

2025



Retiree Benefit Rate Schedules

EFFECTIVE JANUARY 1, 2025

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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2025

Retiree Benefit Rate Schedules

Effective January 1, 2025

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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, 2025

Completed Neither Health Risk Assessment nor Biometric Health Screening

	Medical			Prescription		Dental/ Vision				
	Cigna Indemnity	Cigna OAP	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	1,008.51	923.98	640.41	678.13	439.59	232.34	86.11	36.82	21.55	0.88
2-PARTY	2,017.05	1,847.98	1,203.69	1,353.34	879.16	464.63	171.85	73.67	43.12	1.61
FAMILY	2,744.27	2,514.15	1,971.99	1,961.02	1,098.97	580.82	249.01	108.33	63.28	2.05

Non-Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2025

	Medical				Prescription			Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	1,028.68	942.46	653.22	691.69	448.38	236.99	87.83	37.56	21.98	0.90
2-PARTY	2,057.39	1,884.94	1,227.76	1,380.41	896.74	473.92	175.29	75.14	43.98	1.64
FAMILY	2,799.16	2,564.43	2,011.43	2,000.24	1,120.95	592.44	253.99	110.50	64.55	2.09

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2025
Completed Neither Health Risk Assessment nor Biometric Health Screening

Retiree Cost Sharing = 60% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/Vision		
	Cigna Indemnity	Cigna OAP	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	605.11	554.39	384.25	263.75	139.40	67.07	22.09	12.93	0.53
2-PARTY	1,210.23	1,108.79	722.22	527.49	278.77	133.86	44.20	25.87	0.97
FAMILY	1,646.56	1,508.49	1,183.20	659.38	348.48	193.97	65.00	37.97	1.23

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Retiree Cost Sharing = 50% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/Vision		
	Cigna Indemnity	Cigna OAP	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	504.26	461.99	320.21	219.80	116.17	55.90	18.41	10.78	0.44
2-PARTY	1,008.53	923.99	601.85	439.59	232.32	111.56	36.84	21.57	0.81
FAMILY	1,372.14	1,257.08	986.00	549.50	290.42	161.65	54.17	31.65	1.03

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Retiree Cost Sharing = 36% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/Vision		
	Cigna Indemnity	Cigna OAP	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	363.06	332.63	230.55	158.25	83.64	40.24	13.26	7.76	0.32
2-PARTY	726.13	665.27	433.33	316.50	167.26	80.31	26.53	15.53	0.58
FAMILY	987.93	905.09	709.92	395.63	209.09	116.37	39.01	22.79	0.74

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2025
Completed Both Health Risk Assessment and Biometric Health Screening

Retiree Cost Sharing = 58% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/Vision		
	Cigna Indemnity	Cigna OAP	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	584.94	535.91	371.44	254.96	134.76	64.84	21.36	12.50	0.51
2-PARTY	1,169.89	1,071.83	784.94	509.91	269.49	129.40	42.73	25.01	0.93
FAMILY	1,591.68	1,458.21	1,143.75	637.40	336.88	187.50	62.83	36.70	1.19

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Retiree Cost Sharing = 48% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/Vision		
	Cigna Indemnity	Cigna OAP	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	484.08	443.51	307.40	211.00	111.52	53.66	17.67	10.34	0.42
2-PARTY	968.18	887.03	649.60	421.99	223.02	107.09	35.36	20.69	0.77
FAMILY	1,317.25	1,206.79	946.55	527.50	278.79	155.18	52.00	30.37	0.98

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Retiree Cost Sharing = 34% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/Vision		
	Cigna Indemnity	Cigna OAP	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	342.89	314.15	217.74	149.46	79.00	38.01	12.52	7.33	0.30
2-PARTY	685.79	628.31	409.26	298.91	157.98	75.86	25.05	14.66	0.55
FAMILY	933.04	854.81	670.48	373.65	197.48	109.92	36.83	21.51	0.70

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2025
Completed Either Health Risk Assessment or Biometric Health Screening

Retiree Cost Sharing = 59% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/Vision		
	Cigna Indemnity	Cigna OAP	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	595.02	545.15	400.10	259.36	137.08	65.96	21.72	12.71	0.52
2-PARTY	1,190.06	1,090.31	798.47	518.71	274.13	131.63	43.46	25.44	0.95
FAMILY	1,619.12	1,483.35	1,163.48	648.40	342.68	190.74	63.91	37.33	1.21

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Retiree Cost Sharing = 49% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/Vision		
	Cigna Indemnity	Cigna OAP	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	494.17	452.75	332.28	215.40	113.85	54.78	18.04	10.56	0.43
2-PARTY	988.35	905.51	663.13	430.79	227.67	109.32	36.10	21.13	0.79
FAMILY	1,344.69	1,231.93	960.89	538.50	284.60	158.41	53.08	31.01	1.01

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Retiree Cost Sharing = 35% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/Vision		
	Cigna Indemnity	Cigna OAP	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	352.98	323.39	237.35	153.86	81.32	39.13	12.89	7.54	0.31
2-PARTY	705.97	646.79	473.67	307.71	162.62	78.09	25.79	15.09	0.57
FAMILY	960.50	879.95	686.36	384.64	203.29	113.15	37.92	22.15	0.72

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

Monthly Rates for
Medicare-Eligible Retirees
and their
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, 2025

	Medical			Prescription			Dental/Vision			
	Cigna Medicare Supp	Cigna OAP	Cigna OAPIN	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	303.98	N/A	351.36	334.22	439.59	232.34	included in medical	36.82	21.55	0.88
2- PARTY Medicare	607.96	N/A	702.72	668.44	879.16	464.63		73.67	43.12	1.61
FAMILY Medicare	911.94	N/A	1,054.08	1,002.66	1,098.97	580.82		108.33	63.28	2.05

Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2025

	Medical			Prescription			Dental/Vision			
	Cigna Medicare Supp	Cigna OAP	Cigna OAPIN	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	310.06	N/A	358.39	340.90	448.38	236.99	included in medical	37.56	21.98	0.90
2- PARTY Medicare	620.12	N/A	716.77	681.81	896.74	473.92		75.14	43.98	1.64
FAMILY Medicare	930.18	N/A	1,075.16	1,022.71	1,120.95	592.44		110.50	64.55	2.09

**Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2025**

Retiree Cost Sharing = 60% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision		
	Cigna Medicare Supp	Cigna OAP	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	182.39	N/A	200.53	263.75	139.40	included in medical	22.09	12.93	0.53
2-PARTY Medicare	364.78	N/A	401.06	527.49	278.77		44.20	25.87	0.97
FAMILY Medicare	547.17	N/A	601.59	659.38	348.48		65.00	37.97	1.23

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.11

Retiree Cost Sharing = 50% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision		
	Cigna Medicare Supp	Cigna OAP	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL	151.99	N/A	167.11	219.80	116.17	included in medical	18.41	10.78	0.44
2-PARTY	303.98	N/A	334.22	439.59	232.32		36.84	21.57	0.81
FAMILY	455.97	N/A	501.33	549.50	290.42		54.17	31.65	1.03

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.92

Retiree Cost Sharing = 36% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision		
	Cigna Medicare Supp	Cigna OAP	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL	109.43	N/A	120.32	158.25	83.64	included in medical	13.26	7.76	0.32
2-PARTY	218.86	N/A	240.64	316.50	167.26		26.53	15.53	0.58
FAMILY	328.29	N/A	360.96	395.63	209.09		39.01	22.79	0.74

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.66

Monthly Rates for

Medicare-Eligible Retirees and their
Non-Medicare-Eligible Spouses/Dependents

and

Non-Medicare-Eligible Retirees and their
Medicare-Eligible Spouses/Dependents

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
Retiree Cost = 100%
Effective January 1, 2025
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, Dependent Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent 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
Medical										
Cigna Indemnity/Medicare Supp	1,312.49	1,312.49	1,312.49	1,616.47	1,616.47	1,616.47	1,616.47	2,321.03	2,321.03	2,321.03
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	991.77	991.77	991.77	1,343.13	1,343.13	1,343.13	1,343.13	1,555.05	1,555.05	1,555.05
Kaiser Permanente HMO	1,012.35	1,012.35	1,012.35	1,346.57	1,346.57	1,346.57	1,346.57	1,687.56	1,687.56	1,687.56

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	879.16	879.16	879.16	1,098.97	1,098.97	1,098.97	1,098.97	1,098.97	1,098.97	1,098.97
Caremark/SilverScript Option B	464.63	464.63	464.63	580.82	580.82	580.82	580.82	580.82	580.82	580.82
Kaiser Permanente Prescription	111.79	111.79	111.79	111.79	111.79	111.79	111.79	223.10	223.10	223.10
CareFirst Dental PPO	73.67	73.67	73.67	108.33	108.33	108.33	108.33	108.33	108.33	108.33
Aetna Dental DMO	43.12	43.12	43.12	63.28	63.28	63.28	63.28	63.28	63.28	63.28
Davis Vision	1.61	1.61	1.61	2.05	2.05	2.05	2.05	2.05	2.05	2.05

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2025

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse 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
Medical									
Cigna Indemnity/Medicare Supp	1,338.74	1,338.74	1,338.74	1,648.80	1,648.80	1,648.80	1,648.80	2,367.45	2,367.45
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	1,011.61	1,011.61	1,011.61	1,369.99	1,369.99	1,369.99	1,586.15	1,586.15	1,586.15
Kaiser Permanente HMO	1,032.60	1,032.60	1,032.60	1,373.50	1,373.50	1,373.50	1,721.31	1,721.31	1,721.31

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	896.74	896.74	896.74	1,120.95	1,120.95	1,120.95	1,120.95	1,120.95	1,120.95
Caremark/SilverScript Option B	473.92	473.92	473.92	592.44	592.44	592.44	592.44	592.44	592.44
Kaiser Permanente Prescription	114.03	114.03	114.03	114.03	114.03	114.03	227.56	227.56	227.56
CareFirst Dental PPO	75.14	75.14	75.14	110.50	110.50	110.50	110.50	110.50	110.50
Aetna Dental DMO	43.98	43.98	43.98	64.55	64.55	64.55	64.55	64.55	64.55
Davis Vision	1.64	1.64	1.64	2.09	2.09	2.09	2.09	2.09	2.09

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, 2025

Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Medicare Non-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
Medical									
Cigna Indemnity/Medicare Supp	787.50	787.50	787.50	969.89	969.89	969.89	1,392.62	1,392.62	1,392.62
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	595.07	595.07	595.07	805.89	805.89	805.89	933.04	933.04	933.04
Kaiser Permanente HMO	607.41	607.41	607.41	807.94	807.94	807.94	1,012.54	1,012.54	1,012.54

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	527.49	527.49	527.49	659.38	659.38	659.38	659.38	659.38	659.38
Caremark/SilverScript Option B	278.77	278.77	278.77	348.48	348.48	348.48	348.48	348.48	348.48
Kaiser Permanente Prescription	67.07	67.07	67.07	67.07	67.07	67.07	133.86	133.86	133.86
CareFirst Dental PPO	44.20	44.20	44.20	65.00	65.00	65.00	65.00	65.00	65.00
Aetna Dental DMO	25.87	25.87	25.87	37.97	37.97	37.97	37.97	37.97	37.97
Davis Vision	0.97	0.97	0.97	1.23	1.23	1.23	1.23	1.23	1.23

*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	1.11

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, 2025

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Medicare Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	787.50	767.33	787.50	969.89	969.89	969.89	1,392.62	1,392.62	1,392.62	1,352.28
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	595.07	582.26	595.07	805.89	805.89	805.89	933.04	933.04	933.04	908.96
Kaiser Permanente HMO	607.41	593.85	607.41	807.94	807.94	807.94	1,012.54	1,012.54	1,012.54	985.47

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	527.49	518.70	527.49	659.38	659.38	659.38	659.38	659.38	659.38	641.80
Caremark/SilverScript Option B	278.77	274.13	278.77	348.48	348.48	348.48	348.48	348.48	348.48	339.20
Kaiser Permanente Prescription	67.07	64.84	67.07	67.07	67.07	67.07	133.86	133.86	133.86	129.40
CareFirst Dental PPO	44.20	43.47	44.20	65.00	65.00	65.00	65.00	65.00	65.00	63.53
Aetna Dental DMO	25.87	25.44	25.87	37.97	37.97	37.97	37.97	37.97	37.97	37.11
Davis Vision	0.97	0.95	0.97	1.23	1.23	1.23	1.23	1.23	1.23	1.19

*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	1.11

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, 2025

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare 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
Medical									
Cigna Indemnity/Medicare Supp	787.50	777.41	787.50	969.89	969.89	969.89	1,392.62	1,392.62	1,372.45
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	595.07	588.66	595.07	805.89	805.89	805.89	933.04	933.04	921.00
Kaiser Permanente HMO	607.41	600.63	607.41	807.94	807.94	807.94	1,012.54	1,012.54	999.00

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	527.49	523.10	527.49	659.38	659.38	659.38	659.38	659.38	650.60
Caremark/SilverScript Option B	278.77	276.45	278.77	348.48	348.48	348.48	348.48	348.48	343.84
Kaiser Permanente Prescription	67.07	65.96	67.07	67.07	67.07	67.07	133.86	133.86	131.63
CareFirst Dental PPO	44.20	43.83	44.20	65.00	65.00	65.00	65.00	65.00	64.26
Aetna Dental DMO	25.87	25.65	25.87	37.97	37.97	37.97	37.97	37.97	37.54
Davis Vision	0.97	0.96	0.97	1.23	1.23	1.23	1.23	1.23	1.21

*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	1.11

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, 2025

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, 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 Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical											
Cigna Indemnity/Medicare Supp	656.25	656.25	656.25	808.24	808.24	808.24	808.24	808.24	1,160.52	1,160.52	1,160.52
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	495.89	495.89	495.89	671.57	671.57	671.57	671.57	671.57	777.53	777.53	777.53
Kaiser Permanente HMO	506.18	506.18	506.18	673.29	673.29	673.29	673.29	673.29	843.79	843.79	843.79

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	439.59	439.59	439.59	549.50	549.50	549.50	549.50	549.50	549.50	549.50	549.50
Caremark/SilverScript Option B	232.32	232.32	232.32	290.42	290.42	290.42	290.42	290.42	290.42	290.42	290.42
Kaiser Permanente Prescription	55.90	55.90	55.90	55.90	55.90	55.90	55.90	55.90	111.56	111.56	111.56
CareFirst Dental PPO	36.84	36.84	36.84	54.17	54.17	54.17	54.17	54.17	54.17	54.17	54.17
Aetna Dental DMO	21.57	21.57	21.57	31.65	31.65	31.65	31.65	31.65	31.65	31.65	31.65
Davis Vision	0.81	0.81	0.81	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03

*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	0.92

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 50%
Non-Medicare-Eligible Individuals Cost Sharing = 48%
Effective January 1, 2025

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Medicare 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
Medical									
Cigna Indemnity/Medicare Supp	656.25	636.07	656.25	808.24	808.24	808.24	808.24	1,160.52	1,120.17
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	495.89	483.08	495.89	671.57	671.57	671.57	671.57	777.53	753.45
Kaiser Permanente HMO	506.18	492.61	506.18	673.29	673.29	673.29	673.29	843.79	816.71

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	439.59	430.79	439.59	549.50	549.50	549.50	549.50	549.50	531.90
Caremark/SilverScript Option B	232.32	227.67	232.32	290.42	290.42	290.42	290.42	290.42	281.12
Kaiser Permanente Prescription	55.90	53.66	55.90	55.90	55.90	55.90	55.90	111.56	107.09
CareFirst Dental PPO	36.84	36.10	36.84	54.17	54.17	54.17	54.17	54.17	52.69
Aetna Dental DMO	21.57	21.13	21.57	31.65	31.65	31.65	31.65	31.65	30.77
Davis Vision	0.81	0.79	0.81	1.03	1.03	1.03	1.03	1.03	0.99

*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	0.92

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 50%
Non-Medicare-Eligible Individuals Cost Sharing = 49%
Effective January 1, 2025

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare 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
Medical										
Cigna Indemnity/Medicare Supp	656.25	646.16	656.25	808.24	808.24	808.24	1,160.52	1,160.52	1,160.52	1,140.34
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	495.89	489.48	495.89	671.57	671.57	671.57	777.53	777.53	777.53	765.49
Kaiser Permanente HMO	506.18	499.39	506.18	673.29	673.29	673.29	843.79	843.79	843.79	830.24

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	439.59	435.19	439.59	549.50	549.50	549.50	549.50	549.50	549.50	540.70
Caremark/SilverScript Option B	232.32	230.00	232.32	290.42	290.42	290.42	290.42	290.42	290.42	285.77
Kaiser Permanente Prescription	55.90	54.78	55.90	55.90	55.90	55.90	111.56	111.56	111.56	109.32
CareFirst Dental PPO	36.84	36.47	36.84	54.17	54.17	54.17	54.17	54.17	54.17	53.43
Aetna Dental DMO	21.57	21.35	21.57	31.65	31.65	31.65	31.65	31.65	31.65	31.21
Davis Vision	0.81	0.80	0.81	1.03	1.03	1.03	1.03	1.03	1.03	1.01

*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	0.92

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 36%
Non-Medicare-Eligible Individuals Cost Sharing = 36%

Effective January 1, 2025

Retiree Completed Neither Health Risk Assessment Nor Biometric Health Screening*

	2- PARTY Retiree Medicare 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
Medical										
Cigna Indemnity/Medicare Supp	472.49	472.49	472.49	581.92	581.92	581.92	581.92	581.92	581.92	581.92
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	357.04	357.04	357.04	483.53	483.53	483.53	483.53	483.53	483.53	483.53
Kaiser Permanente HMO	364.45	364.45	364.45	484.77	484.77	484.77	484.77	484.77	484.77	484.77

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	316.50	316.50	316.50	395.63	395.63	395.63	395.63	395.63	395.63	395.63
Caremark/SilverScript Option B	167.26	167.26	167.26	209.09	209.09	209.09	209.09	209.09	209.09	209.09
Kaiser Permanente Prescription	40.24	40.24	40.24	40.24	40.24	40.24	40.24	40.24	40.24	40.24
CareFirst Dental PPO	26.53	26.53	26.53	39.01	39.01	39.01	39.01	39.01	39.01	39.01
Aetna Dental DMO	15.53	15.53	15.53	22.79	22.79	22.79	22.79	22.79	22.79	22.79
Davis Vision	0.58	0.58	0.58	0.74	0.74	0.74	0.74	0.74	0.74	0.74

*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	0.66

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 36%
Non-Medicare-Eligible Individuals Cost Sharing = 34%

Effective January 1, 2025

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Medicare 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
Medical										
Cigna Indemnity/Medicare Supp	472.49	452.32	472.49	581.92	581.92	835.56	835.56	835.56	835.56	795.22
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	357.04	344.23	357.04	483.53	483.53	559.82	559.82	559.82	559.82	535.75
Kaiser Permanente HMO	364.45	350.88	364.45	484.77	484.77	607.53	607.53	607.53	607.53	580.45

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	316.50	307.71	316.50	395.63	395.63	395.63	395.63	395.63	395.63	378.04
Caremark/SilverScript Option B	167.26	162.62	167.26	209.09	209.09	209.09	209.09	209.09	209.09	199.81
Kaiser Permanente Prescription	40.24	38.01	40.24	40.24	40.24	80.31	80.31	80.31	80.31	75.86
CareFirst Dental PPO	26.53	25.79	26.53	39.01	39.01	39.01	39.01	39.01	39.01	37.53
Aetna Dental DMO	15.53	15.10	15.53	22.79	22.79	22.79	22.79	22.79	22.79	21.92
Davis Vision	0.58	0.56	0.58	0.74	0.74	0.74	0.74	0.74	0.74	0.71

*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	0.66

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
 Twenty or More Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 36%
Non-Medicare-Eligible Individuals Cost Sharing = 35%
 Effective January 1, 2025

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare 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
Medical										
Cigna Indemnity/Medicare Supp	472.49	462.41	472.49	581.92	581.92	835.56	835.56	835.56	835.56	815.40
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	357.04	350.63	357.04	483.53	483.53	559.82	559.82	559.82	559.82	547.78
Kaiser Permanente HMO	364.45	357.67	364.45	484.77	484.77	607.53	607.53	607.53	607.53	593.99

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	316.50	312.11	316.50	395.63	395.63	395.63	395.63	395.63	395.63	386.84
Caremark/SilverScript Option B	167.26	164.94	167.26	209.09	209.09	209.09	209.09	209.09	209.09	204.45
Kaiser Permanente Prescription	40.24	39.13	40.24	40.24	40.24	80.31	80.31	80.31	80.31	78.09
CareFirst Dental PPO	26.53	26.16	26.53	39.01	39.01	39.01	39.01	39.01	39.01	38.27
Aetna Dental DMO	15.53	15.31	15.53	22.79	22.79	22.79	22.79	22.79	22.79	22.35
Davis Vision	0.58	0.57	0.58	0.74	0.74	0.74	0.74	0.74	0.74	0.73

*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	0.66

MCPS NONDISCRIMINATION STATEMENT

Montgomery County Public Schools (MCPS) prohibits illegal discrimination based on race, ethnicity, color, ancestry, national origin, nationality, religion, immigration status, sex, gender, gender identity, gender expression, sexual orientation, family structure/parental status, marital status, age, ability (cognitive, social/emotional, and physical), poverty and socioeconomic status, language, or other legally or constitutionally protected attributes or affiliations. Discrimination undermines our community's long-standing efforts to create, foster, and promote equity, inclusion, and acceptance for all. The Board prohibits the use of language and/or the display of images and symbols that promote hate and can be reasonably expected to cause substantial disruption to school or district operations or activities. For more information, please review Montgomery County Board of Education Policy ACA, *Nondiscrimination, Equity, and Cultural Proficiency*. This Policy affirms the Board's belief that each and every student matters, and in particular, that educational outcomes should never be predictable by any individual's actual or perceived personal characteristics. The Policy also recognizes that equity requires proactive steps to identify and redress implicit biases, practices that have an unjustified disparate impact, and structural and institutional barriers that impede equality of educational or employment opportunities. MCPS also provides equal access to the Boy/Girl Scouts and other designated youth groups.*

It is the policy of the state of Maryland that all public and publicly funded schools and school programs operate in compliance with:

- (1) Title VI of the federal Civil Rights Act of 1964; and
- (2) Title 26, Subtitle 7 of the Education Article of the Maryland Code, which states that public and publicly funded schools and programs may not
 - (a) discriminate against a current student, a prospective student, or the parent or guardian of a current or prospective student on the basis of race, ethnicity, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability;
 - (b) refuse enrollment of a prospective student, expel a current student, or withhold privileges from a current student, a prospective student, or the parent or guardian of a current or prospective student because of an individual's race, ethnicity, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability; or
 - (c) discipline, invoke a penalty against, or take any other retaliatory action against a student or parent or guardian of a student who files a complaint alleging that the program or school discriminated against the student, regardless of the outcome of the complaint.**

Please note that contact information and federal, state, or local content requirements may change between editions of this document and shall supersede the statements and references contained in this version. Please see the online version for the most up-to-date information at www.montgomeryschoolsmd.org/info/nondiscrimination.

For inquiries or complaints about discrimination against MCPS students***	For inquiries or complaints about discrimination against MCPS staff***
Director of Student Welfare and Compliance Office of District Operations Student Welfare and Compliance 15 West Gude Drive, Suite 200, Rockville, MD 20850 240-740-3215 SWC@mcpsmd.org	Human Resource Compliance Officer Office of Human Resources and Development Department of Compliance and Investigations 45 West Gude Drive, Suite 2500, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org
For student requests for accommodations under Section 504 of the Rehabilitation Act of 1973	For staff requests for accommodations under the Americans with Disabilities Act
Section 504 Coordinator Office of School Support and Improvement Well-Being and Student Services 850 Hungerford Drive, Room 257, Rockville, MD 20850 240-740-3109 504@mcpsmd.org	ADA Compliance Coordinator Office of Human Resources and Development Department of Compliance and Investigations 45 West Gude Drive, Suite 2500, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org
For inquiries or complaints about sex discrimination under Title IX, including sexual harassment, against students or staff***	
Title IX Coordinator Office of District Operations Student Welfare and Compliance 15 West Gude Drive, Suite 200, Rockville, MD 20850 240-740-3215 TitleIX@mcpsmd.org	

*This notification complies with the federal Elementary and Secondary Education Act, as amended.

**This notification complies with the Code of Maryland Regulations Section 13A.01.07.

***Discrimination complaints may be filed with other agencies, such as the following: U.S. Equal Employment Opportunity Commission (EEOC), Baltimore Field Office, GH Fallon Federal Building, 31 Hopkins Plaza, Suite 1432, Baltimore, MD 21201, 1-800-669-4000, 1-800-669-6820 (TTY); Maryland Commission on Civil Rights (MCCR), William Donald Schaefer Tower, 6 Saint Paul Street, Suite 900, Baltimore, MD 21202, 410-767-8600, 1-800-637-6247, mccr@maryland.gov; Agency Equity Officer, Office of Equity Assurance and Compliance, Office of the Deputy State Superintendent of Operations, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, MD 21201-2595, oeac.msde@maryland.gov; or U.S. Department of Education, Office for Civil Rights (OCR), The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107, 1-800-421-3481, 1-800-877-8339 (TDD), OCR@ed.gov, or www2.ed.gov/about/offices/list/ocr/complaintintro.html.

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Montgomery County Public Schools
Employee and Retiree Service Center (ERSC)
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