

The Maryland School for the Blind

ACHIEVING INDEPENDENCE



Please see your Summary Plan Description (SPD) for full details on your benefits.

2018

HEALTH
BENEFITS

MEDICAL

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

SUMMARY OF SERVICES	1 HIGH DEDUCTIBLE HEALTH PLAN		2 BASIC PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Co-Insurance	90%	60%	75%	50%
Deductible (Individual/Family)	\$1,500/\$3,000	\$2,400/\$4,800	\$500/\$1,000	\$2,000/\$4,000
Physician/Specialist Visits	Ded & Co-Ins	Ded & Co-Ins	\$25/\$35 copay	Ded & Co-Ins
Emergency Room¹	Ded & Co-Ins	Ded & 90%	\$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 / Specialty	Deductible & \$10 / \$25 / \$50 / \$100 up to \$5,000, then 20%		\$10 / \$25 / \$50 ³ / \$100 up to \$5,000, then 20%	
CVS Pharmacy (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%	
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%	

¹Copay waived if admitted.

²\$150 deductible applies to Tier 3

³**Generic Incentive Program:** If the member chooses to fill the Rx with the brand name instead of the available generic, then the member will be responsible to pay the brand name co-pay PLUS the difference in cost between the generic version and brand version.

VISION

The Maryland School for the Blind offers a voluntary vision plan through EyeMed. You are eligible for an eye exam, lenses or contact lenses and eyeglass frames every 12 months (once every plan year).

BENEFITS	In-Network	Out-of-Network
Eye Exams	\$10 copay	\$45
Contact Lens Fit/Follow-up	Up to \$55	N/A
Lens Copay (single vision, bifocals, trifocals)	\$25 copay	\$40-\$80
Standard Progressives	\$90 copay	\$60
Premium Progressives	Fixed pricing based on tier	\$60
Frames	\$130 allowance ¹	\$104
Freedom Pass	<i>In lieu of the \$130 allowance, you may choose frames from Sears Optical or Target Optical for \$0 out-of-pocket cost.</i>	
Contact Lenses	\$110 allowance	\$110

¹ Plus 20% off balance over \$130

DENTAL

2018

HEALTH BENEFITS

BLUEDHMO PLAN THROUGH CAREFIRST

The BlueDHMO plan works like a 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.

Before completing your enrollment and selecting your PCD, we suggest calling the participating DHMO providers' office and confirming that they are accepting new patients.

BLUEDENTAL PLUS PPO PLAN THROUGH CAREFIRST

The 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 will be subject to balance billing.

Please refer to your Paylocity WebBenefits homepage to view the fee schedule for the DHMO plan, and the detailed benefit summary for further details on the PPO plan.

BENEFIT OVERVIEW	CAREFIRST		
	1 BlueDHMO	2 BlueDental Plus PPO	
	In-Network	In-Network	Out-of-Network
Annual Deductible (single/family)	None	\$25/\$75	\$50/\$150
Annual Maximum	\$1,500	\$1,500	
Office Visit Copay	\$0	-	-
Orthodontia Lifetime Maximum	\$3,000	\$1,500	
Preventive Care	See Fee Schedule	Covered 100%	80%
Basic Services	See Fee Schedule	80%	60%
Major Services	See Fee Schedule	50%	35%
Orthodontia Services	See Fee Schedule	50%	35%

Please note: Children may be covered up to age 26.

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