

The Power of Your Benefits - Plan Year 2012

Retiree Health Program

CIGNA Hospital/Medical/Vision Plan Highlights

	Open Access Plus Copay Plan Retirees Under 65 or Non-Medicare Eligible		Open Access Plus Copay Plan Retirees Over 65 or Under 65 and on Medicare
	In-Network	Out-of-Network	Medicare Eligible
Annual Inpatient Hospital Deductible	50% of Medicare Part A deductible	50% of Medicare Part A deductible	50% of Medicare Part A deductible
Inpatient Hospital/Skilled Nursing Facility Admission*	After hospital deductible, plan pays 100% of Semi-private room and board up to 365 days per diagnosis	After hospital deductible, plan pays 80% of Semi-private room and board up to 365 days per diagnosis	After hospital deductible, plan pays 100% of Semi-private room and board up to 365 days per diagnosis
Emergency Room Visit	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Annual Medical Deductible	N/A	\$550	\$550
Physician Office Visits Specialist Office Visits	\$25 copay \$35 copay	After annual medical deductible, plan pays 80%	After annual medical deductible, plan pays 80%
Annual Out-of-Pocket Max	N/A	\$3,100 per person	\$3,100 per person
Routine Physical Exams and Immunizations**	Not Covered	Not Covered	Not Covered
Routine Mammograms	Plan pays 100%, no copay	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Outpatient Surgery	Plan pays 100%, no copay	Plan pays 100%, no deductible	After medical deductible, plan pays 80%
Outpatient Mental Health	After \$25 office visit copay, plan pays 100%	After medical deductible, plan pays 80%	After medical deductible, plan pays 80%
Vision	1 routine eye exam, 1 pair eyeglasses every 24 months	1 routine eye exam, 1 pair eyeglasses every 24 months	1 routine eye exam, 1 pair of eyeglasses every 24 months. No need to coordinate with Medicare
CVS/CAREMARK PRESCRIPTION PLAN			
	Non-Medicare Eligible		Medicare Eligible
Annual Prescription Deductible	\$100		\$100
Retail Co-payment	\$13 generic \$29 name-brand		\$13 generic \$29 name-brand
Mail Order Co-payment	\$11 generic \$25 name-brand		\$11 generic \$25 name-brand

Plan payments for covered health services are based on usual and customary charges

* Custodial care is not a covered health service

** Shingles vaccination is covered