

Montgomery County Retired Employee's Association (MCREA) Meeting October 13, 2021

Presented by

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MCREA Annual Meeting

Office of Human Resources, Montgomery County Government

In This Presentation

- Review of Retiree Vision Discount Plan
- 2022 Rates
- Clarification – Value Added Programs
- Reminders



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Retirees Vision Discount Plan



Retirees have always had access to a Discount Vision Plan

- Vendor Changed in 2019 = EyeMed
- Previous vendor issued ID cards, EyeMed does not.
- Discount Plan, not insurance. You are not in a system anywhere.
- Discounts are **not** the same as they were under NVA.
- Previous plan had a small charge, current plan does not. All retirees and their dependents have access to this discount.



Retirees Vision Discount Plan

- **Benefits = Participating Providers**
 - Also Includes Independent Provider Network
 - Providers can call 800-251-3605
- **Hearing Aid Discounts through Eyemed**
- **Lasik Vision Discounts also available**



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Retirees Vision Discount Plan

	Retail Cost Based on Average of MCG Members Utilization	EyeMed Discount Plan Member Cost	EyeMed Member Pays Out of Pocket	NVA will pay up to	NVA Member Out-of-Pocket Pays
Exam Services					
Exam	\$123	\$5 Off	\$118.00	\$38 - \$50	\$85 - \$73
Contact Lens Fit and Follow Up	\$83	\$10 Off retail price	\$73.00		?
Frames	\$189	35% off retail price	\$122.85	Wholesale + 50% of R&C Fee	?
Standard Non-Glass Lenses					
Single Vision	\$94	\$50	\$50.00	\$31	\$63.00
Bifocal	\$156	\$70	\$70.00	\$45	\$111.00
Trifocal	\$156	\$105	\$105.00	\$55	\$101.00



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Retirees Vision Discount Plan

	Retail Cost Based on Average of MCG Members Utilization	EyeMed Discount Plan Member Cost	EyeMed Member Pays Out of Pocket	NVA will pay up to	NVA Member Out-of-Pocket Pays
Lens Options					
UV Treatment	\$20	\$15	\$15		
Tint-Solid or Gradient	\$30	\$15	\$15	R&C Fee Less 25%	?
Scratch Coating - Standard Plastic	\$20	\$15	\$15	R&C Fee Less 25%	?
Polycarbonate - Standard	\$131	\$40	\$40	R&C Fee Less 25%	?
Anti-Reflective Coating Standard	\$109	\$45	\$45	R&C Fee Less 25%	?
Other Add-Ons and Services		20% off retail price		R&C Fee Less 25%	
Contact Lenses (Discounts applied to materials only)					
Contacts-Disposable	\$275	0% off retail price	\$275.00	Limited to one time discount	
Contacts - Conventional	\$275	15% off retail price	\$233.75	R&C Fee Less 25%	
Laser Vision Correction **					
Lasik or PRK		15% off retail price or 5% off promotional price			
Frequency					

Rates for Calendar Year 2022

- No Increases for Prescription Drug
- No Increases for Medical or Prescription past 2 years
- Rates will be available on the retiree web-site
- Medical Plans
 - Indemnity – 0%
 - CareFirst High and Standard Option – 9%
 - Kaiser Non-Medicare – 5.6%, Kaiser Medicare - **-7.9%**
 - UHC – 5.8%
- Dental Plan – 5.7%
 - Self (\$.69 + more month)
 - Self +1 (\$1.54 + more month)
 - Self + Family (\$2.22 + more month)



30% Cost Share

Plans	Tiers	Non-Medicare 30% Cost Share 2022 Monthly Difference	Medicare 30% Cost Share 2022 Monthly Difference	Split Rate 30% Cost Share 2022 Monthly Difference
Indemnity	Self	\$0	\$0	\$0
	Self + 1	\$0	\$0	\$0
	Self + Family	\$0	\$0	\$0
Carefirst High Option	Self	\$17.01	\$9.16	N/A
	Self + 1	\$29.42	\$16.99	\$21.58
	Self + Family	\$49.54	\$18.89	\$41.70
Carefirst Standard Option	Self	\$15.82	\$8.52	N/A
	Self + 1	\$27.36	\$15.80	\$20.07
	Self + Family	\$46.07	\$17.56	\$38.78
Kaiser	Self	\$10.42	(\$8.51)	N/A
	Self + 1	\$19.59	(\$17.01)	\$0.66
	Self + Family	\$30.85	(\$25.15)	\$11.92
United HealthCare	Self	\$9.24	\$4.98	N/A
	Self + 1	\$17.77	\$10.16	\$13.51
	Self + Family	\$28.25	\$16.12	\$23.99
CIGNA Dental PPO	Self	\$0.69	\$0.69	\$0.69
	Self + 1	\$1.54	\$1.54	\$1.54
	Self + Family	\$2.22	\$2.22	\$2.22



Value Added Programs

- CareFirst ShareCare, Personalized Health Timeline, Inspirations and Relax 360, Ask MD, and RealAge test.
 - Medicare eligible participants not able to utilize



Reminders

- 2022 Fact Sheets will be mailed around Thanksgiving.
- No Open Enrollment for Retirees (this is not new).
- Changes received by the 10th of the month are effective the 1st of the following month. Friday, December 10th = Effective January 1, 2022
- Enrollment in Medicare when eligible is required.
 - Health Insurance Team needs copies of Medicare Card.



Reminders

- Cost Share Expiration Dates

Your 2021 total annual contribution to your group insurance premium:

\$ 2,870.76

Plans	Current Elections	Coverage Level	2020 Monthly Cost	2021 Monthly Cost
Medical	BCBS Standard POS	Self + 1	\$117.02	\$117.02
Dental	Cigna Dental PPO	Self + 1	\$16.47	\$18.09
Vision	EyeMed Vision Discount Plan	Self + 1	\$0.00	\$0.00
Basic Life	Retiree Group Term Life	\$50000	\$0.00	\$0.00
Dependent Life	Dependent Life	\$10,000 Spouse/\$5000 Child/\$100 Newborn	\$3.27	\$3.27
Total			\$136.76	\$138.38

Your Cost Share: 20 %



Cost Share Expiration Date: 04/30/2066



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Questions?



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