

The Power of Your Benefits - Plan Year 2018
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
Annual Medical Deductible***	\$200 per person \$600 per family	\$650	\$650
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 70% 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
Co-insurance	After in-network medical deductible, plan pays 90%	After out-of-network deductible, plan pays 70%	After out-of-network deductible, plan pays 70%
Physician Office Visits Specialist Office Visits	\$25 copay \$35 copay	After annual medical deductible, plan pays 70%	After annual medical deductible, plan pays 70%
Annual Out-of-Pocket Max	\$800 per person \$2400 per family	\$3,200 per person	\$3,200 per person
Routine Physical Exams and Immunizations**	Plan pays 100%, no copay	Not Covered	Plan pays 100%, no copay
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 100%
Outpatient Mental Health	After \$35 office visit copay, plan pays 100%	After medical deductible, plan pays 70%	After medical deductible, plan pays 70%
Vision	1 routine eye exam every 12 months; 1 pair eyeglasses every 24 months	1 routine eye exam every 12 months; 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 per person	\$100 per person
Retail Co-payment	\$15 generic \$30 name-brand	\$15 generic \$30 name-brand
Mail Order Co-payment	\$15 generic \$30 name-brand	\$15 generic \$30 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

*** Out-of-Network & Medicare Eligible is \$650 per person and \$1,950 per family