



MEDICAL

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

The Maryland School for the Blind offers medical benefits through **Kaiser Permanente** effective 9/1/20. Employees will have access to Kaiser's *Signature Network* of physicians and hospitals. Through Kaiser, you have the choice of 3 comprehensive medical plans.

SUMMARY OF SERVICES	1 HMO HSA PLAN		2 DHMO PLUS PLAN	
	Signature Network		Signature Network	Out-of-Network <i>(up to 10 Primary Care Provider/ Specialist visits per plan year)</i>
Deductible (Ded) <i>(Individual/Family)</i>	\$1,500/\$3,000		\$500/\$1,000	N/A
Co-Insurance <i>(Plan pays/You pay)</i>	90%/10%		100%/0%	N/A
Physician/Specialist Visits	Ded & Co-Ins		\$20/\$30 copay	\$40/\$50 copay <i>(10 visit limit)</i>
Emergency Room ¹	Ded & Co-Ins		\$100 copay	\$100 copay
Urgent Care	Ded & Co-Ins		\$30 copay	N/A
Prescription²				
Local Pharmacy <i>(30-day supply)</i> <i>Generic / Formulary / Non-Formulary</i>	Kaiser: Ded & \$15 / \$35 / \$60 Non-Kaiser In-Network: Ded & \$25 / \$45 / \$80		Kaiser: \$10 / \$30 / \$50 Non-Kaiser In-Network: \$30 / \$50 / \$75	\$30 / \$50 / \$70 <i>(5 fill/refill limit)</i>
Local Pharmacy <i>(90-day supply)</i> <i>Generic / Formulary / Non-Formulary</i>	Ded & \$30 / \$70 / \$120		\$20 / \$60 / \$100	N/A
Mail Order <i>(30-day supply)</i> <i>Generic / Formulary / Non-Formulary</i>	Ded & \$15 / \$35 / \$60		\$10 / \$30 / \$50	N/A
Mail Order <i>(90-day supply)</i> <i>Generic / Formulary / Non-Formulary</i>	Ded & \$30 / \$70 / \$120		\$20 / \$60 / \$100	N/A

SUMMARY OF SERVICES	3 FLEX PLAN - PHCS		
	Signature Network	PHCS Network	Out-of-Network
Deductible (Ded) <i>(Individual/Family)</i>	None	\$500/\$1,000	\$1,000/\$2,000
Co-Insurance <i>(Plan pays/You pay)</i>	100%/0%	90%/10%	70%/30%
Physician/Specialist Visits	\$30/\$40 copay	\$45/\$55 copay	Ded & Co-Ins
Emergency Room ¹	\$100 copay	\$100 copay	\$100 copay
Urgent Care	\$40 copay	Ded & Co-Ins	Ded & Co-Ins
Prescription²			
Local Pharmacy <i>(30-day supply)</i> <i>Generic / Formulary / Non-Formulary</i>	\$25 / \$40 / \$65	\$35 / \$55 / \$90	\$40 / \$80 / \$90
Local Pharmacy <i>(90-day supply)</i> <i>Generic / Formulary / Non-Formulary</i>	\$50 / \$80 / \$130	\$70 / \$110 / \$180	\$80 / \$160 / \$180
Mail Order <i>(30-day supply)</i> <i>Generic / Formulary / Non-Formulary</i>	\$25 / \$40 / \$65	\$35 / \$55 / \$90	\$40 / \$80 / \$90
Mail Order <i>(90-day supply)</i> <i>Generic / Formulary / Non-Formulary</i>	\$50 / \$80 / \$130	\$70 / \$110 / \$180	\$80 / \$160 / \$180

Please note: This is a brief description of the program. Actual benefit payments are made in accordance with the master contract.

¹ Waived if admitted.

² Not all non-Kaiser pharmacies are included. Please visit kp.org for a list of participating pharmacies.

DENTAL

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

BENEFITS	1 CareFirst BlueDHMO		2 CareFirst 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 Services	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%

VISION

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

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>¹In 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

¹Plus 20% off balance over \$130

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