

TOOLS OF



THE TRADE



MAXIMIZING YOUR 2026 BENEFITS

YOUR 2026 M-NCPPC BENEFITS

1

**Enrolling in
Your Benefits**

2

**Benefits for Employees
and Retirees**



**CLICK ON THE
NAVIGATION
MENU**

YOUR 2026 M-NCPPC BENEFITS

Note: The information in this guide is a summary of the benefit plans offered to employees/retirees and their dependents. In the event of any discrepancies between the information in the guide and official plan documents, the plan documents supersede. The Commission reserves the right to make changes to its benefits program for all employees, retirees and beneficiaries. Benefits are subject to the actual plan terms in effect as of a given time. In the event of a conflict between the terms of any benefit plan and this summary, the terms of the benefit plan will control.

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WELCOME TO THE 2026 EMPLOYEE BENEFITS GUIDE!

This year’s theme, “Tools of the Trade—Maximizing Your Benefits,” is all about giving you what you need to make the most of your benefits. Think of your benefits as more than just a checklist—they come with built-in tools to help you understand your choices, stretch your dollars, and support your well-being. As you explore this guide, take time to discover the tools available and put them to work—so you can maximize your benefits all year long.

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ELIGIBILITY FOR HEALTHCARE BENEFITS



► **Eligible Employees:**

Merit/Career, Appointed, Merit Board and Contract/Seasonal (limited benefits)

► **Eligible dependents** include your:

- Legal spouse
- Children up to age 26 (biological, stepchildren, adopted, if legal guardian prior to 18th birthday)
- Disabled children if disability occurred prior to age 26-subject to carrier approval with application 30 days before disabled child reaches age 26.

Employees adding dependents must submit copies of marriage license for spouse, birth certificate/adoption/guardianship documents for children, and Social Security card for each dependent.



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JANUARY

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ENROLLING IN YOUR BENEFITS

WHEN CAN EMPLOYEES ENROLL/CHANGE ELECTIONS

► **As a New Hire/Rehire/Newly Eligible for Benefits**

- 45 days following date of hire

► **During the Annual Open Enrollment period**

- Usually in October with changes effective January 1st

When you experience a Qualifying Life Event such as marriage

- Birth/adoption, divorce, gaining other coverage or loss of coverage
- Within 45 days following event



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HOW TO ENROLL/ MAKE CHANGES

Employees can enroll using Employee Self Service System (ESS).



Click here to go directly to the [ESS User Guide](#)



If unable to enroll via ESS use the [EMPLOYEE Benefits Enrollment/Change Form](#)

Retirees can use the Retiree Benefit Enrollment/Change Form to make changes to medical, dental and vision plan elections at any time throughout the year, but must remain in the Pre-Paid Legal Plan until December 31 before cancelling.



Click here for the [RETIREE Benefits/Enrollment Change Form](#)

FORMS CAN BE SUBMITTED AS FOLLOWS:



**HAND DELIVERED
OR MAILED**

M-NCPPC Health & Benefits Office
6611 Kenilworth Avenue, Suite 404
Riverdale, MD 20737

*Drop Box
on 1st
Floor in the
Lobby*



EMAIL benefits@mncppc.org



FAX 301-454-1687



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**BENEFITS FOR
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MEDICAL PLANS FOR EMPLOYEES AND NON-MEDICARE ELIGIBLE RETIREES

▶ **ACTIVE EMPLOYEES**, while still working, do not have to enroll in Medicare when eligible.
 Our medical plan remains primary for you and any eligible dependents.

MEDICAL PLAN OPTIONS (If You are Not Eligible for Medicare)	 KAISER PERMANENTE®	 United Healthcare		 United Healthcare
	KAISER PERMANENTE HMO WITH PRESCRIPTION DRUG COVERAGE	UNITEDHEALTHCARE CHOICE PLUS POS		UNITEDHEALTHCARE SELECT EPO
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Annual Deductible	None	None	\$300 individual \$600 2-member \$750 family	None
Annual Out-of-Pocket Limit	\$1,100 individual \$3,600 family <i>Includes copays</i>	\$750 individual \$1,500 2-member \$2,000 family <i>Includes copays; does not include deductible</i>		\$1,100 individual \$3,600 family <i>Does not include copays</i>
Office Visits	\$10 copay	\$15 copay	Covered 80% after deductible	\$10 copay
Primary Care Specialist	\$10 copay	\$20 copay	Covered 80% after deductible	\$10 copay
Emergency Room Specialist	\$50 copay, waived if admitted	\$75 copay, waived if admitted	\$75 copay, waived if admitted	\$50 copay, waived if admitted
Urgent Care Center	\$15 copay	\$30 copay	Covered 80% after deductible	\$10 copay

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MEDICAL PLAN OPTIONS (If You are Not Eligible for Medicare)

	 KAISER PERMANENTE®	 United Healthcare		 United Healthcare
	KAISER PERMANENTE HMO WITH PRESCRIPTION DRUG COVERAGE	UNITEDHEALTHCARE CHOICE PLUS POS		UNITEDHEALTHCARE SELECT EPO
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Inpatient Surgery	\$0 copay	\$0 copay	\$150 copay, then covered 80%	\$0 copay
Outpatient Surgery	\$25 copay	\$50 copay at facility	Covered 80% after deductible	\$25 copay at facility
Hearing Aids	1 hearing aid every 6 months covered up to \$1,000	80% covered every 36 months, up to \$3,000 maximum  Go to: www.UHChearing call 1-866-926-6632	80% covered every 36 months, up to \$3,000 maximum  Go to: www.UHChearing call 1-866-926-6632	80% covered every 36 months, up to \$3,000 maximum  Go to: www.UHChearing call 1-866-926-6632



TOOLS
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Use your mobile device to download your medical plan's app to access your digital id-never leave home without it, view claims, schedule virtual and routine care, and more.

Virtual Visits are FREE, available 24/7 for the treatment of conditions such as colds, flu, stomach ache, rash and mental health. Doctors can provide a diagnosis and prescribe medication.



 KAISER PERMANENTE®
You can also email your doctor's office with follow-up questions or for medical advice.



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MEDICAL PLANS FOR MEDICARE ELIGIBLE RETIREES

Enrollment in both
Medicare Part A and
Medicare Part B
is required.



	KAISER PERMANENTE MEDICARE ADVANTAGE HMO WITH PRESCRIPTION DRUG COVERAGE	UNITEDHEALTHCARE SELECT EPO FOR MEDICARE ELIGIBLE IN-NETWORK ONLY SERVICES UNLESS AN EMERGENCY	UNITEDHEALTHCARE MEDICARE COMPLEMENT (You can obtain services from any provider that accepts Medicare)
	IN-NETWORK	IN-NETWORK ONLY	N/A
Deductible	None	None (Copayments apply until Medicare Part A and Part B Deductibles have been paid)	None; the plan pays Part A and Part B deductibles
Annual Out-of-Pocket Limit	\$3,400 <i>Includes copay and coinsurance</i>	\$1,100 individual \$3,600 family <i>Does not include copays</i>	N/A
Office Visits	\$10 copay	\$10 copay	Remaining 20% of Medicare approved amount
Emergency Room	\$50 copay, waived if admitted	\$50 copay, waived if admitted	Remaining 20% of Medicare approved amount
Urgent Care Center	\$10 copay	\$15 copay	Remaining 20% of Medicare approved amount
Surgery: Inpatient	\$0 copay	\$0 copay	Covered in full by Medicare
Surgery: Outpatient	\$0 copay	\$0 copay office/\$25 at facility	Covered in full by Medicare
Hearing Aids	1 hearing aid up to \$1,000 per ear every 36 months	80% covered every 36 months, up to \$3,000 maximum  Go to: www.UHChearing call 1-866-926-6632	80% covered every 36 months, up to \$3,000 maximum  Go to: www.UHChearing call 1-866-926-6632



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PRESCRIPTION DRUG PROGRAM: EMPLOYEES AND NONMEDICARE ELIGIBLE RETIREES



DRUG TYPE	CVS CAREMARK PRESCRIPTION PLAN		KAISER PERMANENTE PRESCRIPTION PLAN	
	Participating Retail Pharmacy (up to 34-day supply)	CVS Mail Order or CVS Pharmacy (up to 90-day supply)	Kaiser Facility/ Affiliated Pharmacy (up to 30-day supply)	Mail Order Network/ Affiliated Pharmacy (up to 90-day supply)
Generic Drugs	\$10 copay	\$20 copay	\$7/\$10 copay	\$14/\$20 copay
Preferred Brand Name Drugs	\$20 copay	\$40 copay	\$15/\$20 copay	\$30/\$40 copay
Non-Preferred Brand Name Drugs	\$40 copay	\$50 copay	\$30/\$35 copay	\$60/\$70 copay
Lifestyle Drugs	50% copay	50% copay	N/A	N/A



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CVS Caremark members can enroll in the [PrudentRx](#) program to receive a 30-day supply of Specialty Medications with no copay. Otherwise, you will pay 30% coinsurance.

Locate [CVS Caremark](#) Participating Pharmacies



Locate [Kaiser Affiliated Pharmacies](#) (Look for DC, MD and Northern VA pharmacies)



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PRESCRIPTION DRUG PROGRAM: MEDICARE ELIGIBLE RETIREES /SURVIVORS

REQUIRES ENROLLMENT

in Medicare Part A and
Medicare Part B

SilverScript®



DRUG TYPE	SILVERSCRIPT PRESCRIPTION PLAN (Approved Medicare Part D Prescription Drug Plan Administered by CVS Caremark)		KAISER MEDICARE ADVANTAGE PRESCRIPTION PLAN		
	Network Pharmacy (up to 30-day supply)	Network Mail Order or Network Retail Pharmacy (up to 90-day supply)	Pharmacy/ Network Pharmacy (up to 60-day supply)	Affiliated Pharmacy (up to 60-day supply)	AMail Order Network Pharmacy (up to 90-day supply)
Generic Drugs	\$10 copay	\$20 copay	\$10 copay	\$15 copay	\$5 copay
Preferred Brand Name Drugs	\$20 copay	\$40 copay	\$10 copay	\$15 copay	\$5 copay
Non-Preferred Brand Name Drugs	\$40 copay	\$50 copay	\$10 copay	\$15 copay	\$5 copay
Lifestyle Drugs	50%	50%	N/A	N/A	N/A



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Locate  **CVS Caremark**
Participating Pharmacies



Locate  **Kaiser Affiliated
Pharmacies** (Look for DC, MD
and Northern VA pharmacies)



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DENTAL PLAN



You have a choice between two (2) dental plans: DeltaCare USA DHMO and Delta Dental PPO. Both plans cover preventive (exams, cleanings, and x-rays), basic (fillings, root canals, gum treatments, oral surgery) and major restorative (crowns, inlays) services.

	DELTACARE USA HMO	DELTA DENTAL PPO	
	In-Network	In-Network	Non-Delta Dental Provider
Annual Deductible	None	\$50/person / \$150/family	\$100/person / \$300/family
Annual Benefit Maximum	Unlimited	\$2,000/person each calendar year	\$2,000/person each calendar year
Orthodontia (All Ages)	Unlimited	\$2,000 Lifetime Maximum	\$2,000 Lifetime Maximum
Out-of-Network Benefits	Not Covered	Yes	Yes



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Find a Delta
Dental PPO,
Premier or Delta
Care USA Dentist



What is the Difference
Between Delta Dental
PPO and DeltaCare
USA HMO?



How the Delta
Dental PPO
Dual Network
Works



**DELTA DENTAL
TELEDENTISTRY**

24/7, anytime and anywhere, free virtual visits for treatment advice: toothaches, oral pain, cavities, cracked/chipped teeth or lost fillings. Prescriptions provided.



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VISION PLAN

Without a vision plan, like EyeMed, you would have to pay the full price for routine eye exams and things not covered by your medical plan such as eyeglasses, frames, lenses, contact lenses and Lasik eye surgery.

PLAN FEATURE	LOW PLAN	MODERATE PLAN	HIGH PLAN
FREQUENCY OF VISION CARE SERVICES			
Exam	Every plan year	Every plan year	Every plan year
Frame	Every other plan year	Every other plan year	Every plan year
Lenses	Every other plan year	Every plan year	Every plan year
Contact Lenses	Every other plan year	Every plan year	Every plan year

**TOOLS
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SEE the details of coverage under each plan to determine which plan fits your needs:

**EyeMed Low Plan****EyeMed Moderate Plan****EyeMed High Plan**

[Find an EyeMed Doctor](#)

in the INSIGHT network or look or consider in-network online options including :

[Glasses.com](#) / [ContactsDirect.com](#)
/ [LensCrafters](#) / [Ray-Ban](#)
/ [Target Optical](#) / [Oakley](#)



**Know Before
You Go**

to estimate your out-of-pocket expenses for the eyeglasses and contact lenses.



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OTHER BENEFITS available to employees and retirees. *Discover what they offer.*



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BENEFITS FOR ACTIVE EMPLOYEES ONLY

Important: FSA elections do not roll over to the next calendar year. You must re-enroll each year, even if choosing the same amount.

FLEXIBLE SPENDING ACCOUNTS (FSAS)

The Healthcare FSA and Dependent Care FSA are designed to help you save on taxes by allowing you to set aside money, up to certain limits, on a pre-tax basis to pay for eligible healthcare or dependent care expenses. When you reduce your taxes, you increase your spendable income.

- ▶ **Minimum Contribution** for Flexible Spending Accounts: \$260/year
- ▶ **Maximum Contribution** Limits for 2026: Healthcare FSA - \$3,300/year and Dependent Care FSA - Up to \$7,500/year if Single or married filing joint income tax returns (\$3,750 if married filing separately)
- ▶ **Deadlines:**
 - Must use Healthcare FSA and Dependent Care FSA funds by March 15, 2027.
 - (Any funds remaining will be forfeited.)
 - Deadline to file claims for reimbursement: March 31, 2027.



**TOOLS
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[How Can an FSA Account Help You? Use the Healthcare FSA Calculator.](#) (Note: M-NCPPC does not offer a Limited Purpose FSA).



For a list of eligible Healthcare FSA expenses, view [IRS Publication 502.](#)



For a list of eligible Dependent Care FSA expenses view [IRS Publication 503.](#)

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GROUP LIFE AND AD&D INSURANCE

Coverage for Basic and Accidental Death & Dismemberment (AD&D) plans are automatic (unless you opt-out). You can also obtain Supplemental and Spouse/Dependent coverage. All plans are term insurance-there is no cash or surrender value.



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Use  **Benefit Scout** to help determine your life insurance needs.



Determine your cost with the  **Securian Life Insurance Cost Estimator**.

Use Employee Self Service (ESS) to make sure that your beneficiaries are up to date. Need help? Refer to the  **Guide for Designating Your Beneficiaries Via ESS**.

Coverage	Amount
Basic Life	2 times annual base salary up to \$200,000
AD&D	2 times annual base salary up to \$200,000
Supplemental	1 -8 times annual base salary up to \$750,000
Spouse/ Dependent	\$10,000/\$5,000, \$20,000/\$10,000, or \$30,000/\$15,000 *Spouse must submit Evidence of Insurability for \$30,000 **Coverage can continue for disabled dependents if proof of disability provided 30 days prior to reaching age 26.

FOP members receive FREE \$50,000 Supplemental AD&D coverage.

If you apply outside of your initial eligibility period (45-days after hire/rehire or QLE), Evidence of Insurability will be required, subject to carrier approval.



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OTHER BENEFITS FOR EMPLOYEES



The  **Sick Leave Bank** is a short-term, income-replacement disability plan designed to provide income-replacement, once you exhaust your accrued leave (except for 80 hours of annual leave) in the event of your own serious illness (including pregnancy), the illness of a family member-children up to age 26 or parental responsibilities (newborn, adoption, foster care).



Everyday Benefits

provides solutions including special rates and discounts for life insurance with Long-Term Care, home/auto insurance, pet insurance, purchasing program for computers, televisions, appliances and student loan assistance.



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YOUR COST FOR COVERAGE



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2026 PREMIUM RATES

Click on the link to view the 2026 premium rates for the medical, prescription, dental, vision and group legal services plans. Employees will also find premium rates for long-term disability, and group term basic life and AD&D plans.



MCGEO/NonRepresented Employees



Fraternal Order of Police (FOP)



Contract/Seasonal Employees



Retirees/Survivors



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REQUIRED BENEFIT NOTICES

Go here to view the

 [Required Benefit Notices](#)



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CONTACT US

If you need more information or have questions about the benefits described in this guide, you can:

- ▶ Contact your  **Benefit Plan Providers**
- ▶ Reach out to the Health & Benefits Office at  **benefits@mncppc.org** or 301-454-1694.
- ▶ Visit the  **Virtual Benefits Fair**, available 24/7, where you can find information on the plans in vendor booths and listen to vendor webinars (real-time on 10/29 and 10/30 or webinars on demand).

