

2024



# Retiree Benefit Rate Schedules

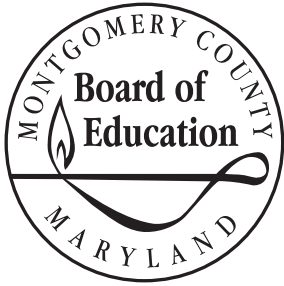
EFFECTIVE JANUARY 1, 2024

## 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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850 Hungerford Drive  
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2024

# Retiree Benefit Rate Schedules

*Effective January 1, 2024*



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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, 2024

**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
<b>Individual</b>	911.99	835.55	563.90	652.45	406.90	215.06	83.32	34.40	21.55	0.83
<b>2-PARTY</b>	1,824.01	1,671.12	1,059.88	1,302.09	813.79	430.08	166.30	68.82	43.12	1.52
<b>FAMILY</b>	2,481.63	2,273.53	1,736.39	1,886.75	1,017.26	537.63	240.96	101.20	63.28	1.94

**Non-Medicare-Eligible Individuals Monthly Rate Schedule**  
**100% Cost for Medical, Prescription, Dental, and Vision Coverage**  
**COBRA Retiree Cost = 102%**  
**Effective January 1, 2024**

	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	930.23	852.26	575.18	665.50	415.04	219.36	84.99	35.09	21.98
2-PARTY	1,860.49	1,704.54	1,081.08	1,328.13	830.07	438.68	169.63	70.20	43.98	1.55
FAMILY	2,531.26	2,319.00	1,771.12	1,924.49	1,037.61	548.38	245.78	103.22	64.55	1.98

**Non-Medicare-Eligible Individuals Monthly Rate Schedule**  
**Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage**  
**Effective January 1, 2024**

**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	547.19	501.33	338.34	391.47	244.14	129.04	49.99	20.64	12.93	0.50
2-PARTY	1,094.40	1,002.67	635.93	781.25	488.27	258.05	99.78	41.29	25.87	0.91
FAMILY	1,488.97	1,364.12	1,041.84	1,132.05	610.35	322.58	144.58	60.72	37.97	1.16

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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	456.00	417.78	281.95	326.23	203.45	107.53	41.66	17.20	10.78	0.42
2-PARTY	912.01	835.57	529.94	651.05	406.90	215.04	83.15	34.41	21.57	0.77
FAMILY	1,240.82	1,136.78	868.20	943.38	508.64	268.82	120.48	50.60	31.65	0.98

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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	328.32	300.80	203.00	234.88	148.48	77.42	30.00	12.38	7.76	0.30
2-PARTY	656.65	601.61	381.55	468.75	292.96	154.83	59.87	24.77	15.53	0.55
FAMILY	893.39	818.48	625.09	679.23	366.21	193.55	86.75	36.43	22.79	0.70

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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, 2024**  
**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	528.95	484.62	327.06	378.42	236.00	124.73	48.33	19.95	12.50	0.48
2-PARTY	1,057.92	969.25	614.73	755.21	472.00	249.44	96.46	39.91	25.01	0.88
FAMILY	1,439.34	1,318.65	1,007.11	1,094.31	590.01	311.82	139.76	58.69	36.70	1.12

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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	437.76	401.06	270.67	313.18	195.31	103.23	39.99	16.51	10.34	0.40
2-PARTY	875.53	802.13	508.74	625.01	390.62	206.44	79.82	33.03	20.69	0.73
FAMILY	1,191.19	1,091.29	833.46	905.65	488.29	258.06	115.66	48.57	30.37	0.93

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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	310.08	284.09	191.73	221.83	138.35	73.12	28.33	11.70	7.33	0.28
2-PARTY	620.17	568.18	360.36	442.71	276.69	146.23	56.54	23.40	14.66	0.51
FAMILY	843.76	773.00	590.37	641.49	345.87	182.80	81.92	34.41	21.51	0.65

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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, 2024  
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	538.07	492.97	332.70	384.95	240.07	126.89	49.16	20.30	12.71	0.49
2-PARTY	1,076.16	985.96	625.33	768.24	480.14	253.75	98.12	40.61	25.44	0.90
FAMILY	1,464.16	1,341.38	1,024.47	1,113.19	600.19	317.20	142.17	59.71	37.33	1.15

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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	446.88	409.42	276.31	319.70	193.38	105.38	40.83	16.86	10.56	0.41
2-PARTY	893.77	818.85	519.34	638.02	398.76	210.74	81.49	33.73	21.13	0.75
FAMILY	1,216.00	1,114.03	850.83	924.50	498.46	263.44	118.07	49.60	31.01	0.96

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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	319.20	292.44	197.37	228.36	142.42	75.27	29.16	12.04	7.54	0.29
2-PARTY	638.41	584.89	370.96	455.73	284.83	150.53	58.20	24.09	15.09	0.53
FAMILY	868.58	795.73	607.74	660.36	356.04	188.17	84.33	35.42	22.15	0.68

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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, 2024

	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
<b>INDIVIDUAL Medicare</b>	274.89	N/A	309.38	327.67	406.90	215.06	included in medical	34.40	21.55	0.83
<b>2- PARTY Medicare</b>	549.78	N/A	618.76	655.34	813.79	430.08		68.82	43.12	1.52
<b>FAMILY Medicare</b>	824.67	N/A	928.14	983.01	1,017.26	537.63		101.20	63.28	1.94

**Medicare-Eligible Individuals Monthly Rate Schedule**  
**100% Cost for Medical, Prescription, Dental, and Vision Coverage**  
**COBRA Retiree Cost = 102%**  
**Effective January 1, 2024**

	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
<b>INDIVIDUAL Medicare</b>	280.39	N/A	315.57	334.22	415.04	219.36	included in medical	35.09	21.98	0.85
<b>2- PARTY Medicare</b>	560.78	N/A	631.14	668.45	830.07	438.68		70.20	43.98	1.55
<b>FAMILY Medicare</b>	841.16	N/A	946.70	1,002.67	1,037.61	548.38		103.22	64.55	1.98

**Medicare-Eligible Individuals Monthly Rate Schedule  
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage  
Effective January 1, 2024**

**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	164.93	N/A	185.63	196.60	244.14	129.04	included in medical	20.64	12.93	0.50
2- PARTY Medicare	329.86	N/A	371.26	393.20	488.27	258.05	included in medical	41.29	25.87	0.91
FAMILY Medicare	494.79	N/A	556.89	589.80	610.35	322.58	included in medical	60.72	37.97	1.16

**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	137.45	N/A	154.69	163.84	203.45	107.53	included in medical	17.20	10.78	0.42
2- PARTY	274.90	N/A	309.38	327.68	406.90	215.04	included in medical	34.41	21.57	0.77
FAMILY	412.35	N/A	464.07	491.52	508.64	268.82	included in medical	50.60	31.65	0.98

**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	98.96	N/A	111.38	117.96	146.48	77.42	included in medical	12.38	7.76	0.30
2- PARTY	197.92	N/A	222.76	235.92	292.96	154.83	included in medical	24.77	15.53	0.55
FAMILY	296.88	N/A	334.14	353.88	366.21	193.55	included in medical	36.43	22.79	0.70

**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, 2024  
 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 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
Cigna Indemnity/Medicare Supp	1,186.88	1,186.88	1,186.88	1,461.77	1,461.77	1,461.77	1,461.77	2,098.90	2,098.90	2,098.90
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	873.28	873.28	873.28	1,182.66	1,182.66	1,182.66	1,182.66	1,369.26	1,369.26	1,369.26
Kaiser Permanente HMO	980.12	980.12	980.12	1,307.79	1,307.79	1,307.79	1,307.79	1,629.76	1,629.76	1,629.76

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	813.79	813.79	813.79	1,017.26	1,017.26	1,017.26	1,017.26	1,017.26	1,017.26	1,017.26
Caremark/SilverScript Option B	430.08	430.08	430.08	537.63	537.63	537.63	537.63	537.63	537.63	537.63
Kaiser Permanente Prescription	83.32	83.32	83.32	83.32	83.32	83.32	83.32	166.30	166.30	166.30
CareFirst Dental PPO	68.82	68.82	68.82	101.20	101.20	101.20	101.20	101.20	101.20	101.20
Aetna Dental DMO	43.12	43.12	43.12	63.28	63.28	63.28	63.28	63.28	63.28	63.28
Davis Vision	1.52	1.52	1.52	1.94	1.94	1.94	1.94	1.94	1.94	1.94

**Split-Family Monthly Rate Schedule**  
**100% Cost for Medical, Prescription, Dental, and Vision Coverage**  
 COBRA Retiree Cost = 102%  
 Effective January 1, 2024

Medical	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare
Cigna Indemnity/Medicare Supp	1,210.62	1,210.62	1,210.62	1,491.01	1,491.01	1,491.01	1,491.01	1,491.01	1,491.01	1,491.01
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	890.75	890.75	890.75	1,206.31	1,206.31	1,206.31	1,206.31	1,206.31	1,206.31	1,206.31
Kaiser Permanente HMO	999.72	999.72	999.72	1,333.95	1,333.95	1,333.95	1,333.95	1,333.95	1,333.95	1,333.95

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	830.07	830.07	830.07	1,037.61	1,037.61	1,037.61	1,037.61	1,037.61	1,037.61	1,037.61
Caremark/SilverScript Option B	438.68	438.68	438.68	548.38	548.38	548.38	548.38	548.38	548.38	548.38
Kaiser Permanente Prescription	84.99	84.99	84.99	84.99	84.99	84.99	84.99	84.99	84.99	84.99
CareFirst Dental PPO	70.20	70.20	70.20	103.22	103.22	103.22	103.22	103.22	103.22	103.22
Aetna Dental DMO	43.98	43.98	43.98	64.55	64.55	64.55	64.55	64.55	64.55	64.55
Davis Vision	1.55	1.55	1.55	1.98	1.98	1.98	1.98	1.98	1.98	1.98



**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, 2024**

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	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
<b>Medical</b>										
Cigna Indemnity/Medicare Supp	712.12	712.12	712.12	877.05	877.05	877.05	1,259.33	1,259.33	1,259.33	1,259.33
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	523.97	523.97	523.97	709.60	709.60	709.60	821.56	821.56	821.56	821.56
Kaiser Permanente HMO	588.07	588.07	588.07	784.67	784.67	784.67	977.85	977.85	977.85	977.85

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	488.27	488.27	488.27	610.35	610.35	610.35	610.35	610.35	610.35	610.35
Caremark/SilverScript Option B	258.05	258.05	258.05	322.58	322.58	322.58	322.58	322.58	322.58	322.58
Kaiser Permanente Prescription	49.99	49.99	49.99	49.99	49.99	49.99	99.78	99.78	99.78	99.78
CareFirst Dental PPO	41.29	41.29	41.29	60.72	60.72	60.72	60.72	60.72	60.72	60.72
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	0.91	0.91	0.91	1.16	1.16	1.16	1.16	1.16	1.16	1.16

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

**Life Insurance**

Monthly per \$1,000	1.11
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**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, 2024**

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 Spouse 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
<b>Medical</b>										
Cigna Indemnity/Medicare Supp	712.12	693.88	712.12	877.05	877.05	1,259.33	1,259.33	1,259.33	1,259.33	1,222.85
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	523.97	512.69	523.97	709.60	709.60	821.56	821.56	821.56	821.56	800.36
Kaiser Permanente HMO	588.07	575.02	588.07	784.67	784.67	977.85	977.85	977.85	977.85	951.81

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	488.27	480.13	488.27	610.35	610.35	610.35	610.35	610.35	610.35	594.08
Caremark/SilverScript Option B	258.05	253.74	258.05	322.58	322.58	322.58	322.58	322.58	322.58	313.97
Kaiser Permanente Prescription	49.99	48.33	49.99	49.99	49.99	99.78	99.78	99.78	99.78	96.46
CareFirst Dental PPO	41.29	40.60	41.29	60.72	60.72	60.72	60.72	60.72	60.72	59.34
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	0.91	0.89	0.91	1.16	1.16	1.16	1.16	1.16	1.16	1.13

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

**Life Insurance**

Monthly per \$1,000	1.11
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**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, 2024**

Retiree Completed Either Health Risk Assessment or 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 Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare
<b>Medical</b>										
Cigna Indemnity/Medicare Supp	712.12	703.00	712.12	877.05	877.05	877.05	1,259.33	1,259.33	1,241.09	1,241.09
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	523.97	518.33	523.97	709.60	709.60	709.60	821.56	821.56	810.96	810.96
Kaiser Permanente HMO	588.07	581.55	588.07	784.67	784.67	784.67	977.85	977.85	964.84	964.84

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	488.27	484.20	488.27	610.35	610.35	610.35	610.35	610.35	602.22	602.22
Caremark/SilverScript Option B	258.05	255.90	258.05	322.58	322.58	322.58	322.58	322.58	318.28	318.28
Kaiser Permanente Prescription	49.99	49.16	49.99	49.99	49.99	49.99	99.78	99.78	98.12	98.12
CareFirst Dental PPO	41.29	40.95	41.29	60.72	60.72	60.72	60.72	60.72	60.04	60.04
Aetna Dental DMO	25.87	25.65	25.87	37.97	37.97	37.97	37.97	37.97	37.54	37.54
Davis Vision	0.91	0.90	0.91	1.16	1.16	1.16	1.16	1.16	1.15	1.15

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

**Life Insurance**

Monthly per \$1,000	1.11
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**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, 2024**

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	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
<b>Medical</b>										
Cigna Indemnity/Medicare Supp	593.45	593.45	593.45	730.90	730.90	730.90	1,049.46	1,049.46	1,049.46	1,049.46
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	436.64	436.64	436.64	591.33	591.33	591.33	684.63	684.63	684.63	684.63
Kaiser Permanente HMO	490.07	490.07	490.07	653.91	653.91	653.91	814.89	814.89	814.89	814.89

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	406.90	406.90	406.90	508.64	508.64	508.64	508.64	508.64	508.64	508.64
Caremark/SilverScript Option B	215.04	215.04	215.04	268.82	268.82	268.82	268.82	268.82	268.82	268.82
Kaiser Permanente Prescription	41.66	41.66	41.66	41.66	41.66	41.66	83.15	83.15	83.15	83.15
CareFirst Dental PPO	34.41	34.41	34.41	50.60	50.60	50.60	50.60	50.60	50.60	50.60
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	0.77	0.77	0.77	0.98	0.98	0.98	0.98	0.98	0.98	0.98

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

**Life Insurance**

	<b>Monthly per \$1,000</b>
	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, 2024**

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
<b>Medical</b>									
Cigna Indemnity/Medicare Supp	593.45	575.21	593.45	730.90	730.90	730.90	1,049.46	1,049.46	1,012.98
Cigna POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna HMO/EPO	436.64	425.36	436.64	591.33	591.33	591.33	684.63	684.63	663.43
Kaiser Permanente HMO	490.07	477.02	490.07	653.91	653.91	653.91	814.89	814.89	788.85

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	406.90	398.76	406.90	508.64	508.64	508.64	508.64	508.64	492.36
Caremark/SilverScript Option B	215.04	210.74	215.04	268.82	268.82	268.82	268.82	268.82	260.22
Kaiser Permanente Prescription	41.66	39.99	41.66	41.66	41.66	41.66	83.15	83.15	79.82
CareFirst Dental PPO	34.41	33.72	34.41	50.60	50.60	50.60	50.60	50.60	49.22
Aetna Dental DMO	21.57	21.13	21.57	31.65	31.65	31.65	31.65	31.65	30.77
Davis Vision	0.77	0.75	0.77	0.98	0.98	0.98	0.98	0.98	0.94

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

**Life Insurance**

	<b>Monthly per \$1,000</b>
	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, 2024**

Retiree Completed Either Health Risk Assessment or Biometric Health Screening\*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-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
<b>Medical</b>										
Cigna Indemnity/Medicare Supp	593.45	584.33	593.45	730.90	730.90	730.90	1,049.46	1,049.46	1,049.46	1,031.22
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	436.64	431.00	436.64	591.33	591.33	591.33	684.63	684.63	684.63	674.03
Kaiser Permanente HMO	490.07	483.54	490.07	653.91	653.91	653.91	814.89	814.89	814.89	801.86

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	406.90	402.83	406.90	508.64	508.64	508.64	508.64	508.64	508.64	500.50
Caremark/SilverScript Option B	215.04	212.89	215.04	268.82	268.82	268.82	268.82	268.82	268.82	264.52
Kaiser Permanente Prescription	41.66	40.83	41.66	41.66	41.66	41.66	83.15	83.15	83.15	81.49
CareFirst Dental PPO	34.41	34.07	34.41	50.60	50.60	50.60	50.60	50.60	50.60	49.92
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	0.77	0.76	0.77	0.98	0.98	0.98	0.98	0.98	0.98	0.96

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

**Life Insurance**

	<b>Monthly per \$1,000</b>
	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, 2024

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
<b>Medical</b>										
Cigna Indemnity/Medicare Supp	427.28	427.28	427.28	526.24	526.24	526.24	526.24	526.24	526.24	526.24
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	314.38	314.38	314.38	425.76	425.76	425.76	425.76	425.76	425.76	425.76
Kaiser Permanente HMO	352.84	352.84	352.84	470.80	470.80	470.80	470.80	470.80	470.80	470.80

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	292.96	292.96	292.96	366.21	366.21	366.21	366.21	366.21	366.21	366.21
Caremark/SilverScript Option B	154.83	154.83	154.83	193.55	193.55	193.55	193.55	193.55	193.55	193.55
Kaiser Permanente Prescription	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
CareFirst Dental PPO	24.77	24.77	24.77	36.43	36.43	36.43	36.43	36.43	36.43	36.43
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	0.55	0.55	0.55	0.70	0.70	0.70	0.70	0.70	0.70	0.70

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

**Life Insurance**

Monthly per \$1,000	0.66
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**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, 2024**

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
<b>Medical</b>										
Cigna Indemnity/Medicare Supp	427.28	409.04	427.28	526.24	526.24	526.24	526.24	526.24	526.24	719.13
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	314.38	303.11	314.38	425.76	425.76	425.76	425.76	425.76	425.76	471.74
Kaiser Permanente HMO	352.84	339.79	352.84	470.80	470.80	470.80	470.80	470.80	470.80	560.67

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	292.96	284.83	292.96	366.21	366.21	366.21	366.21	366.21	366.21	349.94
Caremark/SilverScript Option B	154.83	150.53	154.83	193.55	193.55	193.55	193.55	193.55	193.55	184.95
Kaiser Permanente Prescription	30.00	28.33	30.00	30.00	30.00	30.00	30.00	30.00	30.00	56.54
CareFirst Dental PPO	24.77	24.09	24.77	36.43	36.43	36.43	36.43	36.43	36.43	35.06
Aetna Dental DMO	15.53	15.10	15.53	22.79	22.79	22.79	22.79	22.79	22.79	21.92
Davis Vision	0.55	0.53	0.55	0.70	0.70	0.70	0.70	0.70	0.70	0.66

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

**Life Insurance**

	<b>Monthly per \$1,000</b>
	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, 2024**

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
<b>Medical</b>										
Cigna Indemnity/Medicare Supp	427.28	418.16	427.28	526.24	526.24	526.24	526.24	526.24	526.24	526.24
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	314.38	308.75	314.38	425.76	425.76	425.76	425.76	425.76	425.76	425.76
Kaiser Permanente HMO	352.84	346.32	352.84	470.80	470.80	470.80	470.80	470.80	470.80	470.80

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	292.96	288.90	292.96	366.21	366.21	366.21	366.21	366.21	366.21	366.21
Caremark/SilverScript Option B	154.83	152.88	154.83	193.55	193.55	193.55	193.55	193.55	193.55	193.55
Kaiser Permanente Prescription	30.00	29.16	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
CareFirst Dental PPO	24.77	24.43	24.77	36.43	36.43	36.43	36.43	36.43	36.43	36.43
Aetna Dental DMO	15.53	15.31	15.53	22.79	22.79	22.79	22.79	22.79	22.79	22.79
Davis Vision	0.55	0.54	0.55	0.70	0.70	0.70	0.70	0.70	0.70	0.70

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

**Life Insurance**

	<b>Monthly per \$1,000</b>
	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.\*\*

<b>For inquiries or complaints about discrimination against MCPS students*</b>	<b>For inquiries or complaints about discrimination against MCPS staff*</b>
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 2500, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org
<b>For student requests for accommodations under Section 504 of the Rehabilitation Act of 1973</b>	<b>For staff requests for accommodations under the Americans with Disabilities Act</b>
Section 504 Coordinator Office of School Support and Well-being Office of Well-being, Learning and Achievement 850 Hungerford Drive, Room 257, Rockville, MD 20850 240-740-5630 504@mcpsmd.org	ADA Compliance Coordinator Office of Human Resources and Development Department of Compliance and Investigations 45 West Gude Drive, Suite 2500, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org
<b>For inquiries or complaints about sex discrimination under Title IX, including sexual harassment, against students or staff*</b>	
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.*

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) mcpsinterpretingservices@mcpsmd.org, or MCPSInterpretingServices@mcpsmd.org.

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