

The Maryland School for the Blind



2015

Health Benefits

MEDICAL

The Maryland School for the Blind offers two comprehensive medical plans through CareFirst Administrators (CFA).

Summary of Services	High Deductible Health Plan		Basic Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Co-Insurance	90%	60%	80%	50%
Physician/Specialist Visits	Ded & Co-Ins	Ded & Co-Ins	\$25/\$35 copay	Ded & Co-Ins
Emergency Room ¹	Ded & Co-Ins	Ded & 80%	\$300 Copay	\$300 Copay
Urgent Care	Ded & Co-Ins	Ded & Co-Ins	\$50 copay	\$50 copay
Local Pharmacy (34-day supply) Generic / Formulary / Non-Formulary	Deductible & \$10 / \$25 / \$50 up to \$5,000, then 20%		\$10 / \$25 / \$50 ² up to \$5,000, then 20%	
Mail Order (90-day supply) Generic / Formulary / Non-Formulary	Deductible & \$20 / \$50 / \$100 up to \$5,000, then 20%		\$20 / \$50 / \$100 ² up to \$5,000, then 20%	

¹ Copay waived if admitted.

² \$150 deductible applies to Tier 3

VISION

The Maryland School for the Blind offers a voluntary vision plan. You have the option to use any provider. You are eligible for an eye exam, lenses, frames and contact lenses every 12 months.

Benefits	Allowance
Eye Exams	Reimbursed up to \$60
Spectacle Lenses	
Standard Single Vision Lenses	Reimbursed up to \$55
Standard Bifocal Lenses	Reimbursed up to \$88
Standard Double Bifocal Lenses	Reimbursed up to \$132
Standard Trifocal Lenses	Reimbursed up to \$121
Cataract	Reimbursed up to \$203.50
Frames	Reimbursed up to \$55
Contact Lenses	
Medically Necessary	Reimbursed up to \$242
Elective (in place of eyeglasses)	Reimbursed up to \$110



The Maryland School for the Blind
ACHIEVING INDEPENDENCE



2015

Health Benefits

DENTAL

DHMO DENTAL PLAN THROUGH THE DENTAL NETWORK

The DHMO plan works like an HMO. Each member of your family must select a Primary Care Dentist (PCD) from the list of participating DHMO dentists. You must use participating Dental Network DHMO dentists in this plan. Your PCD will provide routine dental care and refer you to a specialist if needed. Out-of-network services are not covered under this plan.

Benefit Overview	The Dental Network DHMO
	In-Network
Annual Deductible (single/family)	None
Annual Maximum	None
Office Visit Copay	\$10
Orthodontia Lifetime Maximum	None
Preventive Care	See Fee Schedule
Basic Services	See Fee Schedule
Major Services	See Fee Schedule
Orthodontia Services	See Fee Schedule

PPO Dental Plans Through DentaQuest

There are two dental plans available through DentaQuest; the ePPO plan and the Choice PPO plan.

The ePPO plan allows you to see any dentist within the ePPO network. You do not need to elect a primary care dentist, but you must stay in-network. Out-of-network services are not covered under this plan.

The Choice PPO plan allows you the freedom to seek care both in- and out-of-network. Please note that if you do receive care out-of-network, you will pay more out-of-pocket and be subject to balance billing.

Benefit Overview	DentaQuest Access ePPO	DentaQuest Choice PPO	
	In-Network	In-Network	Out-of-Network
Annual Deductible (single/family)	\$25/\$75	\$50/\$150	\$50/\$150
Annual Maximum	\$2,000	\$1,000	
Office Visit Copay	-	-	-
Orthodontia Lifetime Maximum	-	\$1,000	
Preventive Care	See Fee Schedule	Covered 100%	80%
Basic Services	See Fee Schedule	80%	65%
Major Services	See Fee Schedule	50%	40%
Orthodontia Services	OrthoSelect Available	50%	50%

