



# Team H<sub>2</sub>O

## Retiree Benefits Guide

Plan Year  
**2027**



***Start Your  
Engines!***

**Open Enrollment  
Begins Now**

# On Track

## What's Inside

|                                                                 |       |
|-----------------------------------------------------------------|-------|
| What's New/Important Things To Remember .....                   | 3     |
| Open Enrollment Schedule .....                                  | 4     |
| 2027 Medical, Dental and Vision Plan Rates For Retirees .....   | 5     |
| Eligibility Requirements For Dependents .....                   | 6     |
| Change-Of-Life Events .....                                     | 7     |
| <b>NON-MEDICARE-ELIGIBLE RETIREE MEDICAL &amp; PRESCRIPTION</b> |       |
| 2027 Non-Medicare Medical Summary of Services .....             | 8-10  |
| Cigna Health Management .....                                   | 11-13 |
| Kaiser Permanente Prescription Benefits .....                   | 14    |
| CVS Caremark Plan Summary .....                                 | 15    |
| Delta Dental .....                                              | 16-17 |
| EyeMed .....                                                    | 18    |
| <b>MEDICARE-ELIGIBLE RETIREES &amp; DEPENDENTS</b>              |       |
| Medicare Summary .....                                          | 19    |
| Medicare Frequently Asked Questions .....                       | 20    |
| Medicare-Eligible Summary of Services .....                     | 21    |
| Kaiser Permanente .....                                         | 22    |
| Hinge Health .....                                              | 23    |
| Legislative Information .....                                   | 24-26 |
| HIPAA Notice .....                                              | 27-30 |
| Retiree Change of Address Form .....                            | 31    |
| MetLife Basic Life Insurance Beneficiary Change Form .....      | 32    |
| WSSC Water Fund Contribution .....                              | 33-34 |
| Customer Service Contacts .....                                 | 35    |

## Summary of Services Disclaimer

The purpose of this Benefits Guide is to give you basic information about your benefit options and how to enroll for coverage or make changes to existing coverage. This guide is only a summary of your choices and does not fully describe each benefit option. For a more detailed description of benefits, please refer to the plan's Summary Plan Description. You may also call the plan using the Cigna Healthcare and Kaiser customer service phone numbers on the last page of this guide.

Please note that plans will not cover a service if it is not considered medically necessary. Additionally, if your physician or facility discontinues participation in a plan, you will not be allowed to change plans outside the window of Open Enrollment as this is **not** considered a qualifying life event for you or your dependents.

Every effort has been made to ensure the information contained in this guide is accurate; however, if there are discrepancies between this guide and the contract with the carrier, the contract will govern.





## What's New for 2027

**Cigna Healthcare will become WSSC Water's new medical insurance carrier effective January 1, 2027. Kaiser Permanente will remain an option.**

- ➔ Cigna Open Access Plus (OAP) will replace the UnitedHealthcare EPO.
- ➔ Cigna Open Access Plus Out-of-Network (OAP OON) will replace the UnitedHealthcare POS.
- ➔ Cigna Medicare Supplement will replace the UnitedHealthcare Medicare Supplement.

**The Cigna plans have been designed to provide the same coverage as the UnitedHealthcare plans, with the same copays.**

The only change is the Urgent Care copay for the Cigna OAP OON, which increases/changes from \$25 to \$30. Prescription drug coverage will continue with CVS/Caremark or SilverScript.

**If you are currently enrolled in a UHC medical plan, you must make a new medical plan election during Open Enrollment to ensure you receive the coverage you desire in 2027. If you don't make a selection, you will be enrolled in the applicable equivalent Cigna Healthcare plan.**

## Important Things To Remember

- During Open Enrollment, you have the following options:
  - Change to a different health and/or dental plan.
  - Change coverage levels by adding or removing dependents.\*\*
  - Waive health, dental and/or vision coverage for the 2027 Plan Year.
  - Update beneficiary information for Basic and Supplemental Life Insurance (if applicable).
  - Continue, decrease or waive Supplemental Life Insurance (if applicable).
- All changes become effective January 1, 2027.
- Medical, Dental and Vision changes should be updated on the Benefits Request Form that is enclosed with your open enrollment guide.
- If you are changing plans, you should receive your healthcare cards no later than January 1, 2027.
- If you switch from UnitedHealthcare to Kaiser Medicare, you must complete the Kaiser Medicare application which will be mailed directly from Kaiser.
- Once Open Enrollment closes, your selections are binding and cannot be changed, modified or canceled unless you have a qualified change of life event. See Change of Life Event section on page 5 for further details.
- **If you are enrolled in UnitedHealthcare, you must select a new plan by completing the enclosed form to ensure you have the coverage you desire in 2027**
- **If you do not return the enclosed form by November 13, you will be automatically enrolled into the equivalent Cigna plan.**

**The Open Enrollment period begins on Monday, October 19, 2026 and ends on Friday, November 13, 2026.**

**\*\*PLEASE NOTE:** Any request to add or remove a dependent from benefits must be supported by required legal documentation. Benefits coverage for an added dependent will not become effective until the required documentation has been received and approved. See Eligibility Requirements for Dependents on Page 4.

# Race Schedule

## Open Enrollment Site Visits

October 2026 

| Mon                                 | Tue                                                                          | Wed                                                                                   | Thu                                                                               | Fri |
|-------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----|
| 19<br><b>Open Enrollment Begins</b> | 20<br><b>Wellbeing Fair Support Center</b><br>8:00 am - 12:00 pm             | 21<br><b>Potomac</b><br>7:00 am - 8:00 am<br><b>Lyttonsville</b><br>7:00 am - 8:00 am | 22<br><b>Brighton Dam</b><br>8:00 am - 9:00 am<br><b>Vendor Virtual Sessions*</b> | 23  |
| 26                                  | 27<br><b>Parkway</b><br>7:30 am - 8:30 am<br><b>Vendor Virtual Sessions*</b> | 28<br><b>Laboratory</b><br>12:00 pm - 1:00 pm                                         | 29<br><b>Anacostia</b><br>7:00 am - 8:00 am                                       | 30  |

November 2026 

| Mon | Tue                                                                                       | Wed                                                                             | Thu                                                                                            | Fri                               |
|-----|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------|
| 2   | 3<br>Election Day                                                                         | 4<br><b>Seneca</b><br>7:00 am - 8:00 am<br><b>Patuxent</b><br>8:00 am - 9:00 am | 5<br><b>Western Branch</b><br>7:00 am - 8:00 am<br><b>Support Center</b><br>12:00 pm - 2:00 pm | 6                                 |
| 9   | 10<br><b>Temple Hills</b><br>7:00 am - 8:00 am<br><b>Piscataway</b><br>9:30 am - 10:30 am | 11<br>Veterans Day                                                              | 12<br><b>Gaithersburg</b><br>7:00 am - 8:00 am                                                 | 13<br><b>Open Enrollment Ends</b> |

\* Schedule and links are posted on the internet at [wsscwater.com/retirees](https://wsscwater.com/retirees).



## 2027 Medical, Dental & Vision Plan Rates for Retirees

| Plan & Coverage Level                                                          | Monthly Rate | WSSC Water Monthly Contribution | Retiree* Monthly Deduction |
|--------------------------------------------------------------------------------|--------------|---------------------------------|----------------------------|
| <b>Cigna OAP OON</b>                                                           |              |                                 |                            |
| Individual                                                                     | \$1,283.00   | \$962.25                        | \$320.75                   |
| 2-Person                                                                       | \$2,694.00   | \$2,020.50                      | \$673.50                   |
| Family                                                                         | \$3,848.00   | \$2,886.00                      | \$962.00                   |
| <b>CIGNA OAP</b>                                                               |              |                                 |                            |
| Individual                                                                     | \$1,077.00   | \$850.83                        | \$226.17                   |
| 2-Person                                                                       | \$2,262.00   | \$1,786.98                      | \$475.02                   |
| Family                                                                         | \$3,232.00   | \$2,553.28                      | \$678.72                   |
| <b>Kaiser Permanente</b>                                                       |              |                                 |                            |
| Individual                                                                     | \$739.00     | \$583.81                        | \$155.19                   |
| 2-Person                                                                       | \$1,478.00   | \$1,167.62                      | \$310.38                   |
| Family                                                                         | \$2,239.00   | \$1,768.81                      | \$470.19                   |
| <b>Cigna Medicare</b>                                                          |              |                                 |                            |
| Individual Medicare**                                                          | \$861.00     | \$680.19                        | \$180.81                   |
| 2-Person Medicare**                                                            | \$1,728.00   | \$1,365.12                      | \$362.88                   |
| <b>Kaiser Permanente Medicare</b>                                              |              |                                 |                            |
| Individual Medicare**                                                          | \$295.00     | \$233.05                        | \$61.95                    |
| 2-Person Medicare**                                                            | \$589.00     | \$465.31                        | \$123.69                   |
| <b>Delta Dental PPO</b>                                                        |              |                                 |                            |
| Individual                                                                     | \$43.00      | \$-                             | \$43.00                    |
| 2-Person                                                                       | \$70.00      | \$-                             | \$70.00                    |
| Family                                                                         | \$105.00     | \$-                             | \$105.00                   |
| <b>Delta Dental HMO</b>                                                        |              |                                 |                            |
| Individual                                                                     | \$24.00      | \$-                             | \$24.00                    |
| 2-Person                                                                       | \$39.00      | \$-                             | \$39.00                    |
| Family                                                                         | \$58.00      | \$-                             | \$58.00                    |
| <b>EyeMed</b>                                                                  |              |                                 |                            |
| Individual                                                                     | \$5.40       | \$-                             | \$5.40                     |
| 2-Person                                                                       | \$14.10      | \$-                             | \$14.10                    |
| Family                                                                         | \$20.70      | \$-                             | \$20.70                    |
| <b>NOTE: Must be enrolled in Retiree medical to participate in vision plan</b> |              |                                 |                            |

For the 2027 plan year, WSSC Water contributes 75% of the monthly premium towards the Cigna Open Access Plus OON plan and 79% of the monthly premium for all other health plans.

There is no contribution to the dental or vision plans.

\*Rates may vary based on years of service and/or retirement status. If you were hired after April 1, 1994 and have less than 20 years of service, or you are a deferred retiree with less than 20 years of service, you are subject to a higher percentage of cost sharing than what is shown in this chart. Please contact HR Benefits at [hr\\_benefits@wsscwater.com](mailto:hr_benefits@wsscwater.com) or call 301-369-7777 for more details.

\*\*Once you become eligible for Medicare Part B, you must enroll. Your plan with WSSC Water will coordinate with Medicare to pay your medical bills.

# Eligibility Requirements for Dependents

## Eligible Dependents are:

- A spouse — husband or wife, of the opposite or same sex, with whom you are legally married.
  - An unmarried/married dependent child regardless of student status until the end of the birth month in which they reach age 26.
  - An unmarried/married dependent child who is incapable of self-support because of a mental and/or physical disability and who depends on you for support.
- \* Ineligible dependents are: domestic partners and civil union partners, both same sex or opposite sex.

The term “**Dependent child**” means any of the following:

- Biological children,
- Legally adopted children or children placed in the retiree’s home pending final adoption,
- Stepchildren,
- Foster children,
- Children who are under the legal guardianship of the retiree,
- Children for whom the retiree is required to provide health care coverage under a recognized Qualified Medical Child Support Order.

## Coverage Effective Date for Newly Enrolled Dependents

Coverage is effective on January 1, 2027 for eligible, newly enrolled dependents. Life event change dates may vary bases on type of event.

## Dependent Eligibility Verification

To provide coverage for your newly enrolled dependents, you must submit proper legal documentation to Human Resources no later than November 19, 2026.

*Spouse:* marriage certificate

*Dependent child:* birth certificate

*Stepchild:* birth certificate **and** marriage certificate

*Foster child, adopted child or child whom you have legal guardianship:* birth certificate **and** legal documents from the court.

## Age Limits

Dependent children may be covered through the end of the birth month in which they turn 26.

**Please Note:** Dependents must be enrolled in the same health insurance carrier as the subscriber.

## What if I have questions or need additional info?

Contact HR Benefits at [hr\\_benefits@wsscwater.com](mailto:hr_benefits@wsscwater.com) or call 301-369-7777.

**Note:** If you divorce your spouse, they are no longer eligible for your health plan. Failure to remove an ineligible spouse within 30 of divorce may result in you being responsible for any claims incurred.

# Change-of-Life Events

According to the Internal Revenue Service regulations that govern flexible benefit plans, the optional benefits you elect during enrollment must remain in effect throughout the calendar year, unless you experience a qualified change of life event.

If you decide to change your elections as the result of one of the events listed below, **you must do so within 30 days after the qualifying event**. If you **do not** notify the Human Resources Office within 30 days after the event, **you cannot change your elections until the next annual open enrollment**. You must provide the Human Resources Office with verification of all change-of-life events.

| Event                                                                                                   | Qualified Status Change                                            | How to begin                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If you experience a life change – such as marriage, divorce, birth or adoption of a child.              | Yes – you have 30 days to notify HR Benefits.                      | <ul style="list-style-type: none"><li>• Contact HR Benefits at <a href="mailto:hr_benefits@wsscwater.com">hr_benefits@wsscwater.com</a> or call 301-369-7777 and make a request to add or drop dependents.</li><li>• Provide HR Benefits with certified documentation such as a marriage license, birth certificate, divorce decree or other legal document.</li></ul>                                                               |
| If you, your spouse or dependent child become covered by another plan or lose coverage in another plan. | Yes – you have 30 days to notify HR Benefits.                      | <ul style="list-style-type: none"><li>• Contact HR Benefits at <a href="mailto:hr_benefits@wsscwater.com">hr_benefits@wsscwater.com</a> or call 301-369-7777 and make a request to enroll (or disenroll) in our benefits or to add (or remove) dependents to your existing plan.</li><li>• Provide HR Benefits with proof of previous (or new) coverage from the family member's insurance carrier and/or former employer.</li></ul> |
| If you experience a loss of coverage due to relocation out of the plan's coverage area.                 | Yes – you have 30 days to notify HR Benefits.                      | <ul style="list-style-type: none"><li>• Contact HR Benefits at <a href="mailto:hr_benefits@wsscwater.com">hr_benefits@wsscwater.com</a> or call 301-369-7777 and make a request to enroll in another health and/or dental plan.</li><li>• Provide HR Benefits with proof of your new residence.</li></ul>                                                                                                                            |
| If your physician or facility discontinues participation in your plan.                                  | No – you must wait until the next open enrollment to change plans. | <ul style="list-style-type: none"><li>• You must wait until the next open enrollment to change plans.</li></ul>                                                                                                                                                                                                                                                                                                                      |

**Note:** This chart applies only if you currently have coverage.

# 2027 Non-Medicare Medical Summary of Services

| Plan Benefits                                                     | Cigna OAP                                                               | Cigna OAP OON In-Network                                                | Cigna OAP OON Out-of-Network                                                              | Kaiser Permanente HMO In-Network Only                                                     |
|-------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Copays: PCP Specialists</b>                                    | \$20<br>\$25<br>No PCP or referrals required.                           | \$30<br>\$35<br>No PCP or referrals required.                           | N/A<br>N/A<br>No PCP or referrals required.                                               | \$20<br>\$25<br>Requires PCP & referrals.                                                 |
| <b>Deductibles</b>                                                | N/A                                                                     | N/A                                                                     | \$300 Individual<br>\$600 Family                                                          | N/A                                                                                       |
| <b>Out-of-Pocket Maximum</b>                                      | \$2,000 Individual<br>\$4,500 Family                                    | \$3,000 Individual<br>\$6,000 Family                                    | \$3,000 Individual<br>\$6,000 Family                                                      | \$3,500 Individual<br>\$9,400 Family                                                      |
| <b>Child Preventive Visits</b>                                    | Covered at 100%.                                                        | Covered at 100%.                                                        | Covered at 70% of Plan Allowance through age 18. Not subject to deductible.               | \$0 Well Child Exams / Immunizations.                                                     |
| <b>Adult Preventive Visits</b>                                    | Covered at 100%.                                                        | Covered at 100%.                                                        | Covered at 70% of Plan Allowance after deductible                                         | \$0 copay for Exams / Immunizations.                                                      |
| <b>Physician Office Visit (PCP) Sickness and Injury</b>           | Covered at 100% after PCP copay.                                        | Covered at 100% after PCP copay.                                        | Covered at 70% of Plan Allowance after deductible.                                        | PCP copay.                                                                                |
| <b>Specialist Office Visit Sickness and Injury</b>                | Covered at 100% after Specialist copay (non-routine care).              | Covered at 100% after Specialist copay (non-routine care).              | Covered at 70% of Plan Allowance after deductible.                                        | Specialist copay.                                                                         |
| <b>Routine Gynecological Exam</b>                                 | Covered at 100%.                                                        | Covered at 100%.                                                        | Covered at 70% of Plan Allowance after deductible.                                        | Covered at 100%.                                                                          |
| <b>Mammogram Screening</b>                                        | Covered at 100% for routine screenings.                                 | Covered at 100% for routine screenings.                                 | Covered at 70% of Plan Allowance. Not subject to deductible.                              | Covered at 100%.                                                                          |
| <b>Cancer Screenings, Prostate, PAP, Colorectal</b>               | Covered at 100% for routine screenings. Diagnostic Lab covered at 100%. | Covered at 100% for routine screenings. Diagnostic Lab covered at 100%. | Covered at 70% of Plan Allowance after deductible.                                        | Covered at 100%.                                                                          |
| <b>Allergy – Office Visit</b>                                     | Covered at 100% after applicable PCP or Specialist copay.               | Covered at 100% after applicable PCP or Specialist copay.               | Covered at 70% of Plan Allowance after deductible.                                        | \$20 copay PCP.<br>\$25 copay Specialist.                                                 |
| <b>Allergy Testing</b>                                            | Covered at 100% after applicable PCP or Specialist copay.               | Covered at 100% after applicable PCP or Specialist copay.               | Covered at 70% of Plan Allowance after deductible.                                        | \$20 copay PCP.<br>\$25 copay Specialist.                                                 |
| <b>Allergy Injections</b>                                         | Covered at 100% after applicable PCP or Specialist copay.               | Covered at 100% after applicable PCP or Specialist copay.               | Covered at 70% of Plan Allowance after deductible.                                        | \$20 copay.                                                                               |
| <b>Inpatient Hospital/ Facility Hospital Services</b>             | Covered at 100%.                                                        | Covered at 100%.                                                        | Covered at 70% of Plan Allowance after deductible.                                        | Covered at 100%.                                                                          |
| <b>Skilled Nursing Facility</b>                                   | Covered at 100%. (Limited to 60 days per benefit year).                 | Covered at 100%. (Limited to 60 days per benefit year).                 | Covered at 70% of Plan Allowance after deductible; (Limited to 60 days per benefit year). | Covered at 100% when deemed medically necessary; (Limited to 100 days per contract year). |
| <b>Inpatient Professional Services—Medical Physician Services</b> | Covered at 100%.                                                        | Covered at 100%.                                                        | Covered at 70% of Plan Allowance after deductible.                                        | Covered at 100%.                                                                          |
| <b>Surgery, Anesthesia</b>                                        | Covered at 100%.                                                        | Covered at 100%.                                                        | Covered at 70% of Plan Allowance after deductible.                                        | Covered at 100%.                                                                          |
| <b>Diagnostic Radiology &amp; Pathology</b>                       | Covered at 100%.                                                        | Covered at 100%.                                                        | Covered at 70% of Plan Allowance after deductible.                                        | Covered at 100%.                                                                          |
| <b>Physical Therapist Services</b>                                | Please see Outpatient Rehabilitation Services Pg. 8.                    | Please see Outpatient Rehabilitation Services Pg. 8.                    | Please see Outpatient Rehabilitation Services Pg. 8.                                      | Covered at 100%.                                                                          |

## Summary of Services Disclaimer

*This is a summary of healthcare benefits. In the event of a difference between this summary and the plan brochure, the plan brochure will govern. Please Note: Copay (copayment) charges are Per Visit unless specified otherwise.*

# 2027 Non-Medicare Medical Summary of Services

| Plan Benefits                                                            | Cigna OAP                                                                                                                                | Cigna OAP OON In-Network                                                                                                                 | Cigna OAP OON Out-of-Network                                                                                                               | Kaiser Permanente HMO In-Network Only                                                                    |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Outpatient Hospital/ Facility-Diagnostic Services, Pre-admission testing | Covered at 100%                                                                                                                          | Covered at 100%                                                                                                                          | Covered at 70% of Plan Allowance after deductible                                                                                          | Covered at 100%                                                                                          |
| Outpatient Professional Services; labs and X-Ray                         | Diagnostic lab and X-ray covered at 100%. Professional services covered at 100%.                                                         | Diagnostic lab and X-ray covered at 100%. Professional services covered at 100%.                                                         | Covered at 70% of Plan Allowance after deductible                                                                                          | Covered at 100%. (Outpatient specialty imaging \$50 copay)                                               |
| Surgery                                                                  | Outpatient hospital covered at 100%. Professional services covered at 100%.                                                              | Outpatient hospital covered at 100%. Professional services covered at 100%.                                                              | Covered at 70% of Plan Allowance after deductible.                                                                                         | \$25 copay.                                                                                              |
| Maternity benefits Hospitalization                                       | Covered at 100%.                                                                                                                         | Covered at 100%.                                                                                                                         | Covered at 70% of Plan Allowance after deductible.                                                                                         | Covered at 100%.                                                                                         |
| Birth Center                                                             | Covered at 100%.                                                                                                                         | Covered at 100%.                                                                                                                         | Covered at 70% of Plan Allowance after deductible                                                                                          | Covered at 100% if Kaiser authorized.                                                                    |
| Professional - Pre & Postnatal Care                                      | Covered at 100% after the first visit of applicable PCP.                                                                                 | Covered at 100% after the first visit of applicable PCP.                                                                                 | Covered at 70% of Plan Allowance after deductible.                                                                                         | \$25 copay for initial visit then covered at 100%.                                                       |
| Newborn Pediatric Inpatient Care                                         | Nursery care covered at 100%.                                                                                                            | Nursery care covered at 100%.                                                                                                            | Covered at 70% of Plan Allowance after deductible.                                                                                         | Covered at 100%.                                                                                         |
| Infertility Services Infertility Counseling and Testing.                 | N/A                                                                                                                                      | N/A                                                                                                                                      | N/A                                                                                                                                        | N/A                                                                                                      |
| Artificial Insemination                                                  | Covered at 100%.                                                                                                                         | Covered at 100%.                                                                                                                         | Covered at 70% of Plan Allowance after deductible.                                                                                         | 50% of allowable charges.                                                                                |
| In Vitro Fertilization                                                   | Covered at 100% after applicable PCP or Specialist copay; Limit of 3 attempts per live birth; not to exceed lifetime limit of \$100,000. | Covered at 100% after applicable PCP or Specialist copay; Limit of 3 attempts per live birth; not to exceed lifetime limit of \$100,000. | Covered at 70% of Plan Allowance after deductible; limit of 3 attempts per live birth; not to exceed lifetime combined limit of \$100,000. | 50% of allowable charges for up to 3 attempts per live birth. Not to exceed lifetime limit of \$100,000. |
| Mental Health & Substance Abuse Benefits - Inpatient Professional        | Covered at 100%.                                                                                                                         | Covered at 100%.                                                                                                                         | Covered at 70% of Plan Allowance after deductible.                                                                                         | Covered at 100%.                                                                                         |
| Mental health & Substance Abuse Benefits - Outpatient Professional       | Covered at 100% after \$10 copay.                                                                                                        | Covered at 100% after \$10 copay.                                                                                                        | Covered at 70% of Plan Allowance after deductible.                                                                                         | Copays \$10 individual and \$10 group therapy.                                                           |
| Emergency & Urgent Care In area In office.                               | N/A                                                                                                                                      | N/A                                                                                                                                      | N/A                                                                                                                                        | N/A                                                                                                      |
| Urgent Care Center Plan Affiliated                                       | Covered at 100% after \$20 copay.                                                                                                        | Covered at 100% after \$30 copay.                                                                                                        | Covered at 100% after \$30 copay.                                                                                                          | \$25 copay.                                                                                              |
| Emergency Room                                                           | \$200 copay for ER; waived if admitted.                                                                                                  | \$200 copay for ER; waived if admitted.                                                                                                  | Covered at the network level.                                                                                                              | \$200 copay for ER; waived if admitted.                                                                  |
| Ambulance - Ground and Air                                               | Covered at 100% for emergencies and some non-emergency situations.                                                                       | Covered at 100% for emergencies and some non-emergency situations.                                                                       | Covered at 100% for emergencies and some non-emergency situations.                                                                         | \$50 copay.                                                                                              |

## Summary of Services Disclaimer

*This is a summary of healthcare benefits. In the event of a difference between this summary and the plan brochure, the plan brochure will govern. Please Note: Copay (copayment) charges are Per Visit unless specified otherwise.*

# 2027 Non-Medicare Medical Summary of Services

| Plan Benefits                                                                                      | Cigna OAP                                                                                                                                     | Cigna OAP OON In-Network                                                                                                                         | Cigna OAP OON Out-of-Network                                                                                                              | Kaiser Permanente HMO In-Network Only                                                                                                             |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tele-health</b>                                                                                 | Tele-health with local provider Covered 100% with \$20 copay. PCP or \$25 Specialist 24/7 Virtual Visit with designated provider \$20 copay.  | Tele-health with local provider Covered 100% with \$30 copay. PCP or \$35 Specialist 24/7 Virtual Visit with designated provider \$25 copay.     | Tele-health with local provider Covered 70% after deductible. 24/7 Virtual visit - not covered.                                           | Video, Phone visits, Chat and E-visits covered at no charge.                                                                                      |
| <b>Emergency &amp; Urgent Care Out of Area/Out of Network Emergency Room or Urgent Care Center</b> | Covered at 100% after \$200 copay, waived if admitted. Non-emergency use – no coverage. \$20 copay for Urgent Care if participating facility. | Covered at 100% after \$200 copay, waived if admitted. Non-emergency use – no coverage. \$30 copay for Urgent Care if participating facility.    | Covered at the network level.                                                                                                             | \$200 copay for emergency room, waived if admitted; \$30 for Urgent care.                                                                         |
| <b>Outpatient Rehabilitative Services Physical, Occupational and Speech Therapy</b>                | Covered at 100% after \$25 copay; short term non-chronic conditions; 60 visits per benefit year.                                              | Covered at 100% after \$35 copay; short term non-chronic conditions; 60 visits per therapy per benefit year, combined with non-network benefits. | Covered at 70% of Plan Allowance after deductible; 60 visits per therapy per benefit year, combined with network benefits.                | \$25 copay; limit 30 visits / condition. 90 day limit for speech and occupational therapy.                                                        |
| <b>Chiropractic Services</b>                                                                       | Covered at 100% after \$25 copay; up to 36 combined visits per benefit year.                                                                  | Covered at 100% after specialist copay; up to 36 combined visits per benefit year.                                                               | Covered at 70% of Plan Allowance after deductible; up to 36 combined visits per benefit year.                                             | \$25 copay; 20 visits per calendar year.                                                                                                          |
| <b>Acupuncture</b>                                                                                 | Covered at 100% after \$25 copay; up to 12 visits per benefit year.                                                                           | Covered at 100% after specialist copay; up to 12 combined visits per benefit year.                                                               | Covered at 70% of Plan Allowance after deductible; up to 12 combined visits per benefit year.                                             | \$25 copay; 20 visits per calendar year.                                                                                                          |
| <b>Home Health Care</b>                                                                            | Covered at 100%.                                                                                                                              | Covered at 100%; 120 combined visits per benefit year.                                                                                           | Covered at 70% of Plan Allowance after deductible; 120 combined visits per benefit year.                                                  | Covered at 100%.                                                                                                                                  |
| <b>Hospice Care</b>                                                                                | Covered at 100%.                                                                                                                              | Covered at 100%; 360 day lifetime maximum.                                                                                                       | Covered at 100%; 360 day lifetime maximum.                                                                                                | Covered at 100%.                                                                                                                                  |
| <b>Durable Medical Equipment Orthotics</b>                                                         | Covered at 100%. Shoe Orthotics limited to two pair every benefit year.                                                                       | Shoe Orthotics limited to two pair every benefit year, combined with non-network benefits.                                                       | Covered at 70% of Plan Allowance after deductible. Shoe Orthotics limited to two pair every benefit year, combined with network benefits. | Covered at 100% when deemed medically necessary.                                                                                                  |
| <b>Hearing Aids Audiometric Exam, Evaluation Test, Purchase and Fitting</b>                        | Hearing aids are payable at 100%. Maximum of 2 devices per 36 months.                                                                         | Hearing aids are payable at 100%. Maximum of 2 devices per 36 months.                                                                            | Hearing aids are payable at 70% after deductible. Maximum of 2 devices per 36 months                                                      | Covered at 100% per each hearing impaired ear every 36 months.                                                                                    |
| <b>Vision Services</b>                                                                             | Specialist copay for eye refractive exam every benefit year.                                                                                  | Specialist copay for eye refractive exam every benefit year.                                                                                     | Covered at 70% after deductible; one eye exam every benefit year.                                                                         | \$25 copay.                                                                                                                                       |
| <b>Glasses &amp; Contacts</b>                                                                      | N/A                                                                                                                                           | N/A                                                                                                                                              | N/A                                                                                                                                       | \$75 off retail for lenses & frames combined, once per year. \$25 discount off retail price on initial pair of contact lenses, once per plan year |
| <b>Prescription Benefit</b>                                                                        | See full description of the CVS/ Caremark Prescription Benefit on page 13.                                                                    | See full description of the CVS/ Caremark Prescription Benefit on page 13.                                                                       | See full description of the CVS/ Caremark Prescription Benefit on page 13.                                                                | See Kaiser Pharmacy description on page 12.                                                                                                       |

## Summary of Services Disclaimer

**This is a summary of healthcare benefits. In the event of a difference between this summary and the plan brochure, the plan brochure will govern. Please Note: Copay (copayment) charges are Per Visit unless specified otherwise.**

# Choose a plan with confidence.

**Cigna One Guide service can help.**



We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why **Cigna One Guide® service is available to you now.**

Call a One Guide® representative during preenrollment to get personalized, useful guidance.

Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away.

**Don't wait until the last minute to enroll.**

Call **(888) 806-5042** to speak with a Cigna One Guide representative today.

**Access Cigna One Guide – after enrollment – in the way that's most convenient for you:**



**myCigna.com® or the  
myCigna® App**



**Live chat**



**Phone**

**After enrollment, the support continues for Cigna Healthcare<sup>SM</sup> customers.**

One Guide service will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

**One Guide service provides personalized assistance to help you:**

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find hospitals and health care providers in your plan's network
- Get cost estimates and avoid surprise expenses
- Understand your bills

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT.) (CHLIC), Connecticut General Life Insurance Company, or (its) their affiliates, and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). Policy forms: OK – HP-APP-1 et al., OR – HP-POL38 02-13, TN – HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN).



# So many ways to help manage your health.

Get to know the full value of myCigna.



Now it's easier than ever to manage your health and make the most of your health plan with myCigna®.\* From programs that help improve your health to tools that help manage your health spending, there's so much you can do.



View, print and send ID cards



Find in-network doctors, hospitals and medical services



Compare quality of care information, including patient reviews from Cigna Healthcare<sup>SM</sup> customers



Manage and track claims



See cost estimates for medical procedures



Use the click-to-chat feature to connect with a live Cigna Healthcare rep



**Feel better protected** Cigna Healthcare is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

Visit myCigna today. Not registered yet? [Start here.](#)\*\*

Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](#).



Download the myCigna App for your mobile device. Disponible en Español.



\* Actual myCigna features may vary depending on your plan and customer profile.

The Apple logo is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a registered service mark of Apple Inc. Android and Google Play are trademarks of Google LLC. Amazon, Kindle, Fire and all related logos are trademarks of Amazon.com, Inc., or its affiliates.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

# Know Before You Go



| Lower                                                                                                                                                                                                                                                    |  | Cost and time                                                                                                                                                                                                                                                                                                                                                                                                         |  | Greater                                                                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Virtual care                                                                                                                                                                                                                                             |  | Convenience care clinic                                                                                                                                                                                                                                                                                                                                                                                               |  | Health care provider's office                                                                                                                                                                                                                     |  |
| For minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit <a href="https://mycigna.com">myCigna.com</a> , or call MDLIVE at 888.726.3171 to talk with a doctor 24/7.*      |  | For minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.                                                                                                                                                                                                                                                         |  | The best place to go for routine or preventive care or to keep track of medications. Many PCPs offer virtual care. Contact your PCP to schedule an in-person or virtual care visit. Find a PCP on <a href="https://mycigna.com">myCigna.com</a> . |  |
| Urgent care center                                                                                                                                                                                                                                       |  | Emergency room                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                   |  |
| For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.                                                                                                                                              |  | For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER.<br><br>"Freestanding" ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities. |  |                                                                                                                                                                                                                                                   |  |
| Conditions treated**                                                                                                                                                                                                                                     |  | Conditions treated**                                                                                                                                                                                                                                                                                                                                                                                                  |  | Conditions treated**                                                                                                                                                                                                                              |  |
| <ul style="list-style-type: none"><li>› Colds and flu</li><li>› Rashes</li><li>› Sore throats</li><li>› Headaches</li><li>› Stomachaches</li><li>› Fever</li><li>› Allergies</li><li>› Acne</li><li>› Urinary tract infections (UTIs) and more</li></ul> |  | <ul style="list-style-type: none"><li>› Colds and flu</li><li>› Rashes or skin conditions</li><li>› Sore throats, earaches, sinus pain</li><li>› Minor cuts or burns</li><li>› Pregnancy testing</li><li>› Vaccines</li></ul>                                                                                                                                                                                         |  | <ul style="list-style-type: none"><li>› General health issues</li><li>› Preventive care</li><li>› Routine check-ups</li><li>› Vaccines and screenings</li></ul>                                                                                   |  |
| Your cost and time                                                                                                                                                                                                                                       |  | Your cost and time                                                                                                                                                                                                                                                                                                                                                                                                    |  | Your cost and time                                                                                                                                                                                                                                |  |
| <ul style="list-style-type: none"><li>› Costs the same or less than a visit with your primary care provider (PCP)</li><li>› Appointments typically in an hour or less</li><li>› No need to leave home or work</li></ul>                                  |  | <ul style="list-style-type: none"><li>› Same or lower than provider's office</li><li>› No appointment needed</li></ul>                                                                                                                                                                                                                                                                                                |  | <ul style="list-style-type: none"><li>› May charge copay/coinsurance and/or deductible</li><li>› Usually need appointment</li><li>› Short wait times</li></ul>                                                                                    |  |
| Urgent care center                                                                                                                                                                                                                                       |  | Emergency room                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                   |  |
| <ul style="list-style-type: none"><li>› Fever and flu symptoms</li><li>› Minor cuts, sprains, burns, rashes</li><li>› Headaches</li><li>› Lower back pain</li><li>› Joint pain</li><li>› Minor respiratory symptoms</li><li>› UTIs</li></ul>             |  | <ul style="list-style-type: none"><li>› Sudden numbness, weakness</li><li>› Uncontrolled bleeding</li><li>› Seizure or loss of consciousness</li><li>› Shortness of breath</li><li>› Chest pain</li><li>› Head injury/major trauma</li><li>› Blurry or loss of vision</li><li>› Severe cuts or burns</li><li>› Overdose</li></ul>                                                                                     |  |                                                                                                                                                                                                                                                   |  |
| Your cost and time                                                                                                                                                                                                                                       |  | Your cost and time                                                                                                                                                                                                                                                                                                                                                                                                    |  | Your cost and time                                                                                                                                                                                                                                |  |
| <ul style="list-style-type: none"><li>› Costs lower than emergency room (ER)</li><li>› No appointment needed</li><li>› Wait times vary</li></ul>                                                                                                         |  | <ul style="list-style-type: none"><li>› Highest cost</li><li>› No appointment needed</li><li>› Wait times may be long</li></ul>                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                   |  |

## Cigna Health Information Line

A telephone service staffed by clinicians who help you understand and make informed decisions about health issues you are experiencing, at no extra cost. These clinicians can help you choose the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a PCP's appointment or finding the nearest in-network urgent care center. Just call the number on your Cigna ID card, go to [myCigna.com](https://mycigna.com) or use the **myCigna® App**.\*\*\* Open 24/7.

**Together, all the way.®**



Offered by Cigna Health and Life Insurance Company or its affiliates.



## Prescription Benefits At A Glance

*(For Non-Medicare prescription drug coverage)*

|                                  | Kaiser Permanente Medical Center (Preferred)                                                                                                                                                                                                                                                                                                                                         | Community Based/ Network Pharmacy                                                                                                                                                                                                                                                                                                                                                      | Mail Order Program (Preferred)                                                                                                                                                             |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>When to Use Your Benefit:</b> | For immediate or short-term prescriptions:                                                                                                                                                                                                                                                                                                                                           | For immediate or short-term prescriptions:                                                                                                                                                                                                                                                                                                                                             | For short-term, maintenance and long-term prescriptions:                                                                                                                                   |
| <b>Where:</b>                    | <p>Prescriptions can be filled at a Kaiser Permanente Medical Center.</p> <p><i><b>Please Note:</b> Copays are lower when filled at a Kaiser Permanente Medical Center vs. a community network pharmacy.</i></p>                                                                                                                                                                     | <p>Prescriptions can also be filled at community pharmacies such as: Giant®, Safeway®, Rite Aid®, Target®, Walmart®.</p> <p><i><b>Please Note:</b> Copays are higher when filled at a community network pharmacy.</i></p>                                                                                                                                                              | <p>You can have prescriptions mailed right to your home through the Kaiser Permanente Mail Order program.</p>                                                                              |
| <b>Cost to You:</b>              | <p><b>Up to a 30-day supply:</b></p> <ul style="list-style-type: none"> <li>• \$10 for generic.</li> <li>• \$25 for brand name drugs.</li> <li>• \$75 for non-preferred drugs.</li> </ul> <p><b>Up to a 90-day supply:</b></p> <ul style="list-style-type: none"> <li>• \$20 for generic.</li> <li>• \$50 for brand name drugs.</li> <li>• \$150 for non-preferred drugs.</li> </ul> | <p><b>Up to a 30-day supply:</b></p> <ul style="list-style-type: none"> <li>• \$20 for generic.</li> <li>• \$50 for brand name drugs.</li> <li>• \$150 for non-preferred drugs.</li> </ul> <p><b>Up to a 90-day supply:</b></p> <ul style="list-style-type: none"> <li>• \$40 for generic.</li> <li>• \$100 for brand name drugs.</li> <li>• \$300 for non-preferred drugs.</li> </ul> | <p><b>Up to a 90 day supply:</b></p> <ul style="list-style-type: none"> <li>• \$20 for generic.</li> <li>• \$50 for brand name drugs.</li> <li>• \$150 for non-preferred drugs.</li> </ul> |

**Web Services:** Members are able to order prescription refills online or check the status of a prescription refill for yourself or another member, and review a list of covered drugs through the members-only section of the Kaiser Permanente website, [www.kp.org](http://www.kp.org).

**NOTE:** Kaiser members are required to complete a Kaiser registration form to be eligible for the Kaiser Medicare Advantage Plan.



## Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

Prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) must be filled in 90-day supplies through CVS Caremark Mail Service Pharmacy. **If you fill these prescriptions in 30-day supplies at a retail pharmacy after 3 fills, your medications won't be covered, and you'll have to pay the entire cost.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's retail network.

|                                                                                       | <b>Short-Term Medications</b><br>Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply                                                                                                                | <b>Long-Term Medications</b><br>Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90-day supply |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Generic Medications</b><br>Best option to help you save money                      | <b>\$10</b> for one 30-day supply                                                                                                                                                                                           | <b>\$20</b> for one 90-day supply                                                                                          |
| <b>Preferred Brand-Name Medications</b><br>Best option when a generic isn't available | <b>\$25</b> for one 30-day supply                                                                                                                                                                                           | <b>\$50</b> for one 90-day supply                                                                                          |
| <b>Non-Preferred Brand-Name Medications</b><br>Highest cost option                    | <b>\$75</b> for one 30-day supply                                                                                                                                                                                           | <b>\$150</b> for one 90-day supply                                                                                         |
| <b>Refill Limit</b>                                                                   | One initial fill plus one refill for maintenance medications. Specialty prescriptions are limited to a 30-day supply. \$20 for a preferred specialty brand medication. \$45 for a non-preferred specialty brand medication. | None                                                                                                                       |
| <b>Specialty Medications</b>                                                          | 30% for PrudentRx eligible specialty prescriptions*                                                                                                                                                                         |                                                                                                                            |
| <b>Maximum Allowable Benefit for Smoking Cessation Medications</b>                    | \$1,200 per individual (applies to Smoking Cessation Medications <b>only</b> )                                                                                                                                              |                                                                                                                            |

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written", you will pay the difference between the brand-name medication and the generic plus the brand copayment.

\*Your plan includes the PrudentRx program for specialty medications. This program is designed to lower your out-of-pocket costs by assisting you with enrollment in drug manufacturers' discount copay cards/assistance programs. When enrolled in PrudentRx, your out-of-pocket cost will be \$0 for medications included on the PrudentRx specialty drug list. If you opt out, you will be responsible for the 30% coinsurance (only the amount you pay out-of-pocket will apply toward your DED/OOP for essential health benefit medications – non-essential health benefit medications do not apply toward DED/OOP).

7418\_2023\_SUM\_INTEGRATED\_MAB\_S1P\_0923

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. 106-52041N 080122

## Register today at [Caremark.com/StartNow](https://www.caremark.com/StartNow)

Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription Services to those members for those prescriptions. Members acknowledge that by directing their Prescribers, or their agents, to send prescriptions to CVS Caremark or CVS Specialty Pharmacy, they are Also providing express consent for CVS Caremark or CVS Specialty to utilize any affiliated pharmacies to Process their prescriptions. Plan Member Rights and Responsibilities can be found at [Caremark.com](https://www.Caremark.com).



## Delta Dental PPO

### Plan Description

- Delta Dental offers fee-for-service dental benefits coupled with the cost management features of managed care. Subscribers have freedom of choice among dentists. Delta Dental has two networks of participating dentists: Delta Dental Premier® and Delta Dental PPO<sup>SM</sup>. Participating dentists complete and submit claim forms and participating dentists have agreed to accept Delta Dental's applicable Maximum Plan Allowances, or their actual charge, whichever is less (the "Allowed Amount"), as payment in full for covered services.
- The maximum benefit per person per year for services provided by PPO dentists is \$1,750.
- The maximum benefit per person per year for services provided by Premier or non-participating dentists is \$1,500.
- There is a separate **\$2,000** lifetime maximum per person for orthodontic services (covered for enrollees, spouses and dependents to the end of the month of their 26th birthday).
- Subscribers who use non-participating dentists may need to file claim forms for reimbursement. Plan payments will be based on Delta Dental's applicable Maximum Plan Allowances, or the dentist's actual charge, whichever is less (the "Allowed Amount").

### Diagnostic & Preventive Services

- These services are covered at 100%, if applicable. Allowed amount with no deductible includes: up to three oral exams per calendar year, up to three bitewing x-rays in a calendar year, one set of full mouth x-rays in a three-year period, **up to three teeth cleanings in a calendar year**, up to three fluoride treatments (to age 19) in a calendar year, sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars) and space maintainers (to age 14).
- Diagnostic & Preventive Maximum Waiver: Diagnostic and Preventive care will not count against your plan year maximum.
- Enhanced Benefits for Pregnancy: Includes additional oral exam and choice of additional cleaning, additional periodontal scaling/root planning or additional periodontal maintenance procedure.

### Percentage Paid by Delta Dental, following \$50 Annual Deductible for Selected Dental Services (not to exceed \$150 for family level coverage)

|                                                 |     |
|-------------------------------------------------|-----|
| Basic Restorative ("Silver" & "white" fillings) | 90% |
| Oral Surgery (Extractions)                      | 80% |
| IV Sedation and General Anesthesia              | 80% |
| Endodontics (Root canal therapy)                | 80% |
| Crown & Bridge Recementation                    | 80% |
| Denture Repair                                  | 80% |
| Night Guards                                    | 80% |
| Injectable antibiotics                          | 80% |
| Periodontics (Treatment of gum disorders)       | 60% |
| Major Restorative (Crowns, inlays, onlays)      | 60% |
| Prosthodontics (Dentures, bridges, implants)    | 60% |
| Orthodontics (No Deductible)                    | 50% |



## Deltacare USA DHMO

### Plan Description

- Deltacare USA promotes great dental health for you and your family with quality dental benefits at an affordable cost. Deltacare USA plans are designed to encourage you and your family to visit the dentist regularly to maintain your dental health. Today, over 1.2 million enrollees are covered by Deltacare USA plans.
- When you enroll, you select a primary contract dentist to provide services. The Deltacare USA network consists of private practice dental facilities that have been carefully screened for quality.

### Deltacare USA DHMO Enrollment Option:

- Your chosen primary contract dentist will take care of the dental needs for each enrolled family member. If you require treatment from a specialist, your primary dentist will handle the referral for you.
- A family may elect up to 3 dentists.
- After you have enrolled, you will receive a membership packet that includes an identification card and an Evidence of Coverage that fully describes the benefits of your plan. Also included in this packet is the name, address and phone number of your primary dentist.
- Under the Deltacare USA program, many services are covered at no cost, while others have copayments (amount you pay your primary dentist) for certain benefits.

**Please note:** Dental services that are not performed by your chosen primary dentist, or are not covered under provisions for emergency care, must be preauthorized by the Administrator to be covered by your Deltacare USA program.

## Patient Pay

|                                             |           |
|---------------------------------------------|-----------|
| Periodic oral exam (D0120)                  | No Charge |
| Bitewing x-ray, single film (D0270)         | No Charge |
| Prophylaxis cleaning, adult (D1110)         | \$5.00    |
| Amalgam restoration, single surface (D2140) | \$8.00    |
| Crown, porcelain fused to metal (D2750)     | \$395.00  |
| Root canal, anterior                        | \$125.00  |
| Complete denture, maxillary (D5110)         | \$365.00  |

Please see complete fee schedule available at Open Enrollment sessions or by visiting [wsscwater.com/retirees](http://wsscwater.com/retirees).

(Insight Network)

## Summary of Benefits

| Vision Care Services                   |  In-Network Member Cost at | In-Network Member Cost                                                        | Out-of-Network Member |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------|
| <b>Exam Services</b>                   |                                                                                                             |                                                                               |                       |
| Exam                                   | \$0 copay                                                                                                   | \$0 copay                                                                     | Up to \$84            |
| Retinal Imaging                        | Up to \$39                                                                                                  | Up to \$39                                                                    | Not covered           |
| <b>Contact Lens Fit and Follow-up</b>  |                                                                                                             |                                                                               |                       |
| Fit and Follow-up - Standard           | Up to \$40; contact lens fit and two follow-up visits<br>10% off retail price                               | Up to \$40; contact lens fit and two follow-up visits<br>10% off retail price | Not covered           |
| Fit and Follow-up - Premium            |                                                                                                             |                                                                               | Not covered           |
| <b>Frame</b>                           |                                                                                                             |                                                                               |                       |
| Frame                                  | \$0 copay; 20% off balance over \$200 allowance                                                             | \$0 copay; 20% off balance over \$150 allowance                               | Up to \$58            |
| <b>Standard Plastic Lenses</b>         |                                                                                                             |                                                                               |                       |
| Single Vision                          | \$0 copay                                                                                                   | \$0 copay                                                                     | Up to \$50            |
| Bifocal                                | \$0 copay                                                                                                   | \$0 copay                                                                     | Up to \$90            |
| Trifocal                               | \$0 copay                                                                                                   | \$0 copay                                                                     | Up to \$110           |
| Lenticular                             | \$0 copay                                                                                                   | \$0 copay                                                                     | Up to \$310           |
| Progressive - Standard                 | \$50 copay                                                                                                  | \$50 copay                                                                    | Up to \$90            |
| Progressive - Premium Tier 1 - 3       | \$70 - 95 copay                                                                                             | \$70 - 95 copay                                                               | Up to \$90            |
| Progressive - Premium Tier 4           | \$50 copay; 20% off retail price less \$120 allowance                                                       | \$50 copay; 20% off retail price less \$120 allowance                         | Up to \$90            |
| <b>Lens Options</b>                    |                                                                                                             |                                                                               |                       |
| Anti Reflective Coating - Standard     | \$40 copay                                                                                                  | \$40 copay                                                                    | Up to \$4             |
| Anti Reflective Coating - Premium Tier | \$52 - 100 copay                                                                                            | \$52 - 100 copay                                                              | Up to \$4             |
| Photochromic - Non-Glass               | \$65 copay                                                                                                  | \$65 copay                                                                    | Up to \$8             |
| Polycarbonate - Standard               | \$25 copay                                                                                                  | \$25 copay                                                                    | Up to \$12            |
| Scratch Coating - Standard Plastic     | \$10 copay                                                                                                  | \$10 copay                                                                    | Up to \$4             |
| Tint - Solid and Gradient              | \$10 copay                                                                                                  | \$10 copay                                                                    | Up to \$4             |
| UV Treatment                           | \$12 copay                                                                                                  | \$12 copay                                                                    | Up to \$3             |
| All Other Lens Options                 | 20% off retail price                                                                                        | 20% off retail price                                                          | Not covered           |
| <b>Contact Lenses</b>                  |                                                                                                             |                                                                               |                       |
| Contacts - Conventional                | \$0 copay; 15% off balance over \$150 allowance                                                             | \$0 copay; 15% off balance over \$150 allowance                               | Up to \$100           |
| Contacts - Disposable                  | \$0 copay; 100% of balance over \$150 allowance                                                             | \$0 copay; 100% of balance over \$150                                         | Up to \$100           |
| Contacts - Medically Necessary         | \$0 copay; paid in full                                                                                     | \$0 copay; paid in full                                                       | Up to \$210           |
| <b>Other</b>                           |                                                                                                             |                                                                               |                       |
| Hearing Care from Amplifon Network     | Up to 64% off hearing aids; call 1.877.203.0675                                                             | Up to 64% off hearing aids; call 1.877.203.0675                               | Not covered           |
| LASIK or PRK from U.S. Laser Network   | 15% off retail or 5% off promo price; call 1.800.988.4221                                                   | 15% off retail or 5% off promo price; call                                    | Not covered           |
| <b>Frequency</b>                       | <b>Allowed Frequency - Adults</b>                                                                           | <b>Allowed Frequency - Kids</b>                                               |                       |
| Exam                                   | Once every calendar year                                                                                    | Once every calendar year                                                      |                       |
| Frame                                  | Once every calendar year                                                                                    | Once every calendar year                                                      |                       |
| Lenses                                 | Once every calendar year                                                                                    | Once every calendar year                                                      |                       |
| Contact Lenses                         | Once every calendar year                                                                                    | Once every calendar year                                                      |                       |

(Plan allows member to receive either contacts and frame, or frames and lens services) EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

# Medicare-eligible Retirees and Dependents

WSSC Water requires Medicare-eligible retirees and their Medicare eligible dependents (spouse) to enroll in the Medicare program. Most people become eligible at age 65 but you could become eligible sooner if disabled. You should receive information from the Social Security Administration when you become eligible for Medicare Part B, however, if you do not, it is your responsibility to contact them. Failure to enroll in Medicare Part B could compromise your eligibility for WSSC Water medical and prescription benefits and/or subject you to permanent premium penalties.

Once you are enrolled in Medicare Parts A & B, send a copy of your Medicare ID card to WSSC Water HR Benefits so that we can ensure that you are enrolled in the proper medical and prescription plans. Cigna Healthcare members are then moved into the Cigna Healthcare Medicare Supplement Plan and the SilverScript Prescription Drug Plan (PDP). Kaiser members transition into the Kaiser Medicare Advantage plan, but they must also complete the Kaiser Group Medicare Enrollment form and return it directly to Kaiser.

During Federal Annual Open Enrollment, you will likely be solicited by individual Medicare Part D programs asking you to enroll in a private Medicare Part D plan. You should not enroll in an individual Medicare Part D program if you are enrolled in one of the WSSC Water health insurance plans, because Medicare does not allow you to enroll in two Part D plans. Enrolling in an individual plan could compromise your eligibility for WSSC Water-sponsored medical and prescription coverage.

## Medicare Summary

Medicare is a national health insurance program covering individuals age 65 and older, younger people with disabilities and people with end stage renal disease (kidney failure). Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals (including critical access hospitals, inpatient rehabilitation facilities, and long-term care hospitals), inpatient care in a skilled nursing facility (not custodial or long-term care), hospice care services, home health care services, and inpatient care in a Religious Nonmedical Health Care Institution. Certain conditions must be met to get these benefits. Medicare Part B (Medical Insurance) helps cover medically necessary services like physician services, outpatient care, home health care services, and other medical services. Medicare Part B also covers some preventive services. Medicare Part D offers coverage for prescription drugs. Please note that the SilverScript plan offered by WSSC Water is a Medicare Part D plan that also provides an enhanced benefit including pharmacy.

Medicare does not cover everything. If you need services that Medicare does not cover, you will have to pay out of pocket unless you have other insurance (such as a Medicare Supplement Plan) to cover the costs. Even if Medicare covers a service or item, you generally have to pay deductibles, coinsurance, and copayments.

To find out if Medicare covers a service you need, visit [www.medicare.gov](http://www.medicare.gov) and select "Find Out What Medicare Covers," or call 1-800-MEDICARE (1-800-633-4227).

Once you are enrolled in Medicare Parts A & B, your coverage will be changed to the Medicare Supplement Plan. The Medicare Supplement Plan is designed to work in conjunction with your Medicare plan to supplement benefits that Medicare does not offer. When you change to a Medicare Supplement plan offered through WSSC Water, you are still considered a member of that health plan and may still be governed by the health plans rules on physician and hospital selection, referrals to a specialist, and places where you can receive diagnostic testing or have prescriptions filled.

Listed below are some services that are not covered or paid in full by Medicare Part A and/or Part B but would be covered or paid in full by your Medicare Supplement plan.

| Medicare Parts A & B                                                              | Cigna Medicare Supplement Plan                                           |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Deductible on your first hospital admission for each benefit period               | Pays the hospital deductible                                             |
| Daily copayment on hospital days 61-90                                            | Pays the hospital copayment                                              |
| Daily coinsurance for days 21-100 in each benefit period for skilled nursing care | Pays the daily coinsurance for skilled nursing care                      |
| Deductible for medical services covered under Part B                              | Pays the deductible                                                      |
| Routine eye exams or eyeglasses                                                   | Covers routine eye exams and offer discounts on eyeglass frames & lenses |
| Hearing aids or routine hearing loss exams                                        | Hearing discounts are available.                                         |

# Medicare Frequently Asked Questions

## ■ What happens to my health and prescription coverage when I am eligible for Medicare Parts A & B?

If you are enrolled in Kaiser, you will transition to the Kaiser Medicare Advantage Plan and your prescription benefit will continue to be administered by Kaiser. If you are enrolled in Cigna Healthcare you will transition from the Cigna Healthcare OAP or OAP OON plan to the Cigna Healthcare Medicare Supplement plan. Currently, CVS Caremark administers the prescription benefits for all non-Medicare-eligible Cigna Healthcare members. Members who are enrolled in Cigna Healthcare and become Medicare-eligible will transition from CVS Caremark to SilverScript.

## ■ I'm turning 65 this year, how does Medicare work with my insurance?

You must enroll in Medicare Parts A & B when eligible. WSSC Water's insurance carriers will coordinate your benefits with Medicare once HR Benefits receives a copy of your Medicare ID card. If you are enrolled in Kaiser, you will transition to the Kaiser Medicare Advantage Plan. If you are enrolled in Cigna Healthcare, you will transition from the Cigna Healthcare OAP or OAP OON plan to the Cigna Healthcare Medicare Supplement plan. Medicare will cover approximately 80% of your medical expenses and your WSSC Water plan will cover the remaining 20%. You may still have a copay depending on which plan you select.

## ■ What if I'm not 65, but have Medicare Parts A & B due to a disability?

You must submit a copy of your Medicare ID card to the WSSC Water HR Benefits so that WSSC Water's insurance carriers can coordinate your benefits with Medicare. Medicare will cover approximately 80% of your medical expenses and your WSSC Water plan will cover the remaining 20%. You may still have a copay depending on which plan you select.

## ■ If Medicare does not pay a medical bill because a service is not covered, will my Supplemental Plan pay the bill?

No. Your doctor must accept Medicare for your WSSC Water plan to pay up to the 20%. This is the same for medical services; they must be Medicare approved for your WSSC Water coverage to pay their portion of the bill. Make sure to check with your physician, or visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE before you have any tests, surgeries, etc. to make sure it is covered by Medicare.

## ■ What if my spouse turns 65 before me or I turn 65 before my spouse?

When one member is enrolling in Medicare, your WSSC Water insurance enrollment is modified from a "two-person" or "family" plan to a "split plan." The Medicare-eligible enrollee will have the Medicare Supplement Plan, while the other member who is not eligible for Medicare will continue with their current plan. You will see separate deductions for these plans on your pension check.

## ■ What happens to my monthly benefit deduction?

Once HR Benefits has a copy of your Medicare ID card to verify you have successfully enrolled in Medicare Parts A & B, your monthly deductions will be updated. Each carrier has different premiums for their Medicare Supplement plan. Please refer to the rates on page 3 of this benefits guide.

## ■ What if I have questions or need additional forms?

You may contact HR Benefits at [hr\\_benefits@wsscwater.com](mailto:hr_benefits@wsscwater.com) or call 301-369-7777.

# 2027 Medicare-eligible Summary of Services

| Plan Benefits                                      | Cigna Medicare Supplement                                                                                                                                                    | Kaiser Medicare Advantage                                                                                                                                                                                                                                                                             |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Doctor and Hospital Choice</b>                  | You may choose any doctor or hospital that accepts Medicare                                                                                                                  | You may choose any Kaiser Permanente network doctor, specialist and participating hospital. Specialty care may require a referral from your Primary Care Physician                                                                                                                                    |
| <b>Annual Physical</b>                             | Covered at 100%                                                                                                                                                              | Covered at 100%                                                                                                                                                                                                                                                                                       |
| <b>Inpatient Hospital Care</b>                     | Plan pays 100% of covered charges remaining after Medicare                                                                                                                   | \$100 copay per benefit period                                                                                                                                                                                                                                                                        |
| <b>Doctor's Office Visits</b>                      | Plan pays 100% of covered charges remaining after Medicare                                                                                                                   | \$15 copay                                                                                                                                                                                                                                                                                            |
| <b>Diagnostic Tests, X-rays &amp; Lab Services</b> | Plan pays 100% of covered charges remaining after Medicare                                                                                                                   | \$15 copay for radiation therapy, no charge for Xray's, lab services or diagnostic tests                                                                                                                                                                                                              |
| <b>Emergency Room Services</b>                     | Plan pays 100% of covered charges remaining after Medicare                                                                                                                   | \$50 copay (copay waived if admitted)                                                                                                                                                                                                                                                                 |
| <b>Prescriptions</b>                               | See CVS Caremark on page 13. Copays for SilverScript are the same as the CVS Caremark commercial plan                                                                        | \$10 copay for up to a 90-day supply of mail-order medicine (brand, generic & specialty), \$15 copay for up to a 60 day supply (brand, generic & specialty) at Kaiser Permanente center pharmacy, \$25 copay for up to a 60 day supply (brand, generic & specialty) at participating network pharmacy |
| <b>Durable Medical Equipment</b>                   | Plan pays 100% of covered charges remaining after Medicare.<br><b>Prior notification required</b>                                                                            | Covered in full through participating providers                                                                                                                                                                                                                                                       |
| <b>Vision Services</b>                             | Plan pays 100% (after \$25 copay) for a refractive eye examination every calendar year at participating providers; discounts on frames and lenses at participating providers | \$15 copay for eye exam; \$200/24 months to spend on glasses and frames                                                                                                                                                                                                                               |
| <b>Primary Insurance</b>                           | Medicare: Parts A & B                                                                                                                                                        | Kaiser Medicare Advantage                                                                                                                                                                                                                                                                             |
| <b>Secondary Insurance</b>                         | Cigna Healthcare                                                                                                                                                             | N/A                                                                                                                                                                                                                                                                                                   |

*New for Kaiser - Transportation: \$0 copay for up to 24 one-way rides to and from KP Medical Centers and contracted facilities.  
Brain HQ: Free subscription to brain training application.*

*This is a summary of healthcare benefits. In the event of a difference between this summary and the plan brochure, the plan brochure will govern.*

## Explore added features of our Kaiser Permanente Medicare Advantage (HMO) plans

When you join a Kaiser Permanente Medicare Advantage plan, you not only get your medical and prescription drug coverage all in one plan—you also receive additional features to care for the whole you, at no extra cost.



### Check out all these additional features included in your health plan:



**Vision**  
Routine eye care and an allowance on glasses and contact lenses



**Virtual care<sup>3</sup>**  
Care from the comfort of home



**One Pass<sup>®</sup> fitness program<sup>1</sup>**  
Choose a fitness center or exercise at home with digital and on-demand workouts



**Thriving after 60**  
A wellness community with events to help connect people over age 60



**Transportation<sup>2</sup>**  
24 one-way rides for medical appointments



**BrainHQ**  
Online brain health exercises



**Preventive dental plan**  
\$30 copays for each preventive care office visit



**Advance health care directive**  
online tools and classes  
Virtual class and tools to help you designate a health care agent and provide medical care instructions in the event that you cannot communicate

It's time to start thinking about your annual benefits!

# Make a positive, powerful change in your life

Sign up for Hinge Health, and be a movement person. Get virtual physical therapy and more, to reduce everyday joint and muscle aches, recover from injury, relieve pelvic pain and discomfort and improve your mobility.

## Specialized care, personalized for you

- **1-on-1 support**  
From a physical therapist or health coach.
- **A care plan**  
Designed by your physical therapist for your everyday activities and busy life.
- **All costs covered**  
You earn Hinge Health benefits through WSSC Water. There's \$0 cost to you.

Scan the QR code or visit:

[hinge.health/wsscwater-oe](https://hinge.health/wsscwater-oe)



Please use the default camera on your device to scan the QR code, not a third-party application. If you are directed to a site other than the URL listed above, do not proceed.



**\$0**  
cost to you

Hi Jordan, I added new exercises to help with your knees too.

**New members only**  
Start your program, and get a yoga mat on us!\*



\*Eligibility to receive complimentary items is based on the program in which you are placed and subject to availability upon completion of your first exercise therapy session. Users may receive an alternative item if the featured item is unavailable.

Employees and dependents 18+ are eligible.

# Legislative Information

## Important Notice from WSSC Water About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with WSSC Water and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. WSSC Water has determined that the prescription drug coverage offered by WSSC Water's Cigna Healthcare Medical Plans through CVS Caremark RX Services and WSSC Water's Kaiser Medical Plan, is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### ■ When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

### ■ What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current WSSC Water coverage will not be affected. Your WSSC Water coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the WSSC Water plan pays primary). You and your covered family members that join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members that join a Medicare prescription drug plan.

***If you do decide to join a Medicare drug plan and voluntarily drop your current WSSC Water medical and prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment period or you experience a qualifying life event.***

### ■ When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with your WSSC Water's Medical Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following Open Enrollment to join.

# Legislative Information

## Important Notice from WSSC Water About Your Prescription Drug Coverage and Medicare (cont'd)

### ■ For more information about this notice or your current prescription drug coverage

Contact HR Benefits at [HR\\_Benefits@wsscwater.com](mailto:HR_Benefits@wsscwater.com) or call 301-369-7777.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through WSSC Water changes. You also may request a copy of this notice at any time.

### ■ For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### ■ For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

|                          |                                            |
|--------------------------|--------------------------------------------|
| Date:                    | October 15, 2026                           |
| Name of Entity/Sender:   | WSSC Water                                 |
| Contact—Position/Office: | Human Resources Office—Benefits            |
| Address:                 | 14501 Sweitzer Lane, Laurel, MD 20707-5902 |
| Phone Number:            | 301-369-7777                               |

# Legislative Information

## Annual Disclosure Notice

### Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

Our medical plans comply with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Coverage for these items may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Our plan neither imposes penalties (for example, reducing or limiting reimbursement) nor provides incentives to induce providers to provide care inconsistent with these requirements.

If you would like more information on WHCRA benefits, contact HR Benefits at [hr\\_benefits@wsscwater.com](mailto:hr_benefits@wsscwater.com) or call 301-369-7777.

### The Newborns' and Mothers' Health Protection Act (NMHPA)

You have specific rights under the Act which protect you and your newborn(s). These rights include:

- Coverage for a hospital stay of up to 48 hours for a vaginal birth and 96 hours for a cesarean section delivery without previous authorization.
- A plan cannot provide incentives to a mother or Provider to encourage a shorter stay.
- A plan cannot penalize a mother or Provider to encourage a shorter stay.
- A plan must provide notice of these rights with respect to the hospital lengths of stay in connection with child birth.

Our Medical Plans comply with these requirements.

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The privacy of your medical information is important to us.

**The following entities, owned by or affiliated with  
WSSC Water are covered by this notice:**

**This notice applies to the privacy practices of the health plans listed below. As affiliated (related) entities, we might share your protected health information and the protected health information of others on your insurance policy as needed for payment or health care operations.**

Cigna, Kaiser Permanente, CVS Health, Delta Dental, Voya, ComPsych GuidanceResources®, Progress Health, Well Advantage, EyeMed, Fusion Health and Legal Resources

## Our Legal Duty

This Notice describes our privacy practices, which include how we might use, disclose (share or give out), collect, handle, and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect February 16, 2027, and is an amendment of WSSC Water's prior notice of privacy practices. We reserve the right to change our privacy practices and the terms of this notice at any time, as long as law permits

the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers within sixty days of the effective date of the change. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

## Uses and Disclosures of Medical Information

### Primary Uses and Disclosures of Protected Health Information

We use and disclose protected health information about you for payment and health care operations. The federal health care Privacy Regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, and reproduc-

tive rights. In addition to these state law requirements, we also may use or disclose protected health information in the following situations:

**Payment:** We might use and disclose your protected health information for all activities that are included within the definition of "payment" as written in the Federal Privacy Regulations. For example, we might use and disclose your protected health information to pay claims for services provided to you by doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan. We might also use your information to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and to issue explanations of benefits to the person who subscribes to the health plan in which you participate.

# HIPAA

**Health Care Operations:** We might use and disclose your protected health information for all activities that are included within the definition of “health care operations” as defined in the Federal Privacy Regulations. For example, we might use and disclose your protected health information to determine our premiums for your health plan, to conduct quality assessment and improvement activities, to engage in care coordination or case management, and to manage our business.

**Business Associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, our business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

**Other Covered Entities:** In addition, we might use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we might disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we might disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

**Other Possible Uses and Disclosures of Protected Health Information:** The following is a description of other possible ways in which we might (and are permitted to) use and/or disclose your protected health information.

**To You or with Your Authorization:** We must disclose your protected health information to you, as described in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed on this notice. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures that we made as permitted by your authorization while it was in effect. Without your written authorization, we might not use or disclose your protected health information for any reason except those described in this notice.

## Disclosures to the Secretary of the U.S.

**Department of Health and Human Services:** We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the federal Privacy Regulations.

**To Plan Sponsors:** Where permitted by law, we may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us seeking information to evaluate future changes to your benefit plan. We may also disclose summary health information (this type of information is defined in the Federal Privacy Regulations) about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

**To Family and Friends:** If you agree (or, if you are unavailable to agree), such as in a medical emergency situation we might disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

**Underwriting:** We might receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this protected health information received under these circumstances for any other purpose, except as required by law, unless and until you enter into a contract of health insurance or health benefits with us. In addition, we will not use your genetic information for underwriting purposes.

**Health Oversight Activities:** We might disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

**Abuse or Neglect:** We might disclose your protected health information to appropriate authorities if we reasonably believe that you might be a possible victim of abuse, neglect, domestic violence or other crimes.

**To Prevent a Serious Threat to Health or Safety:** Consistent with certain federal and state laws, we might disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Coroners, Medical Examiners, Funeral Directors, and Organ Donation:** We might disclose protected health information to a coroner or medical examiner for purposes of identifying you after you die, determining your cause of death or for the coroner or medical examiner to perform other duties authorized by law. We also might disclose, as authorized by law, information to funeral directors so that they may carry out their duties on your behalf. Further, we might disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

## Uses and Disclosures of Medical Information (cont'd)

**Research:** We might disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

**Inmates:** If you are an inmate of a correctional institution, we might disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

**Workers' Compensation:** We might disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Public Health and Safety:** We might disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

**Required by Law:** We might use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon their request for purposes of determining whether we are in compliance with federal privacy laws.

**Legal Process and Proceedings:** We might disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we might disclose your protected health information to law enforcement officials.

**Law Enforcement:** We might disclose to law enforcement officials limited protected health information of a suspect, fugitive, material witness, crime victim, or missing person. We might disclose protected health information where necessary to assist law

enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

**Military and National Security:** We might disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We might disclose to federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

**Other uses and Disclosures of your Protected Health Information:** Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization.

**Breach of Unsecured Protected Health Information:** You must be notified in the event of a breach of unsecured protected health information. A "breach" is the acquisition, access, use, or disclosure of protected health information in a manner that compromises the security or privacy of the protected health information. Protected health information is considered compromised when the breach poses a significant risk of financial harm, damage to your reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

## Individual Rights

**Access:** You have the right to look at or get copies of the protected health information contained in a designated record set, with limited exceptions, including your protected health information maintained in an electronic format. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so. For example, if your protected health information is available in an electronic format, you may request access electronically and that this be transmitted directly to someone you designate. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the address at the end of this notice. If you request copies, we might charge you a reasonable fee for each page, and postage if you want the copies mailed to

you. If you request an alternative format, we might charge a cost-based fee for providing your protected health information in that format. But any fee must be limited to the cost of labor involved in responding to your request if you requested access to an electronic health record. If you prefer, we will prepare a summary or an explanation of your protected health information, but we might charge a fee to do so. We might deny your request to inspect and copy your protected health information in certain limited circumstances. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable. If you are denied access to your information and the denial is subject to review, you may request that the denial be licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same person who denied your initial request.

---

## Individual Rights (cont'd)

---

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information, including a disclosure involving an electronic health record, for purposes other than treatment, payment, health care operations and certain other activities (Note: this exemption does not apply to electronic health records). We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we might charge you a reasonable, cost-based fee for responding to these additional requests. You may request an accounting by submitting your request in writing using the information listed at the end of this notice. Your request may be for disclosures made up to 6 years before the date of your request (three years in the case of a disclosure involving an electronic health record).

**Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement that we might make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be liable for uses and disclosures made outside of the requested restriction unless our agreement to restrict is in writing. We are permitted to end our agreement to the requested restriction

by notifying you in writing. You may request a restriction by writing to us using the information listed at the end of this notice. In your request tell us: (1) the information of which you want to limit our use and disclosure; and (2) how you want to limit our use and/or disclosure of the information.

**Confidential Communication:** If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information. This means that you may request that we send you information by alternative means, or to an alternate location. We must accommodate your request if: it is reasonable, specifies the alternative means or alternate location, and specifies how payment issues (premiums and claims) will be handled. You may request a Confidential Communication by writing to us using the information listed at the end of this notice. **Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Electronic Notice:** This notice is also posted on our web site.

---

## Questions and Complaints

---

**Information on WSSC Water's Privacy Practices:** If you want more information about our privacy practices or have questions or concerns, please contact the member services number on the back of your card.

**Filing a Complaint:** If you are concerned that we might have violated your privacy rights, or you disagree with a decision we made about your individual rights, you may use the contact information listed at the end of this notice to complain to us. You also may submit a written complaint to the U.S. Department of Health and Human Services (DHHS). We will provide you with the contact information for DHHS upon request. We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**HIPAA website:**

<http://www.hhs.gov/ocr/privacy/>

**WSSC Water Privacy Official:**

Human Resources Section Manager, Benefits

14501 Sweitzer Lane

Laurel, MD 20707-5902

Phone: 301-369-7777

Fax: 301-206-8720

Alternate Email: [hr\\_benefits@wsscwater.com](mailto:hr_benefits@wsscwater.com)



## Retiree Change of Address Form

This form will be used to update your address for WSSC Water insurance coverage AND for retirement records. We will notify your benefit plans (health, dental and vision – if applicable) of your new address. If you have a WSSC Credit Union account, you must contact them directly.

**Retiree Name:** \_\_\_\_\_  
(please print)

### Old Address Information:

Street Address: \_\_\_\_\_  
Apartment Number: \_\_\_\_\_ County: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

### New Address Information:

Street Address: \_\_\_\_\_  
Apartment Number: \_\_\_\_\_ County: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Effective Date of New Address:** \_\_\_\_\_

**Please return the completed form at your earliest convenience to:**

WSSC Water, Human Resources Office, Benefits Division,  
14501 Sweitzer Lane, Laurel, MD 20707  
or by email: [HR\\_Benefits@wsscwater.com](mailto:HR_Benefits@wsscwater.com)  
or by Fax: 301-206-8720

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*WSSC Water, 14501 Sweitzer Lane, Laurel, MD 20707  
Human Resources Office, Benefits Division  
301-369-7777*

# Group Life Change of Beneficiary

|                                              |                              |                                                                                                                                                       |               |
|----------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Name (first name, middle initial, last name) |                              | Social Security Number                                                                                                                                | Date of Birth |
| Retiree ID #                                 | Occupation<br><b>Retired</b> | Marital Status<br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |               |

*In accordance with the conditions of the Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), and designate as primary beneficiary(ies) and contingent beneficiary(ies), the following:*

| Primary Beneficiary Designation                                                                                                |                        |              |               |           |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|---------------|-----------|
| Full Name (first name, middle initial, last name)                                                                              | Social Security Number | Relationship | Date of Birth | Share - % |
| Street Address                                                                                                                 |                        | City         | State         | Zip       |
| Contact Phone: Home Phone                                                                                                      |                        | Cell Phone:  |               |           |
| Full Name (first name, middle initial, last name)                                                                              | Social Security Number | Relationship | Date of Birth | Share - % |
| Street Address                                                                                                                 |                        | City         | State         | Zip       |
| Contact Phone: Home Phone                                                                                                      |                        | Cell Phone:  |               |           |
| Full Name (first name, middle initial, last name)                                                                              | Social Security Number | Relationship | Date of Birth | Share - % |
| Street Address                                                                                                                 |                        | City         | State         | Zip       |
| Contact Phone: Home Phone                                                                                                      |                        | Cell Phone:  |               |           |
| <b><i>In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)</i></b> |                        |              |               |           |
| Contingent Beneficiary Designation                                                                                             |                        |              |               |           |
| Full Name (first name, middle initial, last name)                                                                              | Social Security Number | Relationship | Date of Birth | Share - % |
| Street Address                                                                                                                 |                        | City         | State         | Zip       |
| Contact Phone: Home Phone                                                                                                      |                        | Cell Phone:  |               |           |
| Full Name (first name, middle initial, last name)                                                                              | Social Security Number | Relationship | Date of Birth | Share - % |
| Street Address                                                                                                                 |                        | City         | State         | Zip       |
| Contact Phone: Home Phone                                                                                                      |                        | Cell Phone:  |               |           |

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of WSSC Water HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# Donate to the Water Fund During Open Enrollment

Since 1994, WSSC Water has disbursed more than **\$4.1 million** through our Water Fund to help **34,400** income-constrained customers pay their water/sewer bills.



Beginning in FY 2027, the United Way has become the administrator of the Water Fund. Through this year's Open Enrollment, you can easily make a tax-deductible donation to the fund and help our vulnerable families in need of assistance. 100 percent of all donations go directly to those in need.

**We are asking Team H<sub>2</sub>O to donate today and assist vulnerable families through the Water Fund.** Donating is simple. Sign up today as you complete your open enrollment and help a neighbor in need.





# WSSC Water Fund Retiree Contribution Form

Please deduct the following amount from my monthly payroll to go to the WSSC Water Fund.

I, (Retiree Name) \_\_\_\_\_, authorize WSSC Water to deduct the amount of \$ \_\_\_\_\_ from my monthly payroll to be contributed to the WSSC Water Fund.

OR

I, (Retiree Name) \_\_\_\_\_, authorize WSSC Water to deduct a one-time lump sum amount of \$ \_\_\_\_\_ from my next monthly payroll to be contributed to the WSSC Water Fund.

Date \_\_\_\_\_

Retiree Signature \_\_\_\_\_

# The Crew Behind Your Coverage

---

## WSSC Water Contacts

---

### HR Benefits

[hr\\_benefits@wsscwater.com](mailto:hr_benefits@wsscwater.com)

Benefits Hotline: 301-369-7777

### Regina Rodriguez

Section Manager, Benefits

[Regina.Rodriguez@wsscwater.com](mailto:Regina.Rodriguez@wsscwater.com)

301-206-8696

### Angela Costalas

[Angela.Costalas@wsscwater.com](mailto:Angela.Costalas@wsscwater.com)

301-206-8695

### Susan McDonald

[Susan.McDonald@wsscwater.com](mailto:Susan.McDonald@wsscwater.com)

301-206-8702

### Lee McDonough

[Lee.McDonough@wsscwater.com](mailto:Lee.McDonough@wsscwater.com)

301-206-8995

### Anne Sanders

[Anne.Sanders@wsscwater.com](mailto:Anne.Sanders@wsscwater.com)

301-206-8077

---

## Other Contacts

---

### CVS Health

Group # WSSCX

[www.caremark.com](http://www.caremark.com)

1-888-790-4271

Email: [customerservice@caremark.com](mailto:customerservice@caremark.com)

### Centers for Medicare and Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-800-633-4227

TTY: 877-486-2048

### Cigna Healthcare

Group #3347461

[www.MyCigna.com](http://www.MyCigna.com)

1-800-Cigna24 (244-6224)

### Deltacare USA (HMO)

#### Delta Dental PPO

Group # 5804

[www.deltadentalins.com](http://www.deltadentalins.com)

1-800-932-0783

### EyeMed

Group #1018169

[www.eyemed.com](http://www.eyemed.com)

1-866-804-0982

### Kaiser Permanente HMO

Group # 4418

[www.kp.org](http://www.kp.org)

1-800-777-7902

### Kaiser Permanente Medical Advice Line

1-800-777-7904

### MetLife Life Insurance

Group # 109925

[www.metlife.com](http://www.metlife.com)

1-800-638-6420

### SilverScript Prescription Drug Plan

[wssc.silverscript.com](http://wssc.silverscript.com)

844-819-3073

### Social Security Administration

[www.ssa.gov](http://www.ssa.gov)

1-800-772-1213

TTY 1-800-325-0778



# **Enroll**

***You've Crossed the***  
***Finish Line!***

