**The Maryland School for the Blind 2022-2023 Health Benefits**

MEDICAL

**Please see your Summary of Benefits and Coverage (SBC) for full details on your benefits.**

The Maryland School for the Blind offers medical benefits through ***Cigna*** effective 9/1/22. Employees will have access to Cigna’s network of physicians and hospitals. Through Cigna, you have the choice of 3 comprehensive medical plans.

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**SUMMARY OF SERVICES**

**Plan 2: Open Access Plus Basic (OAPIN)**

***In-Network***

Deductible (Ded) *(Individual/Family):* $750 / $1,500

Plan Year Out-of-Pocket Maximum: $3,500 / $7,000

Co-Insurance (Plan pays/You pay): 100%

Physician/Specialist Visits: $45 / $60 Copay

Emergency Room1: $250 Copay

Urgent Care: $50 Copay

Referral Required: No

PCP Required: No

***Prescription Drugs*** Generic / Preferred / Non-Preferred

Retail Pharmacy *(30-day supply):* $30 / $50 / $70

Mail Order *(90-day supply):* $60 / $100 / $140

**Plan 1: HSA Open Access HDHP (OAPIN)**

***In-Network***

Deductible (Ded) *(Individual/Family):* $1,500 / $3,000

Plan Year Out-of-Pocket Maximum: 3,500 / $7,000

Co-Insurance (Plan pays/You pay): 90% / 10%

Physician/Specialist Visits: Ded., then Co-Ins.

Emergency Room1: Ded., then Co-Ins.

Urgent Care: Ded., then Co-Ins.

Referral Required: No

PCP Required: No

***Prescription Drugs*** Generic / Preferred / Non-Preferred

Retail Pharmacy *(30-day supply):* Ded., then $15 / $35 / $60

Mail Order *(90-day supply):* Ded., then $30 / $70 / $120

**Plan 3: Open Access Plus (OAP)**

***Out-Of-Network***

Deductible (Ded) *(Individual/Family):* $2,000 / $4,000

Plan Year Out-of-Pocket Maximum: $7,000 / $14,000

Co-Insurance (Plan pays/You pay): 70% / 30%

Physician/Specialist Visits: Ded., then 20% Co-Ins.

Emergency Room1: $250 Copay

Urgent Care: Ded., then $55 Copay + 10% Co-Ins.

Referral Required: No

PCP Required: No

***Prescription Drugs*** Generic / Preferred / Non-Preferred

Retail Pharmacy *(30-day supply):* 20% Co-Ins.

Mail Order *(90-day supply):* 20% Co-Ins.

***In-Network***

Deductible (Ded) *(Individual/Family):* $750 / $1,500

Plan Year Out-of-Pocket Maximum: $3,500 / $7,000

Co-Insurance (Plan pays/You pay): 90% / 10%

Physician/Specialist Visits: $50 / $70 Copay

Emergency Room1: $250 Copay

Urgent Care: Ded., then $55 Copay + 10% Co-Ins.

Referral Required: No

PCP Required: No

***Prescription Drugs*** Generic / Preferred / Non-Preferred

Retail Pharmacy *(30-day supply):* $35 / $55 / $90

Mail Order *(90-day supply):* $70 / $110 / $180

***Please note: This is a brief description of the program. Actual benefit payments are made in accordance with the insurance contract and plan documents.***

*1 Waived if admitted.*

**DENTAL**

**Please see your Summary of Benefits and Coverage (SBC) for full details on your benefits.**

# DHMO PLAN THROUGH CIGNA

The DHMO 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.

# PPO PLAN THROUGH CIGNA

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.*

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**SUMMARY OF SERVICES**

**Plan 1: Cigna DHMO**

***In-Network***

Annual Deductible (Ded) *(Individual/Family):* None

Annual Maximum: N/A

Orthodontia Lifetime Maximum: See Fee Schedule

**You Pay**

Preventive Services: See Fee Schedule

Basic Services: See Fee Schedule

Major Services: See Fee Schedule

Orthodontia Services (Children and Adults): See Fee Schedule

**Plan 2: Cigna PPO**

***Out-Of-Network***

Annual Deductible (Ded) *(Individual/Family):* $50 / $150

Annual Maximum: $1,500 (Combined In and Out-of-Network)

Orthodontia Lifetime Maximum: $1,500

(Combined In and Out-of-Network)

Preventive Services: 20% of Allowed Benefit

(Deductible does not apply)

Basic Services: 40% of Allowed Benefit

Major Services: 65% of Allowed Benefit

Orthodontia Services (Children and Adults): 65% of Allowed Benefit

***In-Network***

Annual Deductible (Ded) *(Individual/Family):* $25 / $75

Annual Maximum: $1,500 (Combined In and Out-of-Network)

Orthodontia Lifetime Maximum: $1,500

(Combined In and Out-of-Network)

**You Pay After Deductible**

Preventive Services: No Charge

(Deductible does not apply)

Basic Services: 20%

Major Services: 50%

Orthodontia Services (Children and Adults): 50%

**VISION**

**Please see your Summary of Benefits and Coverage (SBC) for full details on your benefits.**

The Maryland School for the Blind offers a voluntary vision plan through EyeMed. Every 12 months you are eligible for an eye exam, as well as eyeglass lenses and frames or contact lenses in lieu of eyeglasses. **The benefit period begins on the start of the new plan year, 9/1.**

**SUMMARY OF SERVICES**

**Vision Plan**

***Out-Of-Network*** - **Reimbursed up to:**

Eye Exams*:* $45

Contact Lens Fit/Follow-up: Not Covered

Lens Copay (single vision, bifocals, trifocals): $40 - $80

Standard Progressives: $60

Premium Progressives: $60

Frames: $104

Elective Contact Lenses: $110

***In-Network***

Eye Exams*:* $10 Copay

Contact Lens Fit/Follow-up: Up to $40

Lens Copay (single vision, bifocals, trifocals): $25 Copay

Standard Progressives: $90 Copay

Premium Progressives: $110 - $135 Copay

Frames: $130 allowance, Plus 20% off balance over $130

Elective Contact Lenses: $110 allowance

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