per fiscal year for eligible employees.
2. Tuition expenses will be reimbursed at half the cost of the University of Maryland University College in-state per-credit-hour rate.
3. Minimum Grade Requirements

Employees must earn the minimum grade requirements listed below in order to receive reimbursement:

- a. Undergraduate – “C”
- b. Graduate Courses – “B”
- c. Pass or Fail Courses – “Pass”

D. Pre-Approval Process

1. Employees must submit a completed Educational Assistance Pre-Approval Request Form to their Department Head through their direct supervisor no later than thirty (30) days prior to the start of the course. A copy of the course description must be accompanied with the Pre-Approval Request Form.
2. The Department Head or his/her designee will review the Educational Assistance Pre-Approval Form and make a decision within ten (10) business days of receipt of the form. Once a decision is made, the Department Head must forward the form and any attachments to Human Resources within three (3) business days for final approval or denial.
3. Employees will be notified of the decision prior to the course start date.
4. Employees will not be reimbursed for courses they begin prior to receiving approval.

E. Reimbursement Process

1. To receive reimbursement, employees must complete the Education and Tuition Reimbursement Application and submit an official grade report and proof of payment upon completion of the course.
2. Reimbursement requests must be submitted within sixty (60) days of completing the course.
3. All federal, state and local tax laws are applicable.

F. Termination

1. Employees who are terminated or voluntarily resign within one (1) year of receiving a reimbursement will be responsible for full repayment of the funds. Repayment of funds will be made through a payroll deduction of the employee's final paycheck.

G. Funding

1. Each fiscal year, the Educational Assistance Program will be reviewed and the City will determine the funding amount during annual budget preparations.
2. Requests for reimbursement meeting the eligibility criteria will be approved on a first-come, first-served basis, depending on the availability of funds.
3. Educational Assistance funds remaining at the end of the fiscal year will not rollover into the following fiscal year.