



Charles County Public Schools

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Kimberly A. Hill, Ed.D.
Superintendent of Schools

Randolph A. Sotomayor
Assistant Superintendent of Fiscal Services

Office of Fiscal Services
301-934-7350

To: Active Benefits Eligible Employees
Via: Randolph A. Sotomayor- Assistant Superintendent of Fiscal Services
From: Christeda Warner- Benefits Manager
Re: Health Insurance Rates for 2018

The annual Open Enrollment Period is **November 06, 2017 – December 1, 2017**.
If you do not make any changes, your current medical and/or life insurance, elections will continue for the 2018 calendar year. To make changes, and/or to update your personal information, you will need to log-on to <https://ccboe.hrintouch.com>. Enrollment instructions are printed on the reverse side of this memo.

Your selection for Medical includes Pharmacy (CVS/Caremark), Dental (Preferred Provider), and Vision (Davis Vision Plus) coverage; the Board does not offer standalone plans. Changes made during Open Enrollment will be effective January 1, 2018.

	<u>Individual</u>	<u>Bi-Weekly</u>	<u>Family</u>	<u>Bi-weekly</u>
CareFirst Preferred Provider Plan (PPO/PPN)	\$ 204.00	\$ 102.00	\$ 546.00	\$ 273.00
Blue Choice Opt-Out Open Access	\$ 150.00	\$ 75.00	\$ 432.00	\$ 216.00

Group Term Life Insurance for Employee Only – Employee contribution is 25% of the premium
Death Benefit – 1x annual salary.

If you have any questions regarding your current health insurance coverage, please contact the Office of Fiscal Services - Employee Benefits at 301-934-7459 or by e-mail at cwarner@ccboe.com.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER OR PLAN ADMINISTRATOR FOR THE PURPOSE OF DEFRAUDING THE INSURER, PLAN, OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT, AND/OR FINES. IN ADDITION, THE INSURER OR PLAN MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT OR ENROLLEE.

Charles County Public Schools Health and Life Insurance

Online Benefit Enrollment Instructions

Before enrolling:

- Familiarize yourself with your options by reading the Benefit Guide
- Have the following information available (including your dependents):
 - Social Security Number(s)
 - Birth Certificates and Marriage Certificates - copies
 - Information on any other medical coverage (i.e. Medicare)
 - Disability certification form for dependents needing continued coverage.

To enroll for your benefits:

Go to <https://ccboe.hrintouch.com>

You will click on "Register or Reset your Account."

When registering your account, your Username must be between 6 and 50 alphanumeric characters.

Your Password:

- Must be between 8 and 15 characters
- Must contain at least one number
- Must contain at least one upper case and one lower case letter
- Cannot contain more than two of the same characters consecutively
- Cannot be the same as the Username or SSN

Please send copies of your dependent documentation to the Central Office– Office of Fiscal Services– Employee Benefits

WORKSHEET FOR YOUR CONVENIENCE TO USE WHEN YOU SIGN ON TO THE WEBSITE:

DEPENDENT NAME	BIRTHDAY	SOCIAL SECURITY NUMBER	DOCTORS NAME (BlueChoice ONLY)

If you have problems logging in, please contact Benefitfocus Customer Service at (866) 822-8688