

2022



# Retiree Benefit Rate Schedules

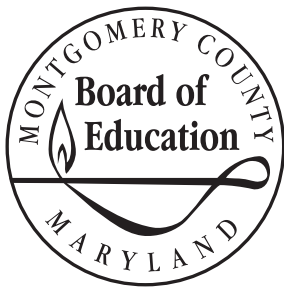
EFFECTIVE JANUARY 1, 2022

## 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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2022

# Retiree Benefit Rate Schedules

*Effective January 1, 2022*



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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, 2022

Completed Neither Health Risk Assessment nor Biometric Health Screening

	Medical				Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice POS	CareFirst BlueChoice Adv	CareFirst BlueChoice HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO
Individual	908.14	832.02	586.38	581.28	342.52	181.03	74.23	33.67	21.55	0.78
2-PARTY	1,816.32	1,664.07	1,102.15	1,160.07	685.03	362.03	148.14	67.35	43.12	1.44
FAMILY	2,471.16	2,263.93	1,805.64	1,680.96	856.30	452.56	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, 2022**

	Medical				Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice POS	CareFirst BlueChoice Adv 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	926.30	848.66	598.11	592.91	349.37	184.65	75.71	34.34	21.98	0.80
2-PARTY	1,852.65	1,697.35	1,124.19	1,183.27	698.73	369.27	151.10	68.70	43.98	1.47
FAMILY	2,520.58	2,309.21	1,841.75	1,714.58	873.43	461.61	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, 2022**  
**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 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	544.88	499.21	351.83	348.77	205.51	108.62	44.54	20.20	12.93	0.47
2-PARTY	1,089.79	998.44	661.29	696.04	411.02	217.22	88.89	40.41	25.87	0.87
FAMILY	1,482.69	1,358.36	1,083.38	1,008.57	513.78	271.54	128.80	59.42	38.03	1.10

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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 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	454.07	416.01	293.19	290.64	171.26	90.52	37.12	16.84	10.78	0.39
2-PARTY	908.16	832.04	551.08	580.04	342.52	181.02	74.08	33.68	21.57	0.72
FAMILY	1,235.58	1,131.97	902.83	840.49	428.16	226.29	107.34	49.53	31.70	0.92

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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 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	326.93	299.53	211.10	209.26	123.31	65.17	26.72	12.12	7.76	0.28
2-PARTY	653.87	599.07	396.78	417.62	246.61	130.33	53.33	24.24	15.53	0.52
FAMILY	889.61	815.02	650.04	605.14	308.27	162.92	77.27	35.65	22.82	0.66

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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, 2022**

**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 POS	CareFirst BlueChoice Adv 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	526.72	482.57	340.10	337.14	198.66	105.00	43.05	19.53	12.50	0.45
2-PARTY	1,053.46	965.16	639.25	672.84	397.32	209.98	85.92	39.06	25.01	0.83
FAMILY	1,433.27	1,313.08	1,047.27	974.96	496.66	262.49	124.50	57.44	36.76	1.06

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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 POS	CareFirst BlueChoice Adv 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	435.91	399.37	281.46	279.01	164.41	86.89	35.63	16.16	10.34	0.37
2-PARTY	871.84	798.75	529.03	556.83	328.81	173.77	71.11	32.33	20.69	0.69
FAMILY	1,186.16	1,086.68	866.71	806.86	411.02	217.22	103.03	47.54	30.41	0.88

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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 POS	CareFirst BlueChoice Adv 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	308.77	282.89	199.37	197.64	116.46	61.55	25.24	11.45	7.33	0.27
2-PARTY	617.55	565.79	374.73	394.43	232.91	123.09	50.37	22.90	14.66	0.49
FAMILY	840.20	769.74	613.92	571.53	291.14	153.87	72.98	33.67	21.55	0.62

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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, 2022**

**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 POS	CareFirst BlueChoice Adv 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	535.80	490.89	345.96	342.96	202.09	106.81	43.80	19.87	12.71	0.46	
2-PARTY	1,071.63	981.80	650.26	684.45	404.17	213.60	87.41	39.74	25.44	0.85	
FAMILY	1,457.99	1,335.72	1,065.32	991.78	505.22	267.01	126.65	58.44	37.39	1.08	

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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 POS	CareFirst BlueChoice Adv 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	444.99	407.69	287.33	284.83	167.83	88.70	36.37	16.50	10.56	0.38	
2-PARTY	890.00	815.39	540.06	568.44	335.66	177.39	72.59	33.00	21.13	0.70	
FAMILY	1,210.87	1,109.32	884.77	823.68	419.58	221.75	105.18	48.53	31.06	0.89	

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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 POS	CareFirst BlueChoice Adv 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	317.85	291.21	205.23	203.45	119.88	63.36	25.98	11.78	7.54	0.27	
2-PARTY	635.71	582.43	385.75	406.03	239.76	126.71	51.85	23.57	15.09	0.50	
FAMILY	864.90	792.38	631.97	588.34	299.70	158.40	75.13	34.66	22.18	0.64	

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
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, 2022**

	Medical				Prescription			Dental/ Vision		
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice 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	273.73	N/A	321.72	319.62	342.52	181.03	included in medical	33.67	21.55	0.78
2- PARTY Medicare	547.46	N/A	643.44	639.24	685.03	362.03		67.35	43.12	1.44
FAMILY Medicare	821.19	N/A	965.16	958.86	856.30	452.56		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, 2022**

	Medical				Prescription			Dental/ Vision		
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice 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	279.20	N/A	328.15	326.01	349.37	184.65	included in medical	34.34	21.98	0.80
2- PARTY Medicare	558.41	N/A	656.31	652.02	698.73	369.27		68.70	43.98	1.47
FAMILY Medicare	837.61	N/A	984.46	978.04	873.43	461.61		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, 2022**

**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	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>	164.24	N/A	193.03	208.45	205.51	108.62	included in medical	20.20	12.93	0.47
<b>2- PARTY Medicare</b>	328.48	N/A	386.06	416.90	411.02	217.22		40.41	25.87	0.87
<b>FAMILY Medicare</b>	492.72	N/A	579.09	625.35	513.78	271.54		59.42	38.03	1.10

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
<b>Retirees with 10 up to 15 years of service</b>	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	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
<b>INDIVIDUAL</b>	136.87	N/A	160.86	173.71	171.26	90.52	included in medical	16.84	10.78	0.39
<b>2- PARTY</b>	273.74	N/A	321.72	347.42	342.52	181.02		33.68	21.57	0.72
<b>FAMILY</b>	410.61	N/A	482.58	521.13	428.16	226.29		49.53	31.70	0.92

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
<b>Retirees with 15 up to 20 years of service</b>	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	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
<b>INDIVIDUAL</b>	98.54	N/A	115.82	125.07	123.31	65.17	included in medical	12.12	7.76	0.28
<b>2- PARTY</b>	197.08	N/A	231.64	250.14	246.61	130.33		24.24	15.53	0.52
<b>FAMILY</b>	295.62	N/A	347.46	375.21	308.27	162.92		35.65	22.82	0.66

**Life Insurance**

<b>Cost Per \$1,000</b>	<b>Monthly per \$1,000</b>
<b>Retirees with 20 or more years of service</b>	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, 2022**  
**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, 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
<b>Medical</b>										
CareFirst BC Adv Indemnity/Medicare Supp	1,181.87	1,181.87	1,455.60	1,455.60	2,090.05	2,090.05	2,090.05	2,090.05	2,090.05	2,090.05
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	908.10	908.10	1,229.82	1,229.82	1,423.87	1,423.87	1,423.87	1,423.87	1,423.87	1,423.87
Kaiser Permanente HMO	928.69	928.69	1,276.10	1,276.10	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	685.03	685.03	856.30	856.30	856.30	856.30	856.30	856.30	856.30	856.30
Caremark/SilverScript Option B	362.03	362.03	452.56	452.56	452.56	452.56	452.56	452.56	452.56	452.56
Kaiser Permanente Prescription	74.23	74.23	74.23	74.23	74.23	74.23	148.14	148.14	148.14	148.14
CareFirst Dental PPO	67.35	67.35	99.04	99.04	99.04	99.04	99.04	99.04	99.04	99.04
Aetna Dental DMO	43.12	43.12	63.38	63.38	63.38	63.38	63.38	63.38	63.38	63.38
Davis Vision	1.44	1.44	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, 2022**

	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>										
CareFirst BC Adv Indemnity/Medicare Supp	1,205.51	1,205.51	1,205.51	1,484.71	1,484.71	1,484.71	2,131.85	2,131.85	2,131.85	2,131.85
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	926.26	926.26	926.26	1,254.42	1,254.42	1,254.42	1,452.35	1,452.35	1,452.35	1,452.35
Kaiser Permanente HMO	947.26	947.26	947.26	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	698.73	698.73	698.73	873.43	873.43	873.43	873.43	873.43	873.43	873.43
Caremark/SilverScript Option B	369.27	369.27	369.27	461.61	461.61	461.61	461.61	461.61	461.61	461.61
Kaiser Permanente Prescription	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
Aetna Dental DMO	43.98	43.98	43.98	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



**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, 2022**

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
<b>Medical</b>									
CareFirst BC Adv Indemnity/Medicare Supp	709.12	709.12	709.12	873.36	873.36	873.36	873.36	1,254.03	1,254.03
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	544.86	544.86	544.86	737.89	737.89	737.89	737.89	854.32	854.32
Kaiser Permanente HMO	557.22	557.22	557.22	765.67	765.67	765.67	765.67	904.49	904.49

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	411.02	411.02	411.02	513.78	513.78	513.78	513.78	513.78	513.78
Caremark/SilverScript Option B	217.22	217.22	217.22	271.54	271.54	271.54	271.54	271.54	271.54
Kaiser Permanente Prescription	44.54	44.54	44.54	44.54	44.54	44.54	44.54	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, 2022**

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 Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare
<b>Medical</b>									
CareFirst BC Adv Indemnity/Medicare Supp	709.12	690.96	709.12	873.36	873.36	873.36	873.36	1,254.03	1,217.70
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	544.86	533.13	544.86	737.89	737.89	737.89	737.89	854.32	832.28
Kaiser Permanente HMO	557.22	545.59	557.22	765.67	765.67	765.67	765.67	904.49	881.29

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	411.02	404.17	411.02	513.78	513.78	513.78	513.78	513.78	500.08
Caremark/SilverScript Option B	217.22	213.60	217.22	271.54	271.54	271.54	271.54	271.54	264.30
Kaiser Permanente Prescription	44.54	43.05	44.54	44.54	44.54	44.54	44.54	88.89	85.92
CareFirst Dental PPO	40.41	39.74	40.41	59.42	59.42	59.42	59.42	59.42	58.07
Aetna Dental DMO	25.87	25.44	25.87	38.03	38.03	38.03	38.03	38.03	37.17
Davis Vision	0.87	0.85	0.87	1.10	1.10	1.10	1.10	1.10	1.06

\*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, 2022**

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
<b>Medical</b>									
CareFirst BC Adv Indemnity/Medicare Supp	709.12	700.04	709.12	873.36	873.36	873.36	1,254.03	1,254.03	1,235.87
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	544.86	538.99	544.86	737.89	737.89	737.89	854.32	854.32	843.29
Kaiser Permanente HMO	557.22	551.41	557.22	765.67	765.67	765.67	904.49	904.49	892.90

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	411.02	407.60	411.02	513.78	513.78	513.78	513.78	513.78	506.93
Caremark/SilverScript Option B	217.22	215.41	217.22	271.54	271.54	271.54	271.54	271.54	267.92
Kaiser Permanente Prescription	44.54	43.80	44.54	44.54	44.54	44.54	88.89	88.89	87.41
CareFirst Dental PPO	40.41	40.08	40.41	59.42	59.42	59.42	59.42	59.42	58.75
Aetna Dental DMO	25.87	25.65	25.87	38.03	38.03	38.03	38.03	38.03	37.60
Davis Vision	0.87	0.86	0.87	1.10	1.10	1.10	1.10	1.10	1.08

\*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, 2022

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 Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare
<b>Medical</b>									
CareFirst BC Adv Indemnity/Medicare Supp	590.94	590.94	590.94	727.81	727.81	727.81	1,045.03	1,045.03	1,045.03
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	454.05	454.05	454.05	614.91	614.91	614.91	711.94	711.94	711.94
Kaiser Permanente HMO	464.35	464.35	464.35	638.06	638.06	638.06	753.75	753.75	753.75

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	342.52	342.52	342.52	428.16	428.16	428.16	428.16	428.16	428.16
Caremark/SilverScript Option B	181.02	181.02	181.02	226.29	226.29	226.29	226.29	226.29	226.29
Kaiser Permanente Prescription	37.12	37.12	37.12	37.12	37.12	37.12	74.08	74.08	74.08
CareFirst Dental PPO	33.68	33.68	33.68	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
Davis Vision	0.72	0.72	0.72	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, 2022

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 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>									
CareFirst BC Adv Indemnity/Medicare Supp	590.94	572.78	590.94	727.81	727.81	727.81	727.81	1,045.03	1,008.71
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	454.05	442.32	454.05	614.91	614.91	614.91	614.91	711.94	689.89
Kaiser Permanente HMO	464.35	452.72	464.35	638.06	638.06	638.06	638.06	753.75	730.54

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	342.52	335.67	342.52	428.16	428.16	428.16	428.16	428.16	414.45
Caremark/SilverScript Option B	181.02	177.39	181.02	226.29	226.29	226.29	226.29	226.29	219.04
Kaiser Permanente Prescription	37.12	35.63	37.12	37.12	37.12	37.12	37.12	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, 2022

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 Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare
<b>Medical</b>									
CareFirst BC Adv Indemnity/Medicare Supp	590.94	581.86	727.81	727.81	727.81	727.81	727.81	727.81	727.81
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	454.05	448.19	614.91	614.91	614.91	614.91	614.91	614.91	614.91
Kaiser Permanente HMO	464.35	458.54	638.06	638.06	638.06	638.06	638.06	638.06	638.06

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	342.52	339.09	428.16	428.16	428.16	428.16	428.16	428.16	428.16
Caremark/SilverScript Option B	181.02	179.20	226.29	226.29	226.29	226.29	226.29	226.29	226.29
Kaiser Permanente Prescription	37.12	36.37	37.12	37.12	37.12	37.12	37.12	37.12	37.12
CareFirst Dental PPO	33.68	33.34	49.53	49.53	49.53	49.53	49.53	49.53	49.53
Aetna Dental DMO	21.57	21.35	31.70	31.70	31.70	31.70	31.70	31.70	31.26
Davis Vision	0.72	0.71	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, 2022

Retiree Completed BY\Yf Health Risk Assessment ncf Biometric Health Screening\*

	2-PARTY Retiree Medicare Spouse Non-Medicare	2-PARTY Retiree Non-Medicare Spouse/Child Medicare	2-PARTY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare
<b>Medical</b>									
CareFirst BC Adv Indemnity/Medicare Supp	425.47	425.47	425.47	524.01	524.01	524.01	752.41	752.41	752.41
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	326.92	326.92	326.92	442.74	442.74	442.74	512.60	512.60	512.60
Kaiser Permanente HMO	334.33	334.33	334.33	459.40	459.40	459.40	542.69	542.69	542.69

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	246.61	246.61	246.61	308.27	308.27	308.27	308.27	308.27	308.27
Caremark/SilverScript Option B	130.33	130.33	130.33	162.92	162.92	162.92	162.92	162.92	162.92
Kaiser Permanente Prescription	26.72	26.72	26.72	26.72	26.72	26.72	53.33	53.33	53.33
CareFirst Dental PPO	24.24	24.24	24.24	35.65	35.65	35.65	35.65	35.65	35.65
Aetna Dental DMO	15.53	15.53	15.53	22.82	22.82	22.82	22.82	22.82	22.82
Davis Vision	0.52	0.52	0.52	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, 2022**

Retiree Completed Both Health Risk Assessment and Biometric Health Screening\*

	2-PARTY Retiree Spouse Non-Medicare	2-PARTY Retiree Non-Medicare 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 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 Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Medicare
<b>Medical</b>										
CareFirst BC Adv Indemnity/Medicare Supp	425.47	407.31	425.47	524.01	524.01	524.01	752.41	752.41	716.09	716.09
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	326.92	315.19	326.92	442.74	442.74	442.74	512.60	512.60	490.55	490.55
Kaiser Permanente HMO	334.33	322.71	334.33	459.40	459.40	459.40	542.69	542.69	519.50	519.50

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	246.61	239.76	246.61	308.27	308.27	308.27	308.27	308.27	294.57	294.57
Caremark/SilverScript Option B	130.33	126.71	130.33	162.92	162.92	162.92	162.92	162.92	155.68	155.68
Kaiser Permanente Prescription	26.72	25.24	26.72	26.72	26.72	26.72	26.72	26.72	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, 2022**

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 Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare
<b>Medical</b>									
CareFirst BC Adv Indemnity/Medicare Supp	425.47	416.39	425.47	524.01	524.01	524.01	752.41	752.41	734.25
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	326.92	321.05	326.92	442.74	442.74	442.74	512.60	512.60	501.57
Kaiser Permanente HMO	334.33	328.52	334.33	459.40	459.40	459.40	542.69	542.69	531.10

**Prescription Drugs, Dental, and Vision**

Caremark/SilverScript Option A	246.61	243.18	246.61	308.27	308.27	308.27	308.27	308.27	301.42
Caremark/SilverScript Option B	130.33	128.52	130.33	162.92	162.92	162.92	162.92	162.92	159.30
Kaiser Permanente Prescription	26.72	25.98	26.72	26.72	26.72	26.72	53.33	53.33	51.85
CareFirst Dental PPO	24.24	23.90	24.24	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	22.38
Davis Vision	0.52	0.51	0.52	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, 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. Some examples of discrimination include acts of hate, violence, insensitivity, harassment, bullying, disrespect, or retaliation. 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.

<b>For inquiries or complaints about discrimination against MCPS staff *</b>	<b>For inquiries or complaints about discrimination against MCPS students *</b>
Office of Human Resources and Development Department of Compliance and Investigations 45 West Gude Drive, Suite 2100, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org	Office of the Chief of Districtwide Services and Supports Student Welfare and Compliance 850 Hungerford Drive, Room 162, Rockville, MD 20850 240-740-3215 SWC@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 the Chief of Districtwide Services and Supports Student Welfare and Compliance 850 Hungerford Drive, Room 162, Rockville, MD 20850 240-740-3215 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 Human Resources and Development, 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, GH Fallon Federal Building, 31 Hopkins Plaza, Suite 1432, 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](http://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](mailto: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](mailto:MCPSInterpretingServices@mcpsmd.org). MCPS also provides equal access to the Boy/Girl Scouts and other designated youth groups.

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