

# Maryland Retired School Personnel Association Plan Summary and Cost of Coverage

Help lower your and your family's out-of-pocket costs on eye exams, glasses, lenses and more with a MetLife / Association-Specific Product Name Vision Insurance plan. With co-payments and nationwide access to discounts, you'll be seeing your way to clear savings in no time.<sup>1</sup>

## Eligibility

All members<sup>2</sup> of the Maryland Retired School Personnel Association association in good standing, their spouses/domestic partners, and dependent children<sup>3</sup> may apply.

**New Members:** You are eligible for insurance on the first day of the month following 30 days from your membership effective date.

**Existing Members:** You are eligible for insurance at open enrollment (November 1st) or if you have a qualifying event.

## Summary of Covered Services

	<b>In-Network Coverage</b> (Using a Network Provider)	<b>Out-of-Network Reimbursement</b> (Using a Non-Network Provider)
<b>Eye Examination</b>		
<b>Comprehensive exam of visual functions and prescription of corrective eyewear.</b>	\$10 copay / Covered in full	\$45 allowance
<b>Retinal Imaging</b> This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
<b>Materials / Eyewear (Either Glasses or Contacts)</b>		
<b>Standard Corrective Lenses</b>		
<b>Single vision</b>	\$20 copay	Up to \$30 allowance
<b>Lined bifocal</b>	\$20 copay	Up to \$50 allowance
<b>Lined trifocal</b>	\$20 copay	Up to \$65 allowance
<b>Lenticular</b>	\$20 copay	Up to \$100 allowance
<b>Standard Lens Enhancement</b>		

<b>Ultraviolet coating</b>	Covered in full	Applied to the allowance for the applicable corrective lens		
<b>Polycarbonate (child up to age 18)</b>	Covered in full	Applied to the allowance for the applicable corrective lens		
<b>Additional Lens Enhancements<sup>4</sup></b>				
<b>Progressive Standard</b>	Up to \$55 copay	\$50 allowance		
<b>Progressive Premium/Custom</b>	Premium: \$95 – \$105 copay Custom: \$150 – \$175 copay	\$50 allowance		
<b>Polycarbonate (adult)</b>	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens		
<b>Scratch-resistant coating (variable by type)</b>	Up to \$17 – \$33 copay	Applied to the allowance for the applicable corrective lens		
<b>Tints (variable by type)</b>	Single Vision: \$17 - \$34 copay Multifocal: \$17 - \$44 copay	Applied to the allowance for the applicable corrective lens		
<b>Anti-reflective coating (variable by type)</b>	\$41 –\$85 copay	Applied to the allowance for the applicable corrective lens		
<b>Photochromic (variable by type)</b>	\$47 – \$82 copay	Applied to the allowance for the applicable corrective lens		
<b>Frame</b>				
<b>Allowance</b>	\$130 allowance	Up to \$70 allowance		
<b>Costco</b>	\$70 allowance			
You will receive an additional 20% off any amount that you pay over your allowance This offer is available from all participating (in-network) locations except Costco.				
<b>Contact Lenses (instead of eyeglasses)</b>				
<b>Elective</b>	\$130 allowance	\$105 allowance		
<b>Necessary</b>	Covered in full eyewear copay	\$210 allowance		
<b>Contact Fitting and Evaluation</b>	Standard or Premium fit: covered in full with a maximum copay of \$60	Applied to the contact lens allowance		
<b>Frequency (Glasses or Contacts)</b>				
<b>Eye Examination</b>	1 per 12 Months	1 per 12 Months	1 per 12 Months	1 per 12 Months
<b>Standard Corrective Lenses</b>	1 per 12 Months	1 per 12 Months	1 per 12 Months	1 per 12 Months
<b>Standard Lens Enhancement</b>	1 per 12 Months	1 per 12 Months	1 per 12 Months	1 per 12 Months
<b>Frame</b>	1 per 12 Months	1 per 12 Months	1 per 12 Months	1 per 12 Months

<b>Contact Lenses</b>	1 per 12 Months	1 per 12 Months	1 per 12 Months	1 per 12 Months
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<b>In-Network Value Added Features</b>	
<b>Additional lens enhancements</b>	In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements. <sup>4</sup>
<b>Additional Savings on Glasses and Sunglasses</b>	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. <sup>4</sup> At times, other promotional offers may also be available.
<b>Laser Vision correction<sup>5</sup></b>	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.

## Rates at a glance

### Monthly Rates

The following monthly costs are effective through **October 31, 2021**.

<b>Member Only</b>	\$10.63	<b>Member + Spouse</b>	\$19.44
<b>Member + Child(ren)</b>	\$19.84	<b>Member + Family</b>	\$27.05



**Exclusions** This plan does not cover the following services, materials and treatments:

### **Services and Eyewear**

- Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits.
- Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than  $\pm 0.50$  diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

### **Treatments**

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

### **Medications**

- Prescription and non-prescription medications.

**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

**Continuation of Coverage:** Your coverage can continue as long as you pay your premium when due, remain a member, the participating association continues to participate in the trust, insurance continues for your class and the policy remains in force. Please see the certificate of insurance for details.

1. Your actual savings from enrolling in the MetLife Vision plan will depend on various factors, including plan premiums, number of visits by your family per year and the cost of services rendered. Be sure to review the Schedule of Benefits for your plans specific benefits and other important details.
2. You must be a member of the Maryland Retired School Personnel Association to qualify for this insurance plan.
3. Refers to your unmarried dependent children through age 26 if a full-time student.
4. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
5. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Coverage may not be available in all states. Please contact **Blue Harbor Benefits** your plan administrator at 410-878-2023 for more information.

Rates may be changed on the entire group plan or on a class basis and on any premium due date on which benefits are changed. A class is a group of people defined in the group policy. Benefits are subject to change upon agreement between Metropolitan Life Insurance Company and the participating organization.

The association and/or the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association and/or the plan administrator for these and/or other costs.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact **Blue Harbor Benefits** your plan administrator at 410-878-2023 for costs and complete details.

Policy form GPNP99

Policy number 165216-1-G

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166

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## What is covered by MetLife Vision?



**Regular visits to your eye doctor are important to your overall health.**

**MetLife Vision a MRSPA vision insurance plan covers a wide range of services.** They include routine eye exams, glasses, contact fittings, evaluations and lenses, plus additional savings on non-prescription sunglasses and laser vision correction.<sup>1</sup>

**Q. Why should I enroll?**

**A.** A vision plan is a competitively-priced way to help protect the eyesight of everyone in your family. Even if you don't wear glasses or contacts, regular visits to your eye doctor are important to your overall health. Routine eye exams can help detect other health problems.<sup>2</sup>

**Q. How can a vision plan help me save money?**

**A.** Eyeglasses and routine eye exams can be more expensive than you may think. With MetLife Vision a MRSPA vision insurance plan, through low to no copays, you can save up to 60% in-network on vision wear and services.<sup>3</sup> Lens options like polycarbonate (shatter-resistant) lenses for children up to age 18 and ultraviolet (UV) coating are covered in full in-network at no additional charge. You also enjoy in-network fixed copays for scratch-resistant and anti-reflective coatings, progressive lenses,<sup>4</sup> and more.

**Q. How can I find a participating provider?**

**A.** You can review a list of participating providers online at [www.metlife.com](http://www.metlife.com). Enter your ZIP code and select the MetLife Vision PPO network. Or call MetLife Vision at **1-855-MET-EYE1 (1-855-638-3931)** for access to our 24/7 Interactive Voice Response system.

There is a good chance that your provider will be in the network as the MetLife network includes thousands of participating ophthalmologists, optometrists and opticians at private practices and popular retail locations.

**Q. Can I choose my own eye care professional?**

**A. You can go to any licensed eye care professional.** However, your out-of-pocket costs are usually lower when you visit an in-network provider, so you have the opportunity to save even more.<sup>3</sup>

Choose from the thousands of ophthalmologists, optometrists and opticians at private practices or popular retail locations like Costco® Optical, Sam's Club, America's Best, Cohen's Fashion Optical, Eyeglass World, For Eyes Optical, Pearle Vision,<sup>5</sup> Shopko, Visionworks, Walmart and more.

**Q. Can I get my eye examination at one location and the materials at another?**

**A.** Yes. You may get an eye examination from one provider and your glasses or contacts from another.

**Q. What kinds of frames are covered?**

**A. You can choose the eyewear that's right for you and your budget.** Your eye care professional can help you choose from classic styles to the latest designer frames. You can select from hundreds of options for you and your family. Some of the great brands to choose from include Anne Klein, bebe®, Flexon®, Lacoste, Nike, Nine West, Calvin Klein, and more.

**Q. How are claims processed?**

**A.** You do not need to file a claim if you visit an in-network provider for care. The network provider will confirm your eligibility, submit the claim and calculate your out-of-pocket costs, if any, at the time of service. If you visit an out-of-network provider, you pay the provider in full for the services and vision wear received at the time of your appointment, including taxes. Then you submit a completed MetLife Vision claim form and itemized receipt to MetLife. If you need a claim form, visit the Forms Library on [www.metlife.com](http://www.metlife.com) or call **1-855-MET-EYE1 (1-855-638-3931)**.



### Have other questions?

**Don't miss out on this important benefit offer.**

If you have any questions, please call your plan administrator, Blue Harbor Benefits, today at **1-410-825-3569**.

1. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.
2. Heiting, OD, Gary, Vision Screenings vs. Eye Exams: Why Are Eye Exams Important?, All About Vision, April 2018, <https://www.allaboutvision.com/eye-exam/importance.htm>. Accessed October 15, 2020.
3. Your actual savings by enrolling in the MetLife Vision Plan will depend on various factors, including plan premiums, number of visits by your family per year to an eye care professional and the cost of services and materials received. Be sure to review the schedule of benefits for your plan's specific benefits and other important details.
4. All lens options are available at participating private practices. Please note the maximum copays and pricing are subject to change without notice. Check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens options and pricing prior to receiving services. Additional discounts may not be available in certain states.
5. Not all Pearle Vision locations participate in the MetLife Vision program. Please visit [metlife.com](http://metlife.com) to confirm participating locations by using our Find A Provider online directory.

Coverage may not be available in all states. Please call your plan administrator, Blue Harbor Benefits at 1-410-878-2023 for more information.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claim and network administration services are provided through Vision Services Plan Rancho Cordova, CA (VSP). VSP is not affiliated with MetLife or its affiliates. Like most group benefit plans, benefit plans offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact your plan administrator, Blue Harbor Benefits, at 1-410-825-3569 for costs and complete details.

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