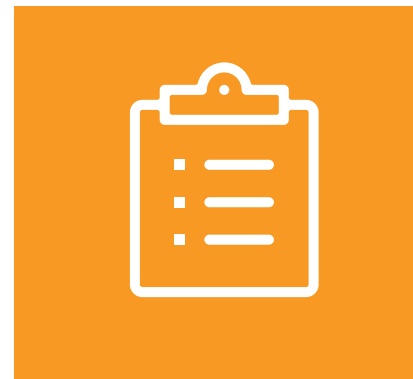


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WORCESTER COUNTY
GOVERNMENT



Employee Benefits Guide

July 1, 2025–June 30, 2026

Worcester County Government's Benefits Program lets you choose a combination of benefits that meet your personal needs.

This guide can assist you in making the right choices and can also be used as a tool for first time participants.

Important Notice about Your Prescription Drug Coverage and Medicare—see pages 22 & 23

Please read it and share it with any of your Medicare-eligible dependents.

Don't delay if you need help.

EAP professionals are available from 8 am to 5 pm Monday-Friday at **410-632-1100**. Locations in Berlin, Snow Hill, and Pocomoke.

This service is completely confidential and is available to all employees.

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EMPLOYEE ASSISTANCE PROGRAM (EAP)

Everyone experiences stress and challenges in life from time to time—the Employee Assistance Program (EAP) can help. The behavioral specialists at **Worcester County Health Department Behavioral Health Program** are prepared to assist you and your family members with personal or professional problems that may interfere with work or family responsibilities and obligations.

The EAP includes telephone consultations and up to three face-to-face visits per year. The EAP can assist with issues such as those listed below:

- Stress management
- Family problems
- Child care/parenting
- Legal/financial concerns
- Grief/loss
- Work-related issues
- Substance abuse

RESOURCES

Benefit/Provider	Phone	Website
Benefits Hotline	1-800-364-8876	Benefitshotline@psafinancial.com
Medical CareFirst BlueCross BlueShield	1-833-210-0711	For general information: www.carefirst.com Enrolled members can also check your eligibility, benefits, claims, claim payments, search for a doctor and hospital and more at: www.carefirst.com/myaccount
Prescription CVS/Caremark	1-800-241-3371 option 2	
Dental CareFirst BlueCross BlueShield	1-866-891-2802	
Pre Authorization/Case Management CareFirst BlueCross BlueShield	1-866-773-2884	
Vision Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
Basic Life and AD&D Guardian	1-800-627-4200	www.GuardianAnytime.com
Long-Term Disability Guardian	1-800-627-4200	www.GuardianAnytime.com
Employee Assistance Program (EAP) Worcester County Health Department Behavioral Health Program	410-632-1100	www.worcesterhealth.org
Mental Health/Substance Abuse CareFirst BlueCross BlueShield	1-800-245-7013	www.carefirst.com
Worcester County Deferred Compensation Plan 457 Empower	1-800-701-8255	www.empowermyretirement.com
Maryland State Retirement System	410-625-5555 or 1-800-492-5909	https://sra.maryland.gov/
Flexible Savings and Dependent Care Account WEX	1-866-451-3399	www.wexinc.com
Voluntary Plans (AFLAC, Kevin Bowen)	443-880-3860	howard_bowen@legacymail.us.aflac.com howard_bowen@us.aflac.com
Credit Union (SECU)	1-800-879-7328	www.secumd.org

Please Note: This communication highlights some of the benefit plans available through Worcester County Government. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. Worcester County Government reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

ME TIME!

Fulfillment is important. We are committed to fostering and celebrating everyone's success, and understand fulfillment can only come from a balance of personal and professional priorities.

Vacation, Sick Leave, Personal Days and Military Leave

The County has specific rules for various types of leave. For complete details on the County's leave policies please refer to the Personnel Rules & Regulations or contact Human Resources.

Vacation Leave

Regular full-time employees will accrue vacation leave based on the schedule below:

Years of Employment	Hours Accrued per Bi-weekly Pay	Maximum Hours Accrued Per Year
Date of hire – 5 years	3.08	80
6 – 10 years	4.62	120
11+ years	6.16	160

Vacation accrual hours over 360 will be lost beginning with the new pay period each new fiscal year.

Sick Leave

All regular full-time employees accrue sick leave benefits at the rate of 4.62 hours per pay period beginning with the first complete pay period.

Sick Leave Bank

The Sick Leave Bank is to provide sick leave to members of the Bank after the member's sick leave has been exhausted. The Bank is available to full-time employees only. The Bank cannot be used for maternity or paternity leaves, or work related injuries.

Part Time Sick Leave

Earned sick and safe leave begins to accrue on February 11, 2018, or the date on which an employee begins employment with the employer, whichever is later. An employee accrues earned sick and safe leave at a rate of one hour for every 30 hours the employee works; however, an employee is not entitled to earn more than 40 hours of earned sick and safe leave in a year or accrue more than 64 hours of earned sick and safe leave at any time. Available sick leave hours can be used after a 106-day waiting period.

Personal Leave

Full-time employees shall be awarded forty-eight hours of personal leave per fiscal year for personal reasons such as family emergencies. Personal leave shall be awarded during the first pay period of the fiscal year and authorized for use by the employee July 1 of the fiscal year. New employees hired after the beginning of the fiscal year shall receive a prorated amount of personal leave computed at 1.84 hours per pay period remaining in the fiscal year. Personal leave not used by the last pay period of the fiscal year will be lost.

Military Leave

Any employee who is a member of the United States Military Reserve and National Guard and is required to attend Annual Duty training, will be granted military leave with pay for up to a maximum of 15 days annually. Military leave will be recorded for the year October 1 through September 30.

DID YOU KNOW?

Unused Sick time?

At the time of retirement, you can convert your unused sick leave hours to days to add additional money to your monthly allowance. To know more, read the unused sick leave pages in your MSRS Benefit Handbook.

Prior Military Service?

You may be eligible to claim additional retirement credit for your service in the military.

Need time off?

Before you schedule that trip or time off for appointments be sure to seek prior approval.

Need more Information?

Details of County leave policies can be found in the Personnel Rules & Regulations.

Holidays

The holidays that will be recognized in 2025 are the below:

- New Year's Day
- MLK Day
- President's Day
- Good Friday
- Memorial Day
- Juneteenth National Independence Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- American Indian Heritage Day
- Christmas Eve
- Christmas Day

ELIGIBILITY

Employees

Full-time employees are eligible for benefits at different times throughout your first year of employment.

First Full Pay Period

- You are eligible for paid leave benefits including vacation, sick, personal and holiday leave, Maryland State Retirement benefits, and Deferred Compensation starting with your first full pay period

First Day of the Month after Date of Hire

- You are eligible for medical, dental, vision, flexible spending account(s), and AFLAC voluntary on the first day of the month after date of hire

First Day of the Month after Six Months

- You are eligible for Life insurance and Long-term disability insurance on the first day of the month following six months of employment

Dependents

In addition to enrolling yourself, you may also enroll your eligible dependents.

Eligible dependents include the below:

- Spouse:** your legal spouse
- Dependent children up to the age of 26**, regardless of marital status, student status, or financial dependency
 - Coverage for dependent children will end as of December 31 of the calendar year in which he/she turns 26

Change-in-status events

The elections you make during Open Enrollment will remain in effect until the next annual Open Enrollment period unless you, your spouse, or your dependent child(ren) experience a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document. Some examples of qualified change-in-status events are below:



Marriage or divorce



Birth, adoption, or death



Change in employment, or employment status for you, your spouse/domestic partner, or your dependent child



Change in coverage under another employer plan, such as a change made during your spouse's Open Enrollment



Are you a new employee?

You must enroll in your benefit plans within 30 days of your benefits eligibility date, or you will be required to wait until the next annual Open Enrollment period unless you experience a documented, qualified change-in-status event.

Documentation is required to make changes.

For documentation to be valid, it must be a copy of an official document and include the impacted member's name and the date of the event.

Some examples of documentation include the below

Event	Documentation Required
Marriage	Marriage certificate
Divorce	Divorce decree
Spouse starting or ending employment	Letter from spouse's employer
Spouse losing other coverage	Letter from spouse's employer
Birth or adoption of a child	Birth certificate or adoption certificate
Death of a spouse or child	Death certificate
Court order requiring you to cover a child	Court order

NOTIFY HUMAN RESOURCES WITHIN 30 DAYS OF THE QUALIFIED CHANGE-IN-STATUS EVENT

Worcester County Government strives to provide a comprehensive and competitive total rewards package that attracts, retains, and engages our workforce. Enhancing your quality of life is important, and our programs are designed to provide security and protection now and in the future.



BENEFITS AT-A-GLANCE

Benefit	Your Options	Cost Sharing
Medical Plan with Prescription Drug Coverage	PPO plan option through CareFirst BlueCross BlueShield ("CareFirst")	County and employee share premium costs
Dental	Dental PPO plans through CareFirst BlueCross BlueShield ("CareFirst")	Employee-paid
Vision	Full range of vision care services through VSP	Employee-paid
Flexible Spending Accounts (FSA)	- Health Care FSA: contribute pre-tax up to \$3,300* annually, with ability to carryover \$660* - Dependent Care FSA: contribute pre-tax up to \$5,000 annually *Maximums are subject to change for the 2026 plan year	Employee-paid
Basic Life and AD&D Insurance	2 times salary, up to a maximum benefit of \$50,000 - AD&D benefit equal to life insurance benefit	County-paid
Long-Term Disability Insurance	60% of regular wages in the event of a long-term disability	County-paid
Employee Assistance Program (EAP)	- Assistance Monday–Friday, 8 a.m.–5 p.m., with emotional, family, work, and health issues - Provides up to three free confidential counseling sessions per year	County-paid
Worcester County Deferred Compensation Plan 457	- Save pre-tax dollars for retirement, up to the maximum allowed by the IRS - Roth option available to contribute after-tax dollars, which grow tax-deferred - Dollar for dollar match up to \$1,000	Employee election County-paid

Benefit	Your Options	Cost Sharing
Voluntary Benefits	A variety of insurances through AFLAC, such as cancer, accident, short-term disability, excess life, etc.	Employee-paid
SECU Membership	Full bank services, featuring checking with interest, low loan rates, free online bill pay, over 55,000 Allpoint and surcharge-free ATMs nationwide, bonus rates on select CDs, and more!	Employee election



BI-WEEKLY BENEFIT RATES

Effective July 1, 2025–June 30, 2026

	MEDICAL		DENTAL		VISION
	Employees hired before 7/1/2015	Employees hired on or after 7/1/2015	1000 Plan	1500 Plan	
Employee Only	\$34.84	\$69.68	\$15.81	\$17.76	\$4.39
Employee + Child	\$70.06	\$140.11	\$27.78	\$31.51	\$6.24
Employee + Adult	\$95.83	\$191.66	\$32.07	\$36.46	\$6.24
Family	\$105.80	\$211.61	\$45.11	\$51.45	\$11.21

KEEPING YOU AND YOUR FAMILY IN GOOD HEALTH



Summary of Benefits and Coverage

Choosing health coverage is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important benefit information in a standard format, is available for review.

A paper copy is also available, free of charge, by contacting Human Resources.

Hearing Aids

Effective 7/1/2025, hearing aid coverage will now include adults. Both adults and children (up to age 18) will have a benefit of 1 hearing aid per hearing impaired ear every 3 years.

MEDICAL PLAN OVERVIEW

The health benefits available to you represent a significant component of your compensation package, and they provide important protection to keep you and your family in good health. Eligible employees have access to medical coverage through **CareFirst BlueCross BlueShield** (“CareFirst”).

Please keep in mind doctors that are not participating, out-of-network providers may not accept CareFirst’s reimbursement rate as payment in full and reserve the right to bill you for the balance (also known as “balance billing”).

Preventive Care Covered at 100%

Your medical plan offers a wide range of preventive services to help you and your family lead healthy, productive lives. These services include annual routine examinations, well-child care visits, immunizations, routine GYN visits, mammograms, PAP tests, prostate screenings, and other age and gender appropriate services as required by the Affordable Care Act. When seeing a participating, in-network provider, these preventive services are covered in full and are not subject to the deductible.



That makes getting your regular check-ups easy!

Included with the CareFirst medical plan is Noom

If you are looking to reach a healthier weight and reduce the risk of developing type 2 diabetes through gradual lifestyle changes that become lifelong habits, then Noom can help support your efforts:

- Noom weight management: Noom’s personalized, psychology based techniques will help you develop and maintain healthy eating patterns and physical activity habits. Gain confidence with practical knowledge to make lasting change—at a pace that’s comfortable for you.

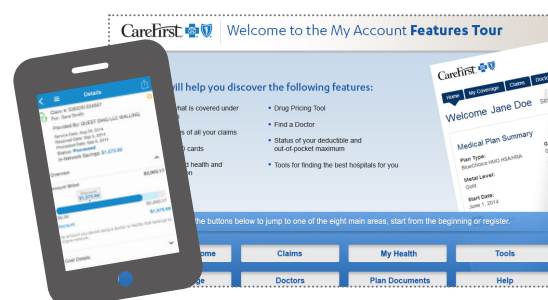
To join Noom, members need to meet clinical eligibility criteria through an online assessment.

- Noom diabetes prevention program (DPP): If you’re identified as “at-risk” for diabetes, Noom DPP can help lower the risk by providing access to tracking tools, peer support and group interaction, and coaches specially trained in diabetes.

Online access to your plan through My Account

For real-time information about your plan, log on to My Account at www.carefirst.com/myaccount. You can check your coverage, review your claims, search for a doctor, and more!

Also, don’t forget to download the free mobile app to manage your benefits on the go!



About the CareFirst Network

If you are receiving care inside the CareFirst service area

The CareFirst service area includes: Maryland, District of Columbia, cities of Alexandria and Fairfax, town of Vienna, Arlington County, and areas of Fairfax and Prince William Counties in Virginia lying east of Route 123.

1. Visit www.carefirst.com/doctor.
2. Click on "Continue as Guest." Hint: once enrolled in the medical plan, log in to My Account to search for providers based on your plan.
3. Select the type of care you are looking for (Medical, Pharmacy).
4. You have the option to search by doctor name, specialty, or facility.
5. At the upper right part of the screen be sure to enter your zip code and select the appropriate network name
 - For the BluePreferred PPO Plan, select "BluePreferred."

If you are receiving care outside the CareFirst service area

If your doctor is located outside of the CareFirst service area, or if you need to receive care when you are traveling or your dependent child is attending school out of the area, you will still be able to access in-network benefits by choosing a provider that participates in the **National BlueCard PPO** network.

1. Visit www.provider.bcbs.com.
2. Follow the steps and enter the information requested.

Know Before You Go

 Virtual Visits - CloseKnit (See page 13)	Live consultation 24/7 with a board-certified doctor. Virtual Visits can help with: • Fever • Sore throat • Pink eye • Coughs/congestion • Allergy season • Bronchitis • Rashes (poison ivy, etc.)
 Convenience Care Clinics	Fast, appointment-free health care for minor conditions. Convenience Care Clinics (i.e. clinic located within a retail store) can help with: • Fever • Sore throat (strep testing available) • Earaches • Sinus infection • Abrasions/scrapes • Vomiting • Rashes (poison ivy, etc.) • Bug bites
 Urgent Care Centers	For help with serious illnesses and injuries. Urgent Care Centers can help with: • Sprains • Strains • Minor broken bones (e.g., fingers) • Minor infections • Small cuts that may need a few stitches • Minor burns • X-rays
 Emergency Rooms (ER)	For when you have a life-threatening health event. Go to the ER for: • Heavy bleeding and large open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking • Major burns • Severe head or spinal injuries • Difficulty breathing • Major broken bones



What is Coinsurance?

The shared cost between the plan and the member for a covered service, calculated as a percentage of the allowed amount for the service.

Out-of-network coinsurance is the percentage you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan.

** No copays or coinsurance for in-network. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.*

MEDICAL PLAN HIGHLIGHTS

The features of your medical plan are highlighted in the chart below. Please refer to your plan description for full details.

Plan Features	In-Network	Out-of-Network
Referrals Required	No	No
Primary Care Physician Required	No	No
Annual Deductible (Per Plan Year) <i>Amount you must pay per plan year before the plan begins to pay for certain covered services</i>	None	\$250 individual \$500 family
Annual Out-of-Pocket Maximum (Per Plan Year) <i>Medical expenses only Maximum amount you could pay during the plan year for covered expenses</i>	\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family
Preventive Care Services		
Preventive Care Office Visits		
Well child care	No charge*	20% of allowed benefit
Adult physical, routine GYN	No charge*	Deductible, then 20% of allowed benefit
Cancer screening (breast, pap, prostate and colorectal)	No charge*	Plan pays 100% of allowed benefit
Office Visits, Labs, and Testing		
Office Visits for Illness	PCP: \$20 copay Specialist: \$30 copay	Deductible, then 20% of allowed benefit
X-rays (including ultrasounds)	\$20 copay	Deductible, then 20% of allowed benefit
Imaging (MRI, PET, CAT scans)	No charge*	Deductible, then 20% of allowed benefit
Lab Tests	No charge*	Deductible, then 20% of allowed benefit
Hearing Aid (Adult & Children)	1 hearing aid per hearing impaired ear every 3 years	N/A
Urgent Care/Emergency Care		
Urgent Care Center	\$20 copay	Deductible, then 20% of allowed benefit
Hospital Emergency Room <i>Limited to Emergency Services or unexpected, urgently required services; additional professional charges may apply. Copay waived if admitted within three days.</i>	\$100 copay per visit	Paid as in-network
Hospitalization		
Inpatient Hospitalization	No charge*	Deductible, then 20% of allowed benefit
Outpatient Surgery	No charge*	Deductible, then 20% of allowed benefit

Below is a summary of your Prescription Drug Coverage. For a detailed listing of the prescription drugs covered by our plan, visit: www.psaclient.com/Worcester_Formulary2_Tier5

Plan Features

Annual Out-of-Pocket Maximum (Per Plan Year)

Prescription expenses only

\$4,500 individual/\$9,000 family

Retail 34-day supply

All Pharmacies

Preventative Drugs	\$0 copay
Generic Drugs	\$10 copay
Preferred Brand Drugs	\$30 copay
Non-Preferred Brand Drugs	\$60 copay
Specialty Preferred Brand Drugs	\$30 copay
Specialty Non-Preferred Brand Drugs	\$60 copay

Maintenance 90-day supply*

CVS Mail Order

Retail Pharmacy

Generic Drugs	\$10 copay	\$20 copay
Preferred Brand Drugs	\$30 copay	\$60 copay
Non-Preferred Brand Drugs	\$60 copay	\$120 copay
Specialty Preferred Brand Drugs	\$30 copay	\$60 copay
Specialty Non-Preferred Brand Drugs	\$60 copay	\$120 copay

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

**You can receive a 90-day supply of your maintenance medications from ANY pharmacy (Walgreens excluded) and pay TWO copays. CareFirst plan members—to receive a 90-day supply of your maintenance medications, you can visit a CVS Retail Pharmacy or utilize CVS Mail Order and pay only ONE copay (see chart below).*

Did you know?

With the Rx Choice network, you can purchase your prescription medications from more than 50,000 in-network pharmacies. To check to see if your pharmacy is in network, go to www.carefirst.com/myaccount and log in. Go to "Find a Pharmacy" and select "Drug and Pharmacy Resources" under quick links.

Please note: If you choose to use an out-of-network pharmacy (i.e. Walgreens), there is no coverage on your prescriptions.



Preventive Drugs

A preventive drug (not subject to any copay and deductible) is a medication or item on CareFirst's Preventive Drug List that is prescribed under certain medical criteria by a provider under a written prescription for aspirin, folic acid, fluoride, iron supplements, smoking cessation products, and FDA-approved contraceptives for women. For the most recent listing of Preferred Preventive Drugs covered by the plan, visit www.psaclient.com/Worcester_RX.

Generic Step Therapy helps ensure you have access to medications that are effective, safe, and cost you less.

Generic Step Therapy requires you to use clinically-proven generic medications prior to trying a riskier or more costly medication. Generic drugs are shown to be just as effective as brand name drugs with one big difference—they cost less.





PrudentRx (Available to those taking Specialty Medications)

The County has partnered with **PrudentRx** to implement a program that will reduce your out-of-pocket cost to \$0 on select specialty medications. Action may be required on your part to take advantage of this new and innovative program. PrudentRx is integrated with CVS Specialty Pharmacy Operations as a third party to ensure a seamless, premium member experience. PrudentRx will work with you and the drug manufacturer to get copay card assistance when available and will assist you when copay cards need renewal. Even if your specialty medication has no copay card, your out-of-pocket cost will be \$0 as long as you are enrolled in the PrudentRx program.

How Do I Enroll in the PrudentRx Program if I am on Specialty Medications?

If you enroll in the medical plan and are taking a specialty medication, you will be notified (either mail or phone) by PrudentRx if your medication qualifies under the program. You must verbally consent to participate in the program in order to take advantage of the reduced out-of-pocket costs. However, it is extremely important to call the PrudentRx member advocates to ensure you are properly registered.

PrudentRx member advocates can be reached at **1-800-578-4403** Monday through Friday 8 a.m. to 8 p.m. EST.

What Happens If I Fail to Contact the PrudentRx Member Advocate Team?

If you do not contact the PrudentRx member advocate team, they will reach out to you via telephone. If you do not answer or return the call, and you enroll in any copay card assistance program as required by manufacturer, you will be responsible for 30% of the cost of your specialty medications.

Rx Cost Saver

Get lower prices for non-specialty generic drugs

How does Rx Cost Saver work?

Rx Cost Saver offers access to lower pricing, when available, on non specialty generic drugs that also have discounted pricing available through the GoodRx prescription program. Rx Cost Saver works automatically. All you have to do is present your CareFirst member ID to the pharmacist—that's it. Here's an example:

- You or your doctor submits a prescription to the pharmacy.
- The pharmacist submits the claim, and we compare prices behind the scenes.
- Let's say your covered benefit price for the prescription is a \$20 copay and the discount pricing from GoodRx® is a \$16 copay. You'll pay the lower price of \$16.
- We will also apply your payment to your deductible (if applicable) and out-of-pocket maximum. It's that easy.

How does Rx Cost Saver work?

- **Lowest available prices**—Provides you with the lowest available prices for many commonly prescribed, non-specialty generic drugs.
- **Integrated with your benefits**—Automatically applies 100% of your cost to your deductible (if you have one) and out-of-pocket maximum.
- **Seamless experience**—Delivers a seamless experience at pharmacies—so you don't have to shop around for the lowest price.
- **Prescription history**—Includes the prescription information in your CareFirst member record—allowing us to review all your medications and coordinate any clinical support you might need.

24/7 Medical Advice

Free 24-hour Nurse Advice Line: when your doctor is not available, call First Help Nurse Advice Line to speak with a registered nurse about your health questions and treatment options. Simply call **1-800-535-9700**—any time, day or night.

CloseKnit Virtual Care

CloseKnit is a virtual-first primary care practice. That means that most illnesses are treated over video or phone without going into a doctor's office. Visits can be done online anytime, anywhere, 24/7/365—from primary and urgent care to therapy and more through your desktop or by phone using the convenient CloseKnit mobile app.

Primary Care services include:

- Well care, preventive, and sick visits
- Mental health counseling
- 24/7 chat with your dedicated Care Team
- Health Guides who can answer health, benefits, and billing questions
- Available to all members age 18+

Urgent Care services include:

- Same-day care with an average wait time of 30 minutes or less
- Visits for common conditions such as cold/flu symptoms and minor injuries
- Pediatric urgent care for dependents ages 2-17
- 24/7 access anywhere in the U.S.
- Available to all members age 2+

CloseKnit also offers:

- Behavioral Health Services
- Lactation Support and Diet & Nutrition Counseling

Learn more and register at closeknithealth.com. After registering, you can begin a virtual visit online or by downloading the CloseKnit app.



Getting the most from your CareFirst medical plan at www.carefirst.com

Find a doctor

Quickly search for the type of doctor you need in your area.

Check claims and benefits

Manage many aspects of your CareFirst plan, online, day or night.

Wellness discounts

Blue365 is an exciting program that offers exclusive health and wellness deals that will keep you healthy and happy, every day of the year. Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options, and much more. Visit www.carefirst.com/wellnessdiscounts to learn more.

Read up about your health

Access health calculators, tracking tools, podcast videos on specific health topics, nutrition and recipe libraries, and the latest news on the My CareFirst website, or download the latest issue of CareFirst's Vitality magazine to learn more about your plan and staying healthy.

Health and Wellness Resources

<http://carefirst.staywellsolutionsonline.com>

Take an active role in managing your health by visiting CareFirst's Health and Wellness Information website. The online wellness library has information on a variety of health topics, interactive tools, healthy recipes, and much more.

DENTAL PLAN HIGHLIGHTS

There are two options to choose from for dental coverage, offered through **CareFirst BlueCross BlueShield**. You will incur the lowest out-of-pocket costs by choosing an in-network dentist. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you.

The features of your dental plans are highlighted in the table below. Please refer to your plan descriptions for full details.

Plan Features	Preferred Dental Plan 1000 In and Out-of-Network	Preferred Dental Plan 1500 In and Out-of-Network
Annual Deductible	\$50 individual / \$150 family <i>There is a separate deductible for in and out-of-network services.</i>	\$50 individual / \$150 family <i>There is a separate deductible for in and out-of-network services.</i>
Annual Benefit Maximum	Plan pays \$1,000 per person per year	Plan pays \$1,500 per person per year
Preventive & Diagnostic Oral exams, cleanings, x-rays, child fluoride treatment, sealants	No charge from participating dentist Deductible does not apply	No charge from participating dentist Deductible does not apply
Basic and Major Services—Surgical Fillings, simple extractions, root canals, periodontal scaling and root planing, oral surgery	20% of allowed benefit after deductible	20% of allowed benefit after deductible
Major Services—Restorative Crowns, dentures, inlays/onlays, implants, night guards	50% of allowed benefit after deductible	50% of allowed benefit after deductible
Orthodontia For children up to age 19 only	\$1,000 lifetime maximum 50% of allowed benefit Deductible does not apply	\$1,500 lifetime maximum 50% of allowed benefit Deductible does not apply

CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

This table is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations or exclusions may apply.

Night guards are covered under the dental plan as a Major Restorative Service

LOCATING A DENTIST

To locate a preferred dentist, visit www.carefirst.com/doctor and continue as a guest or login. Select "Preferred Dental (PPO & Pediatrics)" from the Network drop-down menu, and choose Dental from "Browse by Category."



Prevention first!

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits. The dental plan allows you to get 2 oral exams and 2 cleanings per year. Preventive and diagnostic services are covered at 100% of the allowed benefit, and are not subject to the deductible!

VISION PLAN HIGHLIGHTS

Your vision coverage provides a full range of vision care services provided through **VSP**. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to VSP for reimbursement.

The vision plan will only pay for one eye exam and standard lenses or contacts every 12 months. For example, if you need to get an eye exam or new glasses/contacts, you will need to wait 12 months and one day from your original date of service before the plan will pay for another visit.

Plan Features	In-Network	Out-of-Network Reimbursement
Eye Exam <i>Once every 12 months</i>	\$20 copay	Up to \$52
Frames <i>Once every 24 months</i>	\$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% off amount over your allowance	Up to \$70
Standard Lenses <i>Once every 12 months</i>		
Single Vision	\$20 copay	Up to \$55
Lined Bifocal	\$20 copay	Up to \$75
Lined Trifocal	\$20 copay	Up to \$100
Progressive	\$0 copay	Up to \$95
Contact Lenses <i>Once every 12 months in lieu of glasses</i>	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation): up to \$60	Up to \$105

This table is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations or exclusions may apply.

Extra Savings and Discounts

Glasses and Sunglasses

- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision exam or get 20% off from any VSP doctor within 12 months of your last WellVision exam

Retinal Screening

- Guaranteed pricing on retinal screening as an enhancement to your WellVision exam

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

TruHearing

- Save up to 60% on brand-name hearing aids
- Learn more about this VSP exclusive member extra at truhearing.com/vsp or at 1-877-396-7194 with questions



Did you know your eyes can tell an eye care provider a lot about you?

In addition to discovering eye disease, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

Are cosmetic lenses covered by the vision plan?

Cosmetic lenses are not covered by the vision plan. If you are receiving cataract surgery, the specialty lens may be an additional expense as it is considered cosmetic.

LOCATING A VISION PROVIDER

To locate a participating vision provider visit www.vsp.com. Create an account, find an eye doctor who's right for you. At your appointment, tell them you have VSP, there will be no vision card provided. There are no claim forms to complete when you see an in-network VSP provider. Your coverage with out-of-network providers will be less, or you'll receive a lower level of benefits.

Check out all of the participating brands at www.eyeconic.com, VSP's preferred online eye wear store.



Estimate your expenses carefully

When you choose how much to contribute to an FSA, be sure to estimate your expenses carefully.

The Health Care FSA has a **\$660** carryover feature, which allows any amount of **\$660** or less remaining in your account at the end of the plan year to roll over into the new plan year. Roll over funds are available after March 31 each year. Any remaining funds over **\$660** in a Health Care FSA will be forfeited at the end of the plan year.

The carryover feature does not apply to the Dependent Care FSA therefore any remaining funds at the end of the plan year will be forfeited.

For both the Health Care and Dependent Care FSA, you will have 90 days after the end of the plan year to submit claims incurred during that plan year.

You may now use your Health Care FSA to pay for over-the-counter (OTC) medications at a pharmacy, supermarket, or other retail store without a prescription. Insulin, prescription medicines, and some OTC supplies—such as bandages, crutches, blood sugar test kits, contact lens solution, and menstrual products—are also eligible for reimbursement. Visit www.fsastore.com to shop eligible supplies.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) help you save money by allowing you to pay for health care and/or dependent care expenses tax-free.

There are two types of FSAs: Health Care FSAs and Dependent Care FSAs. Both are optional benefits, and you may elect to open one or both. The plan year runs 1/1-12/31.

The amount that you elect to contribute is deducted from your paycheck in equal installments throughout the year, before federal, state, local, and Social Security taxes are withheld. This money is put into an account. When you incur eligible expenses, you simply use your FSA debit card or submit a claim for reimbursement.

Health Care FSA

Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to **\$3,300*** annually, which is deducted out of your pay pre-tax throughout the year.

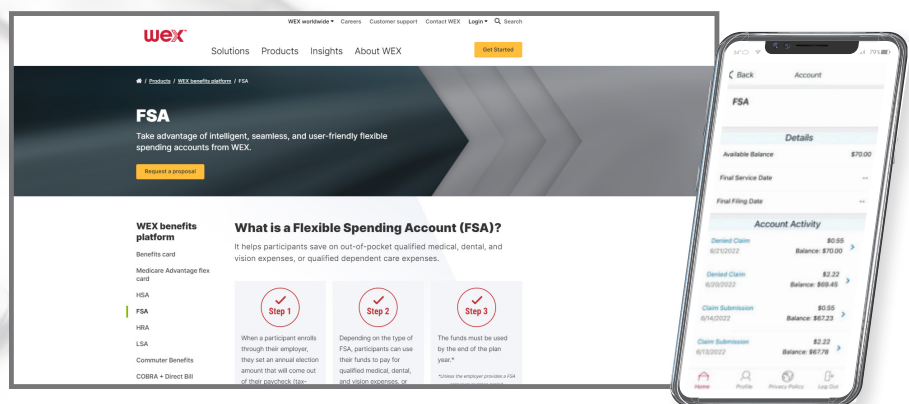
Your annual contribution amount is deposited into your account and is available to you at the beginning of the plan year. As you incur expenses, you can simply use your debit card to pay for your expenses or submit a claim to be reimbursed.

Funds can be used to pay for qualified health expenses including medical, dental, and vision expenses (such as deductibles and copays, glasses, contact lenses, orthodontia, and prescription drugs), including over-the-counter drugs and supplies with a prescription.

It is not necessary to enroll specific family members for participation in your Health Care FSA. You can use the FSA for expenses for yourself, your spouse, and your dependent children—even if they are not covered by your medical, dental, or vision plan!

*Maximums are subject to change for the 2026 plan year.

Access your account online at www.wexinc.com or call 1-866-451-3399.



Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to **\$5,000** annually in pre-tax dollars, or \$2,500 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work or attend school full-time. Eligible expenses include the below:

- care for your dependent child who is under the age of 13 whom you can claim as a dependent for tax purposes
- care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- care for your spouse who is physically or mentally incapable of caring for him/herself

The dependent care FSA includes programs such as those below:

- After school care
- Summer day camp
- Daycare center
- Individual daycare provided by a licensed caregiver
- Elder care expenses

When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

Pre-Tax Savings Example

	Without FSA	vs	With FSA
Gross Pay	\$50,000		\$50,000
Health Care FSA Contribution	\$0		- \$5,000
Taxable Income	\$50,000		\$45,000
Taxes	- \$12,500		- \$11,250
Take Home Pay after Taxes	\$37,500		\$33,750
Health Care Expenses	- \$5,000		\$5,000
Available Income	\$32,500		\$28,750
Tax-Free Reimbursement from FSA	\$0		\$5,000
Net Income	\$32,500		\$33,750

That's a potential savings of \$1,250 for the year!

Taxes are based on the participant having a combined federal, state, and social security tax rate of 25%. Example is for illustrative purposes only, actual dollar amounts and savings may vary.

A Dependent Care FSA is a great way to pay dependent care expenses and lower your taxable income.

Dependent Care FSAs and Health Care FSAs are separate accounts. You can enroll in the Dependent Care FSA even if you do not enroll in the Health Care FSA.

Don't forget!

Under the IRS use-it-or-lose-it rule, you will forfeit any money left in your Dependent Care FSA at the end of the plan year. You will be given 90 days after the end of the plan year to submit claims (by 3/31/2026).



In order to participate in the Health Care FSA or the Dependent Care FSA, you must enroll each plan year.



LIFE INSURANCE

Basic Life and AD&D Insurance—County-Paid

The County provides life insurance to regular full-time employees. Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident. Basic life and AD&D insurance is provided—at **no cost to you** through **Guardian**.

The County provides you with basic life insurance in the amount of two times your annual salary, up to a maximum benefit of \$50,000. If you die as a result of an accident, your beneficiary will receive an additional AD&D benefit equal to your life insurance benefit. For other covered losses, the amount of the benefit is a percentage of the AD&D insurance coverage amount. Evidence of good health is not required. Benefits begin to reduce at age 65. Retirees do not take this benefit into retirement; this benefit ends on your last day as an active employee.

County Death Benefit—County-Paid

Upon the death of an active regular full-time employee, all compensation due plus an additional 2 weeks of pay shall be paid to the beneficiary(ies) you designate. Retirees do not take this benefit into retirement; this benefit ends on your last day as an active employee.

Maryland State Retirement

Death benefits may be payable if you die while you are actively employed as a member and prior to retirement. Generally, the death benefit is a single one-time payment to your designated beneficiary(ies) consisting of your member contributions and interest. If you meet certain eligibility requirements, the single one-time payment may also include an amount equal to your annual earnable compensation. Other conditions may apply based on your retirement system. Call 800-492-5909 or go to sra.maryland.gov for more information.

Don't forget to designate a beneficiary!



Choosing who will receive your life and AD&D insurance and other death benefits is an important decision. Designating your primary beneficiary allows you to determine who these benefits will go to. A good practice is to also designate a contingent beneficiary. In the event your primary beneficiary predeceased you or is not able to accept the benefits, a contingent beneficiary is a secondary election you designate next in line to receive your benefits. If your beneficiary information is not up to date, your assets could go into probate court or other legal means to distribute. You work hard to save and do the right thing for yourself and your loved ones. Make sure you take the extra step – designate your beneficiaries and keep them current on all your financial accounts.

How much life insurance do you really need?

How much coverage you need depends mostly on where you are in life and how many people rely on your income. In general, the younger you are, the more coverage you'll need to compensate for the years of potential wage-earning ahead of you. The more people that depend on you, the more coverage you may want for income replacement if you die. However, you don't have to factor in taxes: almost all life insurance benefits are paid out as an income tax-free lump sum.

Who is life insurance for?

If you have loved ones who depend on you for support — financial or otherwise — buying life insurance is one of the best ways to help ensure they're provided for. Life insurance can also help people in other situations, like high net-worth individuals looking to transfer assets more easily without incurring added estate taxes.

What does life insurance cover?

It's insurance that provides a death benefit if the policyholder passes away while the policy is in effect. Life insurance benefits are almost always paid out as an income tax-free lump sum and can be quite significant — enough to replace several years of lost income.

Why should I consider life insurance?

Even if you don't have dependents, life insurance is an important part of your financial wellness. Life insurance can do more than provide income replacement for your dependents — it can be used to help build tax-advantaged family assets, help assure the continuity of your business if you pass away, or even pay for final expenses.

DISABILITY INSURANCE

Long-Term Disability Insurance

The County provides long-term disability insurance coverage to protect your income in case you are unable to work due to long-term illness or injury.

Long-term disability insurance coverage is provided—at **no cost to you** through **Guardian**.

- Benefit is 60% of salary, up to a maximum benefit of \$5,000 per month. Benefits begin after you have been disabled for 180 days.

Pre-existing condition limitations may apply

A pre-existing condition is a sickness or an injury for which you received medical treatment, advice or consultation, care or services including diagnostic measures, or took prescribed drugs or medications prior to your effective date of coverage. If you suffer from a disability caused by, contributed to, or resulting from a pre-existing condition, your disability may not be covered.

457(b) Deferred Compensation Plan

Because your state retirement plan may not be enough to replace your pre-retirement income—even if you qualify for Social Security—a tax-deferred 457(b) retirement savings account can help fill that gap.

The program allows you to save for retirement by deferring a portion of your income now and paying taxes on it at withdrawal.

Employees can elect to defer up to 100% of income (up to the IRS maximum) each year. Participants age 50 and older are also eligible to defer an additional amount. A special catch-up provision for the final three years before retirement may also allow for deferrals higher than the regular deferral rate.

Employee deferrals are always 100% vested, and the plan allows loans if certain conditions are met.

Roth Option

Roth contributions are available in 457(b) plans. A roth contribution is an after-tax contribution to the plan, which grows tax-deferred and upon distribution, if certain requirements are met, may be totally tax-free. This is different from a traditional pre-tax contribution, which grows tax-deferred until withdrawal, and then is subject to ordinary income tax.

The County will match dollar for dollar, up to \$1,000 for employee contributions to the 457(b) Deferred Compensation Plan and Roth Option. This match is given once per year to active employees. You must be actively working on the day the match is given. Retirees are not eligible.

ADDITIONAL BENEFITS

AFLAC

You have the option to purchase a variety of insurances that best suit your needs, such as cancer, accident, short-term disability, and life insurance. For more information or to enroll, please contact Human Resources.

SECU Membership

All employees are eligible to join the State Employees Credit Union (SECU). Once you become a SECU member, you're always a member. Your family and household members are eligible to join too! There are many benefits to banking with SECU, including the below:

- Relationship rewards: The more you bank with SECU, the more you'll be rewarded with special offers and discounted services, such as free online bill pay, over 55,000 Allpoint and CO-OP surcharge-free ATMs nationwide, bonus rates on select CDs, and more!
- Checking with interest: interest bearing checking accounts: Premier, Choice, Students' Choice, or Standard options available.
- Low loan rates: for great rates and excellent service on auto loans, Visa credit cards, home equity, mortgage, or personal loans, turn to SECU.
- Special deals: SECU members enjoy many additional benefits including discounts and incentives from various service partners. Visit www.secumd.org or call 1-800-879-7328 for more information.

Maryland State Retirement and Pension System

The Maryland State Retirement and Pension System has a long history of providing retirement benefits to law enforcement officers, employees and teachers of Maryland state and municipal employers.

You will contribute a percentage of your annual compensation to the Pension System. The Pension System provides survivor, disability, and service retirement benefits. Employees hired after November 1, 2007 will need 10 years of service in order to be vested with Maryland State Retirement. More information on your benefits is available online at sra.maryland.gov.

Visit the State Retirement Agency online at sra.maryland.gov for newsletters, member handbooks, retirement benefit estimators, printable forms, and updates on the System's financial performance. You will need to register for mySRPS, to get access to your online account, by going to mySRPSusers.sra.maryland.gov/home. To speak with a retirement benefits specialist, call 410-625-5555 or toll-free at 1-800-492-5909.

REQUIRED FEDERAL NOTICE

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from the insurance carriers for medical and vision insurance. A copy of the Notice of Privacy Practices for dental coverage and the Health Care Flexible Spending Account is available from Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

The Pregnant Workers Fairness Act

The Pregnant Workers Fairness Act is a US federal law that makes reasonable accommodations more accessible to pregnant and postpartum workers. The act requires that any public or private sector employer provide reasonable workplace accommodations to workers with known limitations related to pregnancy, childbirth, or related medical conditions.

The PWFA is intended to fill the gaps between Title VII (as amended by PDA), the ADA and the FMLA. It assists in assuring that pregnant people are treated equally in the workplace when they may need accommodations due to their pregnancy or related condition.

As of June 18, 2024, employees can seek reasonable accommodations for limitations and pregnancy, childbirth, or related medical conditions that include, without limitation, the following examples:

- Current, past, and potential pregnancy
- Lactation (including breastfeeding and pumping)
- Use of contraception
- Menstruation
- Infertility and fertility treatments, endometriosis
- Miscarriage, stillbirth, or having or choosing not to have an abortion
- Existing conditions exacerbated by pregnancy

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

If you and your covered dependents are not currently covered by Medicare and will not become covered by Medicare within the next 12 months, this Notice is for informational purposes only.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Worcester County Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. Worcester County Government has determined that the prescription drug coverage offered by Worcester County Government is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with Worcester County Government will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Worcester County Government, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Worcester County Government and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed on this notice for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Worcester County Government changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	July 1, 2025
Sender:	Worcester County Government
Contact - Position/ Office:	Stacey Norton Human Resources Department Worcester County Government Center
Address:	1 W. Market Street, Rm. 1301 Snow Hill, MD 21863-1213
Phone:	410-632-0090, ext. 1401

Remember: Keep this notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



Worcester County Human Resources

Government Center
One West Market Street, Room 1301
Snow Hill, Maryland 21863

Phone: (410) 632-0090

Fax: (410) 632-5614

This guide provides a summary of the benefits available. Worcester County Government's reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. Should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. Benefits are not a guarantee of employment.