

2023



Retiree Benefit Rate Schedules

EFFECTIVE JANUARY 1, 2023

MONTHLY BENEFIT RATES FOR:

- Non-Medicare-eligible retirees and their non-Medicare-eligible spouses/dependents
- Medicare-eligible retirees and their Medicare-eligible spouses/dependents
- Non-Medicare-eligible retirees and their Medicare-eligible spouses/dependents
- Medicare-eligible retirees and their non-Medicare-eligible spouses/dependents

Maryland's Largest School District

MONTGOMERY COUNTY PUBLIC SCHOOLS



VISION

We inspire learning by providing the greatest public education to each and every student.

MISSION

Every student will have the academic, creative problem solving, and social emotional skills to be successful in college and career.

CORE PURPOSE

Prepare all students to thrive in their future.

CORE VALUES

*Learning
Relationships
Respect
Excellence
Equity*

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2023

Retiree Benefit Rate Schedules

Effective January 1, 2023

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Monthly Rates for

Non-Medicare-Eligible Retirees

and their

Non-Medicare-Eligible Spouses/Dependents

Non-Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
Retiree Cost = 100%

Effective January 1, 2023

Completed Neither Health Risk Assessment nor Biometric Health Screening

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	880.19	806.41	559.65	609.76	362.94	191.82	77.88	33.67	21.55	0.80
2-PARTY	1,760.41	1,612.85	1,051.90	1,216.91	725.87	383.61	155.41	67.35	43.12	1.47
FAMILY	2,395.10	2,194.25	1,723.32	1,763.32	907.35	479.54	225.19	99.04	63.28	1.87

Non-Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2023

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	897.79	822.54	570.84	621.96	370.20	195.66	79.44	34.34	21.98	0.82
2-PARTY	1,795.62	1,645.11	1,072.94	1,241.25	740.39	391.28	158.52	68.70	43.98	1.50
FAMILY	2,443.00	2,238.14	1,757.79	1,798.59	925.50	489.13	229.69	101.02	64.55	1.91

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2023
Completed Neither Health Risk Assessment nor Biometric Health Screening

Retiree Cost Sharing = 60% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	528.11	483.85	335.79	365.86	217.76	115.09	46.73	20.20	12.93	0.48
2-PARTY	1,056.24	967.71	631.14	730.15	435.52	230.16	93.25	40.41	25.87	0.88
FAMILY	1,437.05	1,316.55	1,033.99	1,058.00	544.41	287.72	135.12	59.42	37.97	1.12

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Retiree Cost Sharing = 50% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	440.10	403.21	279.83	304.88	181.47	95.91	38.94	16.84	10.78	0.40
2-PARTY	880.21	806.43	525.96	608.46	362.94	191.81	77.71	33.68	21.57	0.74
FAMILY	1,197.56	1,097.13	861.67	881.67	453.68	239.78	112.60	49.53	31.65	0.94

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Retiree Cost Sharing = 36% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	316.87	290.31	201.47	219.51	130.66	69.06	28.04	12.12	7.76	0.29
2-PARTY	633.75	580.63	378.68	438.08	261.31	138.10	55.95	24.24	15.53	0.53
FAMILY	862.24	789.93	620.39	634.79	326.64	172.63	81.07	35.65	22.79	0.67

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2023
Completed Both Health Risk Assessment and Biometric Health Screening

Retiree Cost Sharing = 58% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	510.51	467.72	324.60	353.66	210.51	111.26	45.17	19.53	12.50	0.46
2-PARTY	1,021.04	935.46	610.11	705.81	421.01	222.50	90.14	39.06	25.01	0.85
FAMILY	1,389.16	1,272.67	999.53	1,022.73	526.27	278.14	130.61	57.44	36.70	1.08

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Retiree Cost Sharing = 48% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	422.49	387.08	268.63	292.68	174.21	92.07	37.38	16.16	10.34	0.38
2-PARTY	845.00	774.17	504.91	584.11	348.42	184.13	74.59	32.33	20.69	0.70
FAMILY	1,149.65	1,053.24	827.19	846.39	435.53	230.18	108.08	47.54	30.37	0.89

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Retiree Cost Sharing = 34% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	299.26	274.18	190.28	207.32	123.40	65.22	26.48	11.45	7.33	0.27
2-PARTY	598.53	548.37	357.65	413.75	246.80	130.43	52.84	22.90	14.66	0.50
FAMILY	814.32	746.05	585.93	599.53	308.50	163.05	76.57	33.67	21.51	0.64

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2023
Completed Either Health Risk Assessment or Biometric Health Screening

Retiree Cost Sharing = 59% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	519.31	475.78	330.19	359.76	214.13	113.17	45.95	19.87	12.71	0.47
2-PARTY	1,038.64	951.58	620.62	717.98	428.26	226.33	91.69	39.74	25.44	0.87
FAMILY	1,413.11	1,294.61	1,016.76	1,040.36	535.33	282.93	132.86	58.44	37.33	1.11

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Retiree Cost Sharing = 49% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	431.29	395.14	274.23	298.78	177.84	93.99	38.16	16.50	10.56	0.39
2-PARTY	862.60	790.30	515.43	596.28	355.68	187.97	76.15	33.00	21.13	0.72
FAMILY	1,173.60	1,075.19	844.43	864.02	444.61	234.98	110.34	48.53	31.01	0.92

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Retiree Cost Sharing = 35% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Indemnity	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	308.07	282.24	195.88	213.42	127.03	67.14	27.26	11.78	7.54	0.28
2-PARTY	616.15	564.49	368.17	425.92	254.06	134.27	54.40	23.57	15.09	0.51
FAMILY	838.29	767.98	603.17	617.16	317.58	167.85	78.82	34.66	22.15	0.65

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

Monthly Rates for
Medicare-Eligible Retirees
and their
Medicare-Eligible Spouses/Dependents

Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
Retiree Cost = 100%
Effective January 1, 2023

	Medical			Prescription			Dental/ Vision			
	Cigna Medicare Supp	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	265.30	N/A	307.05	309.71	362.94	191.82	included in medical	33.67	21.55	0.80
2- PARTY Medicare	530.60	N/A	614.10	619.42	725.87	383.61		67.35	43.12	1.47
FAMILY Medicare	795.90	N/A	921.15	929.13	907.35	479.54		99.04	63.28	1.87

Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2023

	Medical				Prescription			Dental/ Vision		
	Cigna Medicare Supp	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	270.61	N/A	313.19	315.90	370.20	195.66	included in medical	34.34	21.98	0.82
2- PARTY Medicare	541.21	N/A	626.38	631.81	740.39	391.28		68.70	43.98	1.50
FAMILY Medicare	811.82	N/A	939.57	947.71	925.50	489.13		101.02	64.55	1.91

**Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2023**

Retiree Cost Sharing = 60% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Medicare Supp	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	159.18	N/A	184.23	185.83	217.76	115.09	included in medical	20.20	12.93	0.48
2- PARTY Medicare	318.36	N/A	368.46	371.66	435.52	230.16		40.41	25.87	0.88
FAMILY Medicare	477.54	N/A	552.69	557.49	544.41	287.72		59.42	37.97	1.12

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Retiree Cost Sharing = 50% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Medicare Supp	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL	132.65	N/A	153.53	154.86	181.47	95.91	included in medical	16.84	10.78	0.40
2- PARTY	265.30	N/A	307.06	309.72	362.94	191.81		33.68	21.57	0.74
FAMILY	397.95	N/A	460.59	464.58	453.68	239.78		49.53	31.65	0.94

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Retiree Cost Sharing = 36% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	Cigna Medicare Supp	Cigna POS	Cigna HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL	95.51	N/A	110.54	111.50	130.66	69.06	included in medical	12.12	7.76	0.29
2- PARTY	191.02	N/A	221.08	223.00	261.31	138.10		24.24	15.53	0.53
FAMILY	286.53	N/A	331.62	334.50	326.64	172.63		35.65	22.79	0.67

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

Monthly Rates for

Medicare-Eligible Retirees and their
Non-Medicare-Eligible Spouses/Dependents

and

Non-Medicare-Eligible Retirees and their
Medicare-Eligible Spouses/Dependents

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
Retiree Cost = 100%
Effective January 1, 2023
Completed Neither Health Risk Assessment nor Biometric Health Screening

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Dependent Non-Medicare	FAMILY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare
Medical									
Cigna Indemnity/Medicare Supp	1,145.49	1,145.49	1,145.49	1,410.79	1,410.79	1,410.79	1,410.79	2,025.71	2,025.71
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	866.70	866.70	866.70	1,173.75	1,173.75	1,173.75	1,173.75	1,358.95	1,358.95
Kaiser Permanente HMO	919.47	919.47	919.47	1,229.18	1,229.18	1,229.18	1,229.18	1,526.62	1,526.62

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	725.87	725.87	725.87	907.35	907.35	907.35	907.35	907.35	907.35
Caremark/SilverScript Option B	383.61	383.61	383.61	479.54	479.54	479.54	479.54	479.54	479.54
Kaiser Permanente Prescription	77.88	77.88	77.88	77.88	77.88	77.88	77.88	155.41	155.41
CareFirst Dental PPO	67.35	67.35	67.35	99.04	99.04	99.04	99.04	99.04	99.04
Aetna Dental DMO	43.12	43.12	43.12	63.28	63.28	63.28	63.28	63.28	63.28
Davis Vision	1.47	1.47	1.47	1.87	1.87	1.87	1.87	1.87	1.87

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2023

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Spouse/Child Medicare	2- PARTY Retiree Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical									
Cigna Indemnity/Medicare Supp	1,168.40	1,168.40	1,168.40	1,439.01	1,439.01	1,439.01	1,439.01	2,066.22	2,066.22
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	884.03	884.03	884.03	1,197.23	1,197.23	1,197.23	1,197.23	1,386.13	1,386.13
Kaiser Permanente HMO	937.86	937.86	937.86	1,253.76	1,253.76	1,253.76	1,253.76	1,557.15	1,557.15

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	740.39	740.39	740.39	925.50	925.50	925.50	925.50	925.50	925.50
Caremark/SilverScript Option B	391.28	391.28	391.28	489.13	489.13	489.13	489.13	489.13	489.13
Kaiser Permanente Prescription	79.44	79.44	79.44	79.44	79.44	79.44	79.44	158.52	158.52
CareFirst Dental PPO	68.70	68.70	68.70	101.02	101.02	101.02	101.02	101.02	101.02
Aetna Dental DMO	43.98	43.98	43.98	64.55	64.55	64.55	64.55	64.55	64.55
Davis Vision	1.50	1.50	1.50	1.91	1.91	1.91	1.91	1.91	1.91

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 60%
Non-Medicare-Eligible Individuals Cost Sharing = 60%
Effective January 1, 2023

Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2-PARTY Retiree Medicare Spouse Non-Medicare	2-PARTY Retiree Non-Medicare Spouse/Child Medicare	2-PARTY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	687.29	687.29	687.29	846.47	846.47	846.47	846.47	846.47	846.47	846.47
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	520.02	520.02	520.02	704.25	704.25	704.25	704.25	704.25	704.25	704.25
Kaiser Permanente HMO	551.69	551.69	551.69	737.52	737.52	737.52	737.52	737.52	737.52	737.52

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	435.52	435.52	435.52	544.41	544.41	544.41	544.41	544.41	544.41	544.41
Caremark/SilverScript Option B	230.16	230.16	230.16	287.72	287.72	287.72	287.72	287.72	287.72	287.72
Kaiser Permanente Prescription	46.73	46.73	46.73	46.73	46.73	46.73	46.73	46.73	46.73	46.73
CareFirst Dental PPO	40.41	40.41	40.41	59.42	59.42	59.42	59.42	59.42	59.42	59.42
Aetna Dental DMO	25.87	25.87	25.87	37.97	37.97	37.97	37.97	37.97	37.97	37.97
Davis Vision	0.88	0.88	0.88	1.12	1.12	1.12	1.12	1.12	1.12	1.12

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 60%
Non-Medicare-Eligible Individuals Cost Sharing = 58%
Effective January 1, 2023

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2-PARTY Retiree Medicare Spouse Non-Medicare	2-PARTY Retiree Non-Spouse/Child Medicare	2-PARTY Retiree Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	687.29	669.69	687.29	846.47	846.47	846.47	1,215.42	1,215.42	1,215.42	1,180.22
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	520.02	508.83	520.02	704.25	704.25	704.25	815.37	815.37	815.37	794.34
Kaiser Permanente HMO	551.69	539.49	551.69	737.52	737.52	737.52	915.98	915.98	915.98	891.64

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	435.52	428.27	435.52	544.41	544.41	544.41	544.41	544.41	544.41	529.90
Caremark/SilverScript Option B	230.16	226.33	230.16	287.72	287.72	287.72	287.72	287.72	287.72	280.06
Kaiser Permanente Prescription	46.73	45.17	46.73	46.73	46.73	46.73	46.73	46.73	46.73	90.14
CareFirst Dental PPO	40.41	39.74	40.41	59.42	59.42	59.42	59.42	59.42	59.42	58.07
Aetna Dental DMO	25.87	25.44	25.87	37.97	37.97	37.97	37.97	37.97	37.97	37.11
Davis Vision	0.88	0.86	0.88	1.12	1.12	1.12	1.12	1.12	1.12	1.09

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 60%
Non-Medicare-Eligible Individuals Cost Sharing = 59%
Effective January 1, 2023

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2-PARTY Retiree Medicare Spouse Non-Medicare	2-PARTY Retiree Non-Medicare Spouse/Child Medicare	2-PARTY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	687.29	678.49	687.29	846.47	846.47	846.47	1,215.42	1,215.42	1,215.42	1,197.82
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	520.02	514.42	520.02	704.25	704.25	704.25	815.37	815.37	815.37	804.85
Kaiser Permanente HMO	551.69	546.59	551.69	737.52	737.52	737.52	915.98	915.98	915.98	903.81

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	435.52	431.89	435.52	544.41	544.41	544.41	544.41	544.41	544.41	537.15
Caremark/SilverScript Option B	230.16	228.24	230.16	287.72	287.72	287.72	287.72	287.72	287.72	283.89
Kaiser Permanente Prescription	46.73	45.95	46.73	46.73	46.73	46.73	93.25	93.25	93.25	91.69
CareFirst Dental PPO	40.41	40.08	40.41	59.42	59.42	59.42	59.42	59.42	59.42	58.75
Aetna Dental DMO	25.87	25.65	25.87	37.97	37.97	37.97	37.97	37.97	37.97	37.54
Davis Vision	0.88	0.87	0.88	1.12	1.12	1.12	1.12	1.12	1.12	1.11

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 50%
Non-Medicare-Eligible Individuals Cost Sharing = 50%
Effective January 1, 2023

Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2-PARTY Retiree Medicare Spouse Non-Medicare	2-PARTY Retiree Non-Spouse/Child Medicare	2-PARTY Retiree Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	572.75	572.75	572.75	705.40	705.40	705.40	705.40	1,012.86	1,012.86	1,012.86
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	433.36	433.36	433.36	586.89	586.89	586.89	586.89	679.49	679.49	679.49
Kaiser Permanente HMO	459.74	459.74	459.74	614.60	614.60	614.60	614.60	763.32	763.32	763.32

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	362.94	362.94	362.94	453.68	453.68	453.68	453.68	453.68	453.68	453.68
Caremark/SilverScript Option B	191.81	191.81	191.81	239.78	239.78	239.78	239.78	239.78	239.78	239.78
Kaiser Permanente Prescription	38.94	38.94	38.94	38.94	38.94	38.94	38.94	77.71	77.71	77.71
CareFirst Dental PPO	33.68	33.68	33.68	49.53	49.53	49.53	49.53	49.53	49.53	49.53
Aetna Dental DMO	21.57	21.57	21.57	31.65	31.65	31.65	31.65	31.65	31.65	31.65
Davis Vision	0.74	0.74	0.74	0.94	0.94	0.94	0.94	0.94	0.94	0.94

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 50%
Non-Medicare-Eligible Individuals Cost Sharing = 48%
Effective January 1, 2023

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2-PARTY Retiree Medicare Spouse Non-Medicare	2-PARTY Retiree Non-Spouse/Child Medicare	2-PARTY Retiree Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	572.75	555.14	572.75	705.40	705.40	1,012.86	1,012.86	1,012.86	1,012.86	977.65
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	433.36	422.16	433.36	586.89	586.89	679.49	679.49	679.49	679.49	658.44
Kaiser Permanente HMO	459.74	447.54	459.74	614.60	614.60	763.32	763.32	763.32	763.32	738.97

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	362.94	355.68	362.94	453.68	453.68	453.68	453.68	453.68	453.68	439.16
Caremark/SilverScript Option B	191.81	187.97	191.81	239.78	239.78	239.78	239.78	239.78	239.78	232.10
Kaiser Permanente Prescription	38.94	37.38	38.94	38.94	38.94	77.71	77.71	77.71	77.71	74.59
CareFirst Dental PPO	33.68	33.00	33.68	49.53	49.53	49.53	49.53	49.53	49.53	48.18
Aetna Dental DMO	21.57	21.13	21.57	31.65	31.65	31.65	31.65	31.65	31.65	30.77
Davis Vision	0.74	0.72	0.74	0.94	0.94	0.94	0.94	0.94	0.94	0.90

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 50%
Non-Medicare-Eligible Individuals Cost Sharing = 49%
Effective January 1, 2023

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2-PARTY Retiree Medicare Spouse Non-Medicare	2-PARTY Retiree Non-Medicare Spouse/Child Medicare	2-PARTY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	572.75	563.94	572.75	705.40	705.40	705.40	1,012.86	1,012.86	1,012.86	995.25
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	433.36	427.76	433.36	586.89	586.89	586.89	679.49	679.49	679.49	668.96
Kaiser Permanente HMO	459.74	453.64	459.74	614.60	614.60	614.60	763.32	763.32	763.32	751.14

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	362.94	359.31	362.94	453.68	453.68	453.68	453.68	453.68	453.68	446.42
Caremark/SilverScript Option B	191.81	189.89	191.81	239.78	239.78	239.78	239.78	239.78	239.78	235.94
Kaiser Permanente Prescription	38.94	38.16	38.94	38.94	38.94	38.94	77.71	77.71	77.71	76.15
CareFirst Dental PPO	33.68	33.34	33.68	49.53	49.53	49.53	49.53	49.53	49.53	48.85
Aetna Dental DMO	21.57	21.35	21.57	31.65	31.65	31.65	31.65	31.65	31.65	31.21
Davis Vision	0.74	0.73	0.74	0.94	0.94	0.94	0.94	0.94	0.94	0.92

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 36%
Non-Medicare-Eligible Individuals Cost Sharing = 36%
Effective January 1, 2023

Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2-PARTY Retiree Medicare Spouse Non-Medicare	2-PARTY Retiree Non-Spouse/Child Medicare	2-PARTY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	412.38	412.38	412.38	507.89	507.89	507.89	507.89	507.89	729.26	729.26
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	312.01	312.01	312.01	422.55	422.55	422.55	422.55	422.55	489.22	489.22
Kaiser Permanente HMO	331.01	331.01	331.01	442.51	442.51	442.51	442.51	442.51	549.58	549.58

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	261.31	261.31	261.31	326.64	326.64	326.64	326.64	326.64	326.64	326.64
Caremark/SilverScript Option B	138.10	138.10	138.10	172.63	172.63	172.63	172.63	172.63	172.63	172.63
Kaiser Permanente Prescription	28.04	28.04	28.04	28.04	28.04	28.04	28.04	28.04	55.95	55.95
CareFirst Dental PPO	24.24	24.24	24.24	35.65	35.65	35.65	35.65	35.65	35.65	35.65
Aetna Dental DMO	15.53	15.53	15.53	22.79	22.79	22.79	22.79	22.79	22.79	22.79
Davis Vision	0.53	0.53	0.53	0.67	0.67	0.67	0.67	0.67	0.67	0.67

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage

Twenty or More Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 36%
Non-Medicare-Eligible Individuals Cost Sharing = 34%
 Effective January 1, 2023

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2-PARTY Retiree Medicare Spouse Non-Medicare	2-PARTY Retiree Non-Spouse/Child Medicare	2-PARTY Retiree Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical									
Cigna Indemnity/Medicare Supp	412.38	394.77	412.38	507.89	507.89	507.89	729.26	729.26	694.04
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	312.01	300.82	312.01	422.55	422.55	422.55	489.22	489.22	468.19
Kaiser Permanente HMO	331.01	318.82	331.01	442.51	442.51	442.51	549.58	549.58	525.25

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	261.31	254.05	261.31	326.64	326.64	326.64	326.64	326.64	312.13
Caremark/SilverScript Option B	138.10	134.26	138.10	172.63	172.63	172.63	172.63	172.63	164.96
Kaiser Permanente Prescription	28.04	26.48	28.04	28.04	28.04	28.04	55.95	55.95	52.84
CareFirst Dental PPO	24.24	23.57	24.24	35.65	35.65	35.65	35.65	35.65	34.31
Aetna Dental DMO	15.53	15.10	15.53	22.79	22.79	22.79	22.79	22.79	21.92
Davis Vision	0.53	0.51	0.53	0.67	0.67	0.67	0.67	0.67	0.64

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage

Twenty or More Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 36%
Non-Medicare-Eligible Individuals Cost Sharing = 35%
 Effective January 1, 2023

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2-PARTY Retiree Medicare Spouse Non-Medicare	2-PARTY Retiree Non-Medicare Spouse/Child Medicare	2-PARTY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	412.38	403.58	412.38	507.89	507.89	507.89	507.89	729.26	729.26	711.66
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	312.01	306.42	312.01	422.55	422.55	422.55	422.55	489.22	489.22	478.71
Kaiser Permanente HMO	331.01	324.92	331.01	442.51	442.51	442.51	442.51	549.58	549.58	537.42

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	261.31	257.68	261.31	326.64	326.64	326.64	326.64	326.64	326.64	319.39
Caremark/SilverScript Option B	138.10	136.18	138.10	172.63	172.63	172.63	172.63	172.63	172.63	168.80
Kaiser Permanente Prescription	28.04	27.26	28.04	28.04	28.04	28.04	28.04	55.95	55.95	54.40
CareFirst Dental PPO	24.24	23.90	24.24	35.65	35.65	35.65	35.65	35.65	35.65	34.98
Aetna Dental DMO	15.53	15.31	15.53	22.79	22.79	22.79	22.79	22.79	22.79	22.35
Davis Vision	0.53	0.52	0.53	0.67	0.67	0.67	0.67	0.67	0.67	0.65

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

MCPS NONDISCRIMINATION STATEMENT

Montgomery County Public Schools (MCPS) prohibits illegal discrimination based on race, ethnicity, color, ancestry, national origin, nationality, religion, immigration status, sex, gender, gender identity, gender expression, sexual orientation, family structure/parental status, marital status, age, ability (cognitive, social/emotional, and physical), poverty and socioeconomic status, language, or other legally or constitutionally protected attributes or affiliations. Discrimination undermines our community's long-standing efforts to create, foster, and promote equity, inclusion, and acceptance for all. The Board prohibits the use of language and/or the display of images and symbols that promote hate and can be reasonably expected to cause substantial disruption to school or district operations or activities. For more information, please review Montgomery County Board of Education Policy ACA, *Nondiscrimination, Equity, and Cultural Proficiency*. This Policy affirms the Board's belief that each and every student matters, and in particular, that educational outcomes should never be predictable by any individual's actual or perceived personal characteristics. The Policy also recognizes that equity requires proactive steps to identify and redress implicit biases, practices that have an unjustified disparate impact, and structural and institutional barriers that impede equality of educational or employment opportunities. MCPS also provides equal access to the Boy/Girl Scouts and other designated youth groups.**

For inquiries or complaints about discrimination against MCPS students*	For inquiries or complaints about discrimination against MCPS staff*
Director of Student Welfare and Compliance Office of District Operations Student Welfare and Compliance 850 Hungerford Drive, Room 55, Rockville, MD 20850 240-740-3215 SWC@mcpsmd.org	Human Resource Compliance Officer Office of Human Resources and Development Department of Compliance and Investigations 45 West Gude Drive, Suite 2100, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org
For student requests for accommodations under Section 504 of the Rehabilitation Act of 1973	For staff requests for accommodations under the Americans with Disabilities Act
Section 504 Coordinator Office of Academic Officer Resolution and Compliance Unit 850 Hungerford Drive, Room 208, Rockville, MD 20850 240-740-3230 RACU@mcpsmd.org	ADA Compliance Coordinator Office of Human Resources and Development Department of Compliance and Investigations 45 West Gude Drive, Suite 2100, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org
For inquiries or complaints about sex discrimination under Title IX, including sexual harassment, against students or staff*	
Title IX Coordinator Office of District Operations Student Welfare and Compliance 850 Hungerford Drive, Room 55, Rockville, MD 20850 240-740-3215 TitleIX@mcpsmd.org	

**Discrimination complaints may be filed with other agencies, such as the following: U.S. Equal Employment Opportunity Commission (EEOC), Baltimore Field Office, GH Fallon Federal Building, 31 Hopkins Plaza, Suite 1432, Baltimore, MD 21201, 1-800-669-4000, 1-800-669-6820 (TTY); Maryland Commission on Civil Rights (MCCR), William Donald Schaefer Tower, 6 Saint Paul Street, Suite 900, Baltimore, MD 21202, 410-767-8600, 1-800-637-6247, mCCR@maryland.gov; or U.S. Department of Education, Office for Civil Rights (OCR), The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107, 1-800-421-3481, 1-800-877-8339 (TDD), OCR@ed.gov, or www2.ed.gov/about/offices/list/ocr/complaintintro.html.*

***This notification complies with the federal Elementary and Secondary Education Act, as amended.*

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Montgomery County Public Schools
Employee and Retiree Service Center (ERSC)
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