


Division of Financial Oversight
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

October 3, 2025

MEMORANDUM

To: Montgomery County Public Schools Employees

From: Allen C. Francois, Deputy Chief of Financial Oversight 

Subject: 2026 Employee Benefits Open Enrollment

Montgomery County Public Schools (MCPS) provides a comprehensive benefits plan for employees, retirees, and their eligible dependents. All permanent employees (with a regular work schedule of 20 hours or more per week) are eligible to enroll in the MCPS benefits plan. Each fall, MCPS employees may revisit their health insurance decisions during Employee Benefits Open Enrollment.

Online Open Enrollment for the 2026 benefit plan year begins Monday, October 6, 2025, and continues through Friday, October 31, 2025. Open Enrollment is an opportunity for eligible employees who currently are not enrolled to join the employee benefit plan. Employees already enrolled may switch vendors, make changes to their current level of coverage, and add or drop dependents. Employees may enroll in the full-benefit plan or choose individual components (medical, dental, vision, prescription, basic employee term life insurance, optional employee life insurance, and optional dependent life insurance) that meet their needs. Also, during Open Enrollment, employees who wish to participate in a flexible spending account (FSA) in 2026 are required to make their annual FSA elections. Changes made during Open Enrollment will be effective January 1, 2026, which begins the new plan year.

Open Enrollment is conducted entirely online. You will enroll in or make changes to your benefits via [MCPS Hub+](#). A link to detailed instructions is available on the [Employee Benefits Open Enrollment](#) web page.

Benefits Plan Changes for 2026

- **Preferred Care Management will be added to Cigna medical plans.** With care management, network physicians, outpatient providers, and others collaborate to find the right services to meet your and your family's healthcare needs. Cigna nurses help manage your care by bringing resources and people together. Prior authorizations (obtaining approval before receiving care) will be required. **Cigna-member employees will be defaulted to the Preferred Care Management plan.**
- **Current Cigna medical plans—those without Preferred Care Management—will remain available with a 7 percent increase in employee cost share.** Employees will have the option to enroll in the plan without Preferred Care Management during Open Enrollment.

- **Applied Behavior Analysis Therapy will be covered under the Cigna medical plans.**
- **Glucagon-like Peptide 1 Agonists (GLP-1) and weight management programs will be offered** to prevent coverage of off-label use of GLP-1 diabetes drugs for weight management while minimizing member disruption.
- **Cigna's Open Access Plus plan annual deductibles will change** from \$300 (individual)/\$600 (family) to \$500 (individual)/\$1,000 (family) for out-of-network providers.
- **Vision plan benefits frequency changes from every 18 months to every 12 months** for exams, frames, lenses, and contact lenses.
- **Employee contributions toward premiums will increase by 1 percent.**

Flexible Spending Account (FSA)

Enrollment in 2026 FSA plans also will be offered through [Hub+](#). You must submit new FSA elections every year if you wish to continue an FSA.

- **Keep Your Receipts**—You are required to maintain documentation (receipts) to substantiate all FSA claims, whether paid through paper submissions or processed with your FSA debit card. You are required to submit documentation upon request. All expenditures are subject to audit per Internal Revenue Service regulations.
- **Medical FSA**—You may set aside up to \$3,300 from your salary per year to pay for qualified medical expenses.
- **Dependent Care FSA**—Please note that this type of FSA is **not for medical care reimbursement**. Plan participants may set aside up to a combined household maximum of \$5,000 per year on a pretax basis to pay for [qualified dependent care expenses](#).
- **FSA Debit Card**—FSAs for 2026 include an FSA debit card feature allowing immediate access to funds in your medical and/or dependent care FSA accounts for all eligible expenses. The FSA debit card is good for three consecutive years. To replace or request additional debit cards, you must contact Voya, the plan administrator. There is a \$5.00 charge for each additional debit card.

The following are brief descriptions of the MCPS-provided health plans (medical, prescription, dental, and vision) and life insurance plans.

Medical Plans

Five medical plan options are offered to eligible employees and their qualified dependents. These include three health maintenance organization (HMO) plans:

1. Cigna Open Access Plus In-Network (OAPIN) with Preferred Care Management
2. Cigna Open Access Plus In-Network (OAPIN) without Preferred Care Management
3. Kaiser Permanente HMO

In addition, there are two Open Access Plus (OAP) plans:

4. Cigna Open Access Plus (OAP) with Preferred Care Management
5. Cigna Open Access Plus (OAP) without Preferred Care Management

Health Maintenance Organization Plans (HMOs)—Three HMO options are offered as follows:

- **Kaiser Permanente Health Plan** is a center-based HMO with approximately 30 medical centers in the MCPS service area. You may visit the [Kaiser Permanente website](#) or the [Employee and Retiree Service Center \(ERSC\) website](#) for additional information about Kaiser Permanente services and locations. Please note that employees who select Kaiser Permanente medical coverage also receive their prescription benefit (if elected) from the Kaiser Permanente medical center. The Kaiser Permanente medical plan includes dental and vision coverage. Please refer to the [2026 Employee Benefit Summary](#) for additional details.
- **Cigna Open Access Plus In-Network (OAPIN) Plans** are individual practices where you choose a primary care physician (PCP) from the Cigna network of providers. **There are two OAPIN plans available: one plan with Preferred Care Management and one plan without Preferred Care Management.** Your PCP will provide your standard medical care and assist you with seeking coverage from network specialists. The OAPIN plan allows you to seek care from a participating in-network provider or specialist without obtaining a referral. Coverage is only provided if the specialist who treats you is a participating in-network provider. If you seek treatment from a specialist who is not a participating in-network provider, you are responsible for paying the full cost of the treatment.
- Cigna has a nationwide network of providers. Information about the OAPIN plan, including a list of national network providers, is available on the [Cigna website](#).
- Detailed summaries of the HMO plans are available on the [ERSC website](#) and in the [2026 Employee Benefit Summary](#).

Open Access Plus Plans—***Two Open Access Plus options are offered as follows:***

- **Cigna Open Access Plus (OAP) Plans** combine services from both in-network and out-of-network providers and include two plan options: **one plan with Preferred Care Management and one plan without Preferred Care Management.** Employee costs are less when using in-network providers. Members receive care through an in-network component offering a full range of services provided or authorized by a PCP or specialist, combined with an out-of-network component similar to traditional indemnity insurance. Out-of-network benefits are paid when a member receives treatment from a PCP or specialist who does not participate in the plan's network. At the time of enrollment, you may choose a PCP from the plan's network of doctors.
- To receive in-network benefits, you must seek care from a participating plan provider. The plans do not require a referral to receive in-network coverage from a participating specialist. The OAP plan with Preferred Care Management requires prior authorization (obtaining approval before receiving care).
- A detailed summary of the Open Access Plus plans is available on the [ERSC website](#) and in the [2026 Employee Benefit Summary](#).

Prescription Drug Plans

CVS/Caremark provides the prescription drug benefit for all MCPS employees except those enrolled in the Kaiser Permanente medical plan. Members enrolled in the Kaiser Permanente medical plan receive prescription drug benefits through Kaiser Permanente and are not eligible to participate in the CVS/Caremark prescription plan. Both plans include a mail-order program to purchase maintenance medications at a lower cost. Additional details about each prescription drug plan are available on the [ERSC website](#) and in the [2026 Employee Benefit Summary](#).

CVS/Caremark Specialty Drug Coverage

Drugs used to treat certain conditions are considered specialty drugs. These conditions may include multiple sclerosis, oncology, allergic asthma, human growth hormone, hepatitis C, psoriasis, rheumatoid arthritis, and respiratory syncytial virus, but other conditions may be included as well. Details regarding the program are included in the “CVS/Caremark Prescription Drug” section of the [2026 Employee Benefit Summary](#).

CVS/Caremark Generic Drug Step Therapy

Brand-name drugs that are used to treat certain conditions, including, but not limited to, high blood pressure and high cholesterol, are subject to generic first-step therapy requirements. Additional details are included in the “CVS/Caremark Prescription Plan” section of the [2026 Employee Benefit Summary](#). CVS/Caremark maintains a list of all affected drug classes on its website at www.caremark.com.

Dental Plans

Two dental plan options are offered—the CareFirst Dental Preferred Provider Organization and the Aetna Dental Maintenance Organization. Specific information regarding participating dental providers is available on the [CareFirst](#) and [Aetna](#) websites. More detailed information about the dental plans is available on the [ERSC website](#) and in the [2026 Employee Benefit Summary](#).

Vision Plan

A vision plan administered by Davis Vision (provided through CareFirst) provides basic benefits for eye examinations, glasses, and contact lenses. Services may be received from any licensed eye care provider. After receiving services, you must file a claim form and provide receipts to CareFirst for reimbursement. The plan also has a discount feature that allows plan participants to have eye examinations and purchase eyeglasses at a discounted rate. In addition, CareFirst provides a mail order program that enables plan members to purchase contact lenses at a discounted rate. More detailed information is available on the [ERSC website](#) and in the [2026 Employee Benefit Summary](#). For a list of participating CareFirst providers, please refer to the [CareFirst website](#).

Life Insurance

All benefit-eligible employees receive basic-term life insurance effective on the first day of the month following employment. Employees are entitled to life insurance valued at two times their annual salary, rounded to the nearest thousand. Dependent life insurance coverage in the amount of \$2,000 for a covered spouse and \$1,000 for a covered dependent child (under the age of 23) is provided at no cost to you only if you are enrolled in basic employee term life insurance. If you decline basic employee life insurance, you may enroll during an annual Open Enrollment after providing evidence of insurability and receiving approval from MetLife. If you declined basic term

life insurance at the time you were hired but now wish to enroll or designate your life insurance beneficiary(ies), you may do so during Open Enrollment.

Optional Employee Term Life Insurance

All employees enrolled in basic term life insurance are entitled to purchase additional life insurance in the amount equal to your annual salary. The cost of optional employee life insurance is based on age and is paid entirely by you, the employee. Unlike basic term life insurance, enrollment is not automatic. You are required to provide evidence of insurability and must be approved by MetLife.

Optional Dependent Term Life Insurance

All employees enrolled in basic term life insurance are entitled to purchase optional dependent life insurance in the amount of \$10,000 for each eligible dependent. The cost of optional dependent life insurance is a flat fee that is determined by your 10- or 12-month work schedule, regardless of the number of dependents. As the employee, you pay the entire cost of optional dependent life insurance. If you did not elect coverage during the initial period of eligibility, you may enroll only during Open Enrollment for 2026. Enrollment is not automatic and will require your dependent(s) over age 19 to provide evidence of insurability that must be approved by MetLife. If you and your spouse both work for MCPS, you cannot elect this benefit for your spouse, and only one of you can elect to cover any other eligible dependents.

Open Enrollment Procedures

You will make your benefit elections via [Hub+](#). Within Hub+, you will be able to—

- enroll in your 2026 FSA*;
- change medical, dental, vision, and prescription plans;
- change components of your benefit coverage;
- add**/drop a dependent;
- enroll in basic employee term life insurance;
- update your life insurance beneficiary(ies) for basic employee term life coverage; and
- enroll in optional employee and/or dependent life insurance.

How to Learn More about Your Benefit Options

Visit the ERSC Website

Detailed plan information, links to vendor websites, summary plan documents, and evidence of coverage are available on the [ERSC website](#). In addition, ERSC has an [Open Enrollment web page](#) with information about changes to your benefits and enrollment procedures.

Attend an Open Enrollment Benefits Fair

ERSC will hold three in-person Open Enrollment Benefit Fairs this year. ERSC staff and representatives from the medical, dental, vision, prescription, and FSA plans will be available in-person to answer your benefit questions.

The Benefit Fairs will be held as follows:

BENEFIT FAIRS DATES/TIMES	LOCATIONS
Thursday, October 16, 2025 4:00–6:00 p.m.	Montgomery County Public Schools (Patapsco/Pocomoke Rooms) 15 West Gude Drive, Suite 325 Rockville, Maryland 20850
Wednesday, October 22, 2025 4:00–6:00 p.m.	Clarksburg High School (Cafeteria) 22500 Wims Road Clarksburg Maryland 20871
Wednesday, October 29, 2025 4:00–6:00 p.m.	John F. Kennedy High School (Auditorium Lobby) 1901 Randolph Road Silver Spring, Maryland 20902

Open Enrollment Assistance

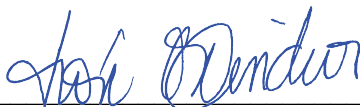
During Open Enrollment, ERSC staff members will be available to assist you Monday through Friday. Due to high call volume during this time, you are encouraged to attend one of the health fairs mentioned above. You also may contact ERSC in one of the following ways, listed in recommended order:

1. **Virtually through a Microsoft Teams meeting:** Sign up for a 15-minute session on the MCPS Open Enrollment web page at—
www.montgomeryschoolsmd.org/departments/ersc/employees/benefits/open-enrollment
2. **In-person or by email at ERSC@mcpsmd.org:**
 - Monday, Tuesday, Thursday, Friday—8:00 a.m.–12:45 p.m. and 2:00–4:30 p.m.
 - Wednesday—10:00 a.m.–12:45 p.m. and 2:00–4:30 p.m.
3. **By telephone at 240-740-8100:**
 - Monday, Tuesday, Thursday, Friday—8:00 a.m.–12:45 p.m. and 2:00–4:15 p.m.
 - Wednesday—10:00 a.m.–12:45 p.m. and 2:00–4:15 p.m.

* If you wish to participate in an FSA, you must make a new election each year via [Hub+](#).

** Documentation is required to add a dependent. Please see the [2026 Employee Benefit Summary](#) for details.

ACF:mjw

Approved: 
Ivon Alfonso-Windsor, Chief Financial Officer