PGCPS





OPEN ENROLLMENT

FOR YOUR 2027 BENEFITS

OCTOBER 27 – NOVEMBER 12, 2026

WHAT YOU NEED TO KNOW

Open Enrollment is your once-a-year opportunity to review your coverage and confirm you have the medical benefits that work best for you and your family.

DURING OPEN ENROLLMENT, YOU CAN:

- Switch medical plans from CareFirst to Kaiser Permanente or from Kaiser Permanente to CareFirst;
- Drop your current coverage—if you drop coverage, you will not be able to re-enroll at a later date; or
- Drop dependents (spouse or child)—if you drop a dependent, that dependent will not be able to enroll at a later date.

You cannot enroll for new coverage (medical, prescription, dental or vision) that you did not elect at retirement. And, you cannot add a dependent.

If you do not make changes, your current benefit elections will remain the same in 2027.

WHAT YOU NEED TO DO

1. **Review your options:** Read this summary of your 2027 benefits and rates. For more details, the Retiree Benefits Enrollment Decision Guide will be available online in late October.
2. **Find out what's new for 2027:** While access to top doctors, personalized care, and convenient service remain the same in the Kaiser Permanente HMO plan, there will be changes to how the plan works for participants not eligible for Medicare. There are no plan changes for CareFirst in 2027.
3. **Stay updated:** Visit **www.pgcps.org/open** Questions? Contact the PGCPS Benefits Services Office:
   - Call: **301-952-6600**
   - Email: **pgcps.benefits@pgcps.org**
4. **Complete your Retiree Enrollment Form by November 12, 2026** – Submit the enclosed form if you need to make changes to your benefits for 2027. **If no form is submitted, your current elections will continue. All changes are effective January 1, 2027.**



WHAT'S NEW FOR 2027

ARE YOU UNDER 65? Important Changes to the Kaiser HMO for 2027

Healthcare costs continue to rise due to inflation as well as higher prices for prescription drugs and medical services. For 2027, we are introducing plan changes to the Kaiser plan for participants not eligible for Medicare. As you prepare for Open Enrollment, please review these changes:

1. **Deductible –** For 2027, there will be a deductible of $250 for Retiree Only coverage and $500 for Family coverage. The deductible is the amount you pay out-of-pocket for covered medical services before the plan starts paying. In 2026, there was no plan deductible.

2. **Out-of-pocket maximum –** The most you will pay for covered, in-network healthcare services in 2027 will increase:

	KAISER	
Non-Medicare Coverage	**2026**	**2027** NEW
Retiree Only (Individual)	$1,000	$2,000
Family	$2,000	$4,000

3. **Copays –** There are several changes to copay amounts for 2027:

	KAISER	
Non-Medicare Coverage	**2026**	**2027** NEW
Primary Care	$10 copay	No change
Virtual Visits	Plan pays 100%	No change
Specialty Care	$20 copay	$25 copay
Urgent Care	$20 copay	$25 copay
X-Ray, Imaging and Lab Tests	Plan pays 100%	$15 copay

4. **Coinsurance –** The percentage of your costs the plan pays for covered medical services after you meet your deductible, will decrease to 90% from 100% in 2027.

5. **Prescription Drug –** Costs for prescription drugs will increase in 2027.

	KAISER			
	Onsite Facility		90-Day Mail Order	
Copay	**2026**	**2027**	**2026**	**2027** NEW
Generic*	$7	$25	$14	$50
Preferred Brand*	$15	$40	$30	$80
Non-Preferred Brand*	$30	$65	$60	$130

*Some exceptions apply. Review the formulary (list of covered medications) at: https://myhealth.kaiserpermanente.org/pgcps/.

Visit the PGCPS Open Enrollment site at: https://www.pgcps.org/open to review a complete summary of the 2027 changes.

ABOUT ELIGIBILITY

Medicare

You must enroll in Medicare Parts A & B as soon as you become eligible. Failure to do so will result in the loss of your PGCPS-sponsored coverage.

If you or your dependents are approved for disability under Medicare, you must notify the Benefits Services Office immediately.

Dependent Children

Enrolled dependent children remain eligible for coverage until the end of the month in which they turn 26, regardless of student or employment status. Coverage may continue beyond age 26 only if the child is certified as disabled.

Continuation of Coverage for Surviving Spouses

Coverage may continue as long as you do not re-marry or become eligible for health insurance through your own employment. If either occurs, you must notify the Benefits Services Office in writing immediately.

Continuation of Coverage for Surviving Dependent Children

Coverage may continue up to age 26, regardless of student or employment status.



YOUR 2027 OPTIONS

Your PGCPS benefits provide reliable, competitive and comprehensive coverage.

MEDICAL

Choose from two medical plan options that include 100% coverage for preventive care:

1. **Kaiser Permanente (Kaiser) with coverage based on Medicare eligibility:**
   - Kaiser Permanente Health Maintenance Organization (Kaiser HMO) for participants not eligible for Medicare
   - Kaiser Permanente Medicare Advantage for participants eligible for Medicare

All care is provided at Kaiser facilities by Kaiser providers. Prescription coverage is included. Visit **kp.org** to find a location near you.

2. **CareFirst BlueChoice Triple Option Open Access Plan (CareFirst) with three ways to access care:**
   - BlueChoice HMO network (Option 1)
   - BluePreferred PPO network (Option 2)
   - Indemnity (out-of-area) network (Option 3)

PRESCRIPTION

If you elect Kaiser, prescription coverage is included. If you switch coverage from Kaiser to CareFirst, you must elect CVS Caremark prescription coverage.

DENTAL

Dental coverage is provided through Aetna with benefits available for both in- and out-of-network dental services.

VISION

Basic vision coverage is included with your medical plan. Standalone coverage is provided through **BlueVision Plus** (administered by Davis Vision).

PAYING FOR COVERAGE

As a retiree, your monthly premiums are deducted from your Maryland State Retirement and Pension System (MSRPS) pension check. However, if your pension check does not cover the cost of your monthly premiums, you will receive an invoice from Health Equity | WageWorks, the direct bill administrator for PGCPS. Failure to pay will result in cancellation of your coverage, and you will not be eligible to re-enroll in the future.

A surviving spouse and/or dependent receiving an MSRPS pension check may also elect to have monthly premiums premiums deducted from their monthly pension check.

It is your responsibility to confirm your benefit deductions match the coverage you requested. If there is an error or omission, you must contact the Benefits Services Office by January 31, 2027 (call 301-952-6600 or email pgcps.benefits@pgcps.org). Any missed health benefit deductions will automatically be collected in addition to your regular deduction on the next available pension check.

Premium refunds will only be considered for administrative error. A written request must be submitted within one calendar year of the error, and refunds will only be issued for up to one benefit plan year. Refunds cannot be approved for retiree errors or any other reason.



2027 RATES

Health plan costs will increase in 2027.

MEDICAL AND PRESCRIPTION DRUG	KAISER MEDICAL AND PRESCRIPTION DRUG	CAREFIRST MEDICAL	CVS/CAREMARK PRESCRIPTION DRUG
Non-Medicare (20% contribution)	**Monthly**	**Monthly**	**Monthly**
Retiree Only	$156.25	$131.55	$51.17
Retiree + Children	$312.50	$263.11	$102.35
Retiree + Spouse	$328.12	$276.26	$107.46
Family	$406.25	$348.04	$134.73
Medicare[1] (20% contribution)	**Monthly**	**Monthly**	**Monthly**
Medicare – Individual	$67.54	$57.60	$51.17
Medicare – Retiree + Child (one w/Medicare)	$223.79	$189.16	$102.35
Medicare – Retiree + Child (both w/Medicare)	$135.08	$115.21	$102.35
Medicare – Retiree + Children (one w/Medicare)	$380.04	$320.72	$102.35
Medicare – Retiree + Children (two w/Medicare)	$291.33	$246.77	$134.73
Medicare – Retiree + Spouse (one w/Medicare)	$223.79	$189.16	$107.46
Medicare – Retiree + Spouse (both w/Medicare)	$135.08	$115.21	$107.46
Medicare – Retiree + Family[2] (one w/Medicare)	$395.66	$333.87	$134.73
Medicare – Retiree + Family[2] (two w/Medicare)	$291.33	$246.77	$134.73
Medicare – Retiree + Family[2] (three or more w/Medicare)	$202.62	$172.81	$134.73

1 The amount you pay will take into account whether you and your family members are eligible for Medicare.
2 Family includes the retiree, spouse and one or more children.

DENTAL AND VISION	AETNA DENTAL PPO	CAREFIRST VISION
20% contribution	**Monthly**	**Monthly**
Retiree Only	$10.10	$1.00
Retiree + Children	$20.20	$2.00
Retiree + Spouse	$21.22	$2.10
Family	$29.30	$2.90

Dental and vision rates do not vary by Medicare status.

Please note, the monthly deduction amounts may vary slightly from the actual monthly deductions due to rounding.