

2021



Retiree Benefit Rate Schedules

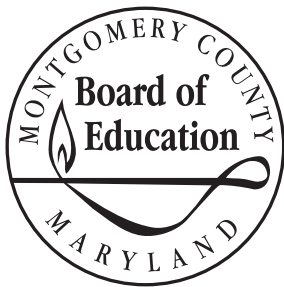
EFFECTIVE JANUARY 1, 2021

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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2021

Retiree Benefit Rate Schedules

Effective January 1, 2021

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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, 2021
Completed Neither Health Risk Assessment nor Biometric Health Screening

	Medical			Prescription			Dental/ Vision		
	CareFirst BlueChoice Adv POS	CareFirst BlueChoice 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	802.67	735.39	516.70	478.94	253.13	74.23	33.67	21.55	0.78
2-PARTY	1,605.37	1,470.80	971.18	957.88	506.23	148.14	67.35	43.12	1.44
FAMILY	2,184.16	2,001.00	1,591.07	1,197.36	632.81	214.65	99.04	63.38	1.83

Non-Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2021

	Medical			Prescription			Dental/ Vision		
	CareFirst BlueChoice Adv POS	CareFirst BlueChoice 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	818.72	750.10	527.03	488.52	258.19	75.71	34.34	21.98	0.80
2-PARTY	1,637.48	1,500.22	990.60	977.04	516.35	151.10	68.70	43.98	1.47
FAMILY	2,227.84	2,041.02	1,622.89	1,221.31	645.47	218.94	101.02	64.65	1.87

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2021
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		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice POS	CareFirst BlueChoice Adv HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente HMO	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	481.60	441.23	310.02	287.36	151.88	348.77	20.20	12.93	0.47
2-PARTY	993.22	882.48	582.71	574.72	303.74	696.04	40.41	25.87	0.87
FAMILY	1,310.49	1,200.60	954.64	718.41	379.69	1,008.57	59.42	38.03	1.10

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	0.96

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

	Medical			Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice POS	CareFirst BlueChoice Adv HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente HMO	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	401.34	367.70	258.35	239.47	126.57	290.64	16.84	10.78	0.39
2-PARTY	802.69	735.41	485.59	478.94	253.12	580.04	33.68	21.57	0.72
FAMILY	1,092.09	1,000.51	795.54	598.68	316.41	840.49	49.53	31.70	0.92

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.80

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

	Medical			Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice POS	CareFirst BlueChoice Adv HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente HMO	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	288.96	264.74	186.01	172.42	91.13	209.26	12.12	7.76	0.28
2-PARTY	577.93	529.49	349.62	344.84	182.25	417.62	24.24	15.53	0.52
FAMILY	786.29	720.36	572.78	431.05	227.82	605.14	35.65	22.82	0.66

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.58

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2021
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		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	465.55	426.53	299.69	277.79	146.82	43.05	19.53	12.50	0.45
2-PARTY	931.12	853.07	563.29	555.58	293.62	85.92	39.06	25.01	0.83
FAMILY	1,266.82	1,160.59	922.83	694.48	367.04	124.50	57.44	36.76	1.06

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	0.96

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

	Medical			Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	385.28	352.99	248.02	229.89	121.50	35.63	16.16	10.34	0.37
2-PARTY	770.58	705.99	466.17	459.78	242.99	71.11	32.33	20.69	0.69
FAMILY	1,048.40	960.49	763.72	574.73	303.75	103.03	47.54	30.41	0.88

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.80

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

	Medical			Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	272.91	250.03	175.68	162.84	86.06	25.24	11.45	7.33	0.27
2-PARTY	545.83	500.07	330.20	325.68	172.11	50.37	22.90	14.66	0.49
FAMILY	742.62	680.34	540.96	407.10	215.15	72.98	33.67	21.55	0.62

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.58

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2021
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		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	473.58	433.88	304.85	282.57	149.35	43.80	19.87	12.71	0.46
2-PARTY	947.17	867.77	572.99	565.14	298.68	87.41	39.74	25.44	0.85
FAMILY	1,288.66	1,180.59	938.73	706.43	373.36	126.65	58.44	37.39	1.08

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	0.96

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

	Medical			Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	393.31	360.34	253.18	234.68	124.03	36.37	16.50	10.56	0.38
2-PARTY	786.63	720.69	475.88	469.36	248.05	72.59	33.00	21.13	0.70
FAMILY	1,070.24	980.49	779.63	586.71	310.07	105.18	48.53	31.06	0.89

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.80

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

	Medical			Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	280.93	257.39	180.85	167.63	88.60	25.98	11.78	7.54	0.27
2-PARTY	561.88	514.78	339.92	335.26	177.19	51.85	23.57	15.09	0.50
FAMILY	764.46	700.35	558.88	419.08	221.49	75.13	34.66	22.18	0.64

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.58

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, 2021

	Medical				Prescription			Dental/ Vision		
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	SilverScript Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	241.94	N/A	283.49	347.41	478.94	253.13	253.13	33.67	21.55	0.78
2- PARTY Medicare	483.88	N/A	566.98	694.82	957.88	506.23	506.23	67.35	43.12	1.44
FAMILY Medicare	725.82	N/A	850.47	1,042.23	1,197.36	632.81	632.81	99.04	63.38	1.83

Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2021

	Medical				Prescription			Dental/ Vision		
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv 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	246.78	N/A	289.16	354.36	488.52	258.19	included in medical	34.34	21.98	0.80
2- PARTY Medicare	493.56	N/A	578.32	708.72	977.04	516.35		68.70	43.98	1.47
FAMILY Medicare	740.34	N/A	867.48	1,063.07	1,221.31	645.47		101.02	64.65	1.87

**Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2021**

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

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente HMO	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	145.16	N/A	170.09	287.36	151.88	208.45	included in medical	20.20	12.93	0.47
2- PARTY Medicare	290.32	N/A	340.18	574.72	303.74	416.90		40.41	25.87	0.87
FAMILY Medicare	435.48	N/A	510.27	718.41	379.69	625.35		59.42	38.03	1.10

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	0.96

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

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente HMO	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL	120.97	N/A	141.75	239.47	126.57	173.71	included in medical	16.84	10.78	0.39
2- PARTY	241.94	N/A	283.50	478.94	253.12	347.42		33.68	21.57	0.72
FAMILY	362.91	N/A	425.25	598.68	316.41	521.13		49.53	31.70	0.92

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.80

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

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente HMO	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL	87.10	N/A	102.06	172.42	91.13	125.07	included in medical	12.12	7.76	0.28
2- PARTY	174.20	N/A	204.12	344.84	182.25	250.14		24.24	15.53	0.52
FAMILY	261.30	N/A	306.18	431.05	227.82	375.21		35.65	22.82	0.66

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.58

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, 2021

Completed Neither Health Risk Assessment nor Biometric Health Screening

Medical	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			
	1,044.61	N/A	1,044.61	N/A	1,044.61	N/A	1,286.55	N/A	1,286.55	N/A	1,286.55	N/A	1,847.31	N/A	1,847.31	N/A	1,847.31	N/A
CareFirst BC Adv Indemnity/Medicare Supp	1,044.61	N/A	1,044.61	N/A	1,044.61	N/A	1,286.55	N/A	1,286.55	N/A	1,286.55	N/A	1,847.31	N/A	1,847.31	N/A	1,847.31	N/A
CareFirst BlueChoice Adv POS	800.19	800.19	800.19	800.19	800.19	800.19	1,083.68	1,083.68	1,083.68	1,083.68	1,083.68	1,254.67	1,254.67	1,254.67	1,254.67	1,254.67	1,254.67	1,254.67
CareFirst BlueChoice HMO/EPO	928.69	928.69	928.69	928.69	928.69	928.69	1,276.10	1,276.10	1,276.10	1,276.10	1,276.10	1,507.48	1,507.48	1,507.48	1,507.48	1,507.48	1,507.48	1,507.48
Kaiser Permanente HMO	928.69	928.69	928.69	928.69	928.69	928.69	1,276.10	1,276.10	1,276.10	1,276.10	1,276.10	1,507.48	1,507.48	1,507.48	1,507.48	1,507.48	1,507.48	1,507.48
Prescription Drugs, Dental, and Vision																		
Caremark/SilverScript Option A	957.88	957.88	957.88	957.88	957.88	957.88	1,197.36	1,197.36	1,197.36	1,197.36	1,197.36	1,197.36	1,197.36	1,197.36	1,197.36	1,197.36	1,197.36	1,197.36
Caremark/SilverScript Option B	506.23	506.23	506.23	506.23	506.23	506.23	632.81	632.81	632.81	632.81	632.81	632.81	632.81	632.81	632.81	632.81	632.81	632.81
Kaiser Permanente Prescription	74.23	74.23	74.23	74.23	74.23	74.23	74.23	74.23	74.23	74.23	74.23	148.14	148.14	148.14	148.14	148.14	148.14	148.14
CareFirst Dental PPO	67.35	67.35	67.35	67.35	67.35	67.35	99.04	99.04	99.04	99.04	99.04	99.04	99.04	99.04	99.04	99.04	99.04	99.04
Aetna Dental DMO	43.12	43.12	43.12	43.12	43.12	43.12	63.38	63.38	63.38	63.38	63.38	63.38	63.38	63.38	63.38	63.38	63.38	63.38
Davis Vision	1.44	1.44	1.44	1.44	1.44	1.44	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2021

	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 Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Dependent Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare
Medical											
CareFirst BC Adv Indemnity/Medicare Supp	1,065.50	1,065.50	1,065.50	1,312.28	1,312.28	1,312.28	1,312.28	1,884.26	1,884.26	1,884.26	1,884.26
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	816.19	816.19	816.19	1,105.35	1,105.35	1,105.35	1,105.35	1,279.76	1,279.76	1,279.76	1,279.76
Kaiser Permanente HMO	947.26	947.26	947.26	1,301.62	1,301.62	1,301.62	1,301.62	1,537.63	1,537.63	1,537.63	1,537.63
Prescription Drugs, Dental, and Vision											
Caremark/SilverScript Option A	977.04	977.04	977.04	1,221.31	1,221.31	1,221.31	1,221.31	1,221.31	1,221.31	1,221.31	1,221.31
Caremark/SilverScript Option B	516.35	516.35	516.35	645.47	645.47	645.47	645.47	645.47	645.47	645.47	645.47
Kaiser Permanente Prescription	75.71	75.71	75.71	75.71	75.71	75.71	75.71	151.10	151.10	151.10	151.10
CareFirst Dental PPO	68.70	68.70	68.70	101.02	101.02	101.02	101.02	101.02	101.02	101.02	101.02
Aetna Dental DMO	43.98	43.98	43.98	64.65	64.65	64.65	64.65	64.65	64.65	64.65	64.65
Davis Vision	1.47	1.47	1.47	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87

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, 2021

Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

Medical	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare 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, 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
CareFirst BC Adv Indemnity/Medicare Supp	626.76	626.76	626.76	771.92	771.92	771.92	1,108.38	1,108.38	1,108.38
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	480.11	480.11	480.11	650.20	650.20	650.20	752.80	752.80	752.80
Kaiser Permanente HMO	557.22	557.22	557.22	765.67	765.67	765.67	904.49	904.49	904.49

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	574.72	574.72	574.72	718.41	718.41	718.41	718.41	718.41	718.41
Caremark/SilverScript Option B	303.74	303.74	303.74	379.69	379.69	379.69	379.69	379.69	379.69
Kaiser Permanente Prescription	44.54	44.54	44.54	44.54	44.54	44.54	88.89	88.89	88.89
CareFirst Dental PPO	40.41	40.41	40.41	59.42	59.42	59.42	59.42	59.42	59.42
Aetna Dental DMO	25.87	25.87	25.87	38.03	38.03	38.03	38.03	38.03	38.03
Davis Vision	0.87	0.87	0.87	1.10	1.10	1.10	1.10	1.10	1.10

*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	0.96

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, 2021

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

Medical	2- PARTY Retiree Medicare Spouse Non-Medicare		2- PARTY Retiree Medicare Spouse/Child Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare	
	626.76	N/A	610.71	N/A	626.76	N/A	771.92	N/A	771.92	N/A	771.92	N/A	771.92	N/A	771.92	N/A
CareFirst BC Adv Indemnity/Medicare Supp																
CareFirst BlueChoice Adv POS	480.11	469.78	480.11	469.78	480.11	469.78	650.20	650.20	650.20	650.20	650.20	650.20	650.20	650.20	650.20	650.20
CareFirst BlueChoice HMO/EPO	557.22	545.59	557.22	545.59	557.22	545.59	765.67	765.67	765.67	765.67	765.67	765.67	765.67	765.67	765.67	765.67
Kaiser Permanente HMO																

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	574.72	565.15	574.72	565.15	574.72	565.15	718.41	718.41	718.41	718.41	718.41	718.41	718.41	718.41	718.41	718.41
Caremark/SilverScript Option B	303.74	298.68	303.74	298.68	303.74	298.68	379.69	379.69	379.69	379.69	379.69	379.69	379.69	379.69	379.69	379.69
Kaiser Permanente Prescription	44.54	43.05	44.54	43.05	44.54	43.05	44.54	44.54	44.54	44.54	44.54	44.54	44.54	44.54	44.54	44.54
CareFirst Dental PPO	40.41	39.74	40.41	39.74	40.41	39.74	59.42	59.42	59.42	59.42	59.42	59.42	59.42	59.42	59.42	59.42
Aetna Dental DMO	25.87	25.44	25.87	25.44	25.87	25.44	38.03	38.03	38.03	38.03	38.03	38.03	38.03	38.03	38.03	38.03
Davis Vision	0.87	0.85	0.87	0.85	0.87	0.85	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10

*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	0.96

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, 2021
 Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

Medical	2- PARTY Retiree Medicare Spouse Non-Medicare		2- PARTY Retiree Medicare Spouse/Child Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare		2- PARTY Retiree Medicare Dependent Non-Medicare	
	626.76	N/A	618.74	N/A	626.76	N/A	771.92	N/A	771.92	N/A	771.92	N/A	771.92	N/A	771.92	N/A
CareFirst BC Adv Indemnity/Medicare Supp																
CareFirst BlueChoice Adv POS																
CareFirst BlueChoice HMO/EPO	480.11	474.94	480.11	474.94	480.11	474.94	650.20	650.20	650.20	650.20	650.20	650.20	650.20	650.20	650.20	650.20
Kaiser Permanente HMO	557.22	551.41	551.41	551.41	557.22	551.41	765.67	765.67	765.67	765.67	765.67	765.67	765.67	765.67	765.67	765.67

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	574.72	569.93	574.72	569.93	574.72	569.93	718.41	718.41	718.41	718.41	718.41	718.41	718.41	718.41	718.41	718.41	718.41
Caremark/SilverScript Option B	303.74	301.21	303.74	301.21	303.74	301.21	379.69	379.69	379.69	379.69	379.69	379.69	379.69	379.69	379.69	379.69	379.69
Kaiser Permanente Prescription	44.54	43.80	44.54	43.80	44.54	43.80	44.54	44.54	44.54	44.54	44.54	44.54	44.54	44.54	44.54	44.54	44.54
CareFirst Dental PPO	40.41	40.08	40.41	40.08	40.41	40.08	59.42	59.42	59.42	59.42	59.42	59.42	59.42	59.42	59.42	59.42	59.42
Aetna Dental DMO	25.87	25.65	25.87	25.65	25.87	25.65	38.03	38.03	38.03	38.03	38.03	38.03	38.03	38.03	38.03	38.03	38.03
Davis Vision	0.87	0.86	0.87	0.86	0.87	0.86	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10

*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	0.96

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, 2021
 Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

Medical	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-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	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
CareFirst BC Adv Indemnity/Medicare Supp	522.31	522.31	522.31	643.28	643.28	643.28	643.28	643.28	643.28	643.28
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	400.10	400.10	400.10	541.85	541.85	541.85	541.85	541.85	541.85	541.85
Kaiser Permanente HMO	464.35	464.35	464.35	638.06	638.06	638.06	638.06	638.06	638.06	638.06

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	478.94	478.94	478.94	598.68	598.68	598.68	598.68	598.68	598.68	598.68
Caremark/SilverScript Option B	253.12	253.12	253.12	316.41	316.41	316.41	316.41	316.41	316.41	316.41
Kaiser Permanente Prescription	37.12	37.12	37.12	37.12	37.12	37.12	37.12	37.12	37.12	37.12
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	31.70	31.70	31.70	31.70	31.70	31.70	31.70
Davis Vision	0.72	0.72	0.72	0.92	0.92	0.92	0.92	0.92	0.92	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	0.80

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, 2021
 Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare 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, 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									
CareFirst BC Adv Indemnity/Medicare Supp	522.31	506.25	522.31	643.28	643.28	923.66	923.66	923.66	891.55
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	400.10	389.77	400.10	541.85	541.85	627.34	627.34	627.34	607.92
Kaiser Permanente HMO	464.35	452.72	464.35	638.06	638.06	753.75	753.75	753.75	730.54

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	478.94	469.36	478.94	598.68	598.68	598.68	598.68	598.68	579.52
Caremark/SilverScript Option B	253.12	248.05	253.12	316.41	316.41	316.41	316.41	316.41	306.28
Kaiser Permanente Prescription	37.12	35.63	37.12	37.12	37.12	74.08	74.08	74.08	71.11
CareFirst Dental PPO	33.68	33.00	33.68	49.53	49.53	49.53	49.53	49.53	48.18
Aetna Dental DMO	21.57	21.13	21.57	31.70	31.70	31.70	31.70	31.70	30.82
Davis Vision	0.72	0.70	0.72	0.92	0.92	0.92	0.92	0.92	0.89

*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	0.80

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, 2021
 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 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	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	522.31	514.28	522.31	643.28	643.28	643.28	923.66	923.66	923.66	907.60
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	400.10	394.93	400.10	541.85	541.85	541.85	627.34	627.34	627.34	617.63
Kaiser Permanente HMO	464.35	458.54	464.35	638.06	638.06	638.06	753.75	753.75	753.75	742.15

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	478.94	474.15	478.94	598.68	598.68	598.68	598.68	598.68	598.68	589.10
Caremark/SilverScript Option B	253.12	250.58	253.12	316.41	316.41	316.41	316.41	316.41	316.41	311.34
Kaiser Permanente Prescription	37.12	36.37	37.12	37.12	37.12	37.12	74.08	74.08	74.08	72.59
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	31.70	31.70	31.70	31.70	31.70	31.70	31.26
Davis Vision	0.72	0.71	0.72	0.92	0.92	0.92	0.92	0.92	0.92	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	0.80

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, 2021

Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

Medical	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Medicare Spouse/Child Medicare	2- PARTY Retiree 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
CareFirst BC Adv Indemnity/Medicare Supp	376.06	376.06	463.16	463.16	463.16	463.16	463.16	463.16	463.16	463.16
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	288.07	288.07	390.13	390.13	390.13	390.13	390.13	390.13	390.13	390.13
Kaiser Permanente HMO	334.33	334.33	459.40	459.40	459.40	459.40	459.40	459.40	459.40	459.40

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	344.84	344.84	431.05	431.05	431.05	431.05	431.05	431.05	431.05	431.05
Caremark/SilverScript Option B	182.25	182.25	227.82	227.82	227.82	227.82	227.82	227.82	227.82	227.82
Kaiser Permanente Prescription	26.72	26.72	26.72	26.72	26.72	26.72	26.72	26.72	26.72	26.72
CareFirst Dental PPO	24.24	24.24	35.65	35.65	35.65	35.65	35.65	35.65	35.65	35.65
Aetna Dental DMO	15.53	15.53	22.82	22.82	22.82	22.82	22.82	22.82	22.82	22.82
Davis Vision	0.52	0.52	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66

*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	0.58

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, 2021

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

Medical	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree 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 Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare
CareFirst BC Adv Indemnity/Medicare Supp	376.06	360.01	376.06	463.16	463.16	665.03	665.03	665.03	632.93	632.93
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	288.07	277.74	288.07	390.13	390.13	451.68	451.68	451.68	432.26	432.26
Kaiser Permanente HMO	334.33	322.71	334.33	459.40	459.40	542.69	542.69	542.69	519.50	519.50

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	344.84	335.26	344.84	431.05	431.05	431.05	431.05	431.05	411.89	411.89
Caremark/SilverScript Option B	182.25	177.18	182.25	227.82	227.82	227.82	227.82	227.82	217.68	217.68
Kaiser Permanente Prescription	26.72	25.24	26.72	26.72	26.72	26.72	53.33	53.33	50.37	50.37
CareFirst Dental PPO	24.24	23.57	24.24	35.65	35.65	35.65	35.65	35.65	34.31	34.31
Aetna Dental DMO	15.53	15.10	15.53	22.82	22.82	22.82	22.82	22.82	21.95	21.95
Davis Vision	0.52	0.51	0.52	0.66	0.66	0.66	0.66	0.66	0.63	0.63

*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	0.58

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, 2021
Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Medicare Spouse/Child Medicare	2- PARTY Retiree 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										
CareFirst BC Adv Indemnity/Medicare Supp	376.06	368.03	376.06	463.16	463.16	665.03	665.03	665.03	665.03	648.98
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	288.07	282.91	288.07	390.13	390.13	451.68	451.68	451.68	451.68	441.98
Kaiser Permanente HMO	334.33	328.52	334.33	459.40	459.40	542.69	542.69	542.69	542.69	531.10

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	344.84	340.05	344.84	431.05	431.05	431.05	431.05	431.05	431.05	421.47
Caremark/SilverScript Option B	182.25	179.72	182.25	227.82	227.82	227.82	227.82	227.82	227.82	222.76
Kaiser Permanente Prescription	26.72	25.98	26.72	26.72	26.72	26.72	26.72	26.72	26.72	51.85
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	22.82	22.82	22.82	22.82	22.82	22.82	22.38
Davis Vision	0.52	0.51	0.52	0.66	0.66	0.66	0.66	0.66	0.66	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	0.58

MCPS NONDISCRIMINATION STATEMENT

Montgomery County Public Schools (MCPS) prohibits illegal discrimination based on race, ethnicity, color, ancestry, national origin, religion, immigration status, sex, gender, gender identity, gender expression, sexual orientation, family/parental status, marital status, age, physical or mental disability, 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. Some examples of discrimination include acts of hate, violence, insensitivity, harassment, bullying, disrespect, or retaliation. 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.

For inquiries or complaints about discrimination against MCPS staff *	For inquiries or complaints about discrimination against MCPS students *
Office of Employee Engagement and Labor Relations Department of Compliance and Investigations 850 Hungerford Drive, Room 55, Rockville, MD 20850 240-740-2888 OEELR-EmployeeEngagement@mcpsmd.org	Office of the Chief of Staff Student Welfare and Compliance 850 Hungerford Drive, Room 162, Rockville, MD 20850 240-740-3215 COS-StudentWelfare@mcpsmd.org
For inquiries or complaints about sex discrimination under Title IX, including sexual harassment, against students or staff*	
Title IX Coordinator Office of the Chief of Staff Student Welfare and Compliance 850 Hungerford Drive, Room 162, Rockville, MD 20850 240-740-3215 COS-TitleIX@mcpsmd.org	

**Inquiries, complaints, or requests for accommodations for students with disabilities also may be directed to the supervisor of the Office of Special Education, Resolution and Compliance Unit, at 240-740-3230. Inquiries regarding accommodations or modifications for staff may be directed to the Office of Employee Engagement and Labor Relations, Department of Compliance and Investigations, at 240-740-2888. In addition, discrimination complaints may be filed with other agencies, such as: the U.S. Equal Employment Opportunity Commission, Baltimore Field Office, City Crescent Bldg., 10 S. Howard Street, Third Floor, Baltimore, MD 21201, 1-800-669-4000, 1-800-669-6820 (TTY); or U.S. Department of Education, Office for Civil Rights, Lyndon Baines Johnson Dept. of Education Bldg., 400 Maryland Avenue, SW, Washington, DC 20202-1100, 1-800-421-3481, 1-800-877-8339 (TDD), OCR@ed.gov, or www2.ed.gov/about/offices/list/ocr/complaintintro.html.*

This document is available, upon request, in languages other than English and in an alternate format under the *Americans with Disabilities Act*, by contacting the MCPS Office of Communications at 240-740-2837, 1-800-735-2258 (Maryland Relay), or PIO@mcpsmd.org. Individuals who need sign language interpretation or cued speech transliteration may contact the MCPS Office of Interpreting Services at 240-740-1800, 301-637-2958 (VP) or MCPSInterpretingServices@mcpsmd.org. MCPS also provides equal access to the Boy/Girl Scouts and other designated youth groups.

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