

The Power of Your Benefits - Plan Year 2017

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
<b>Annual Inpatient Hospital Deductible</b>	50% of Medicare Part A deductible	50% of Medicare Part A deductible	50% of Medicare Part A deductible
<b>Annual Medical Deductible***</b>	\$200 per person \$600 per family	\$650	\$650
<b>Inpatient Hospital/Skilled Nursing Facility Admission*</b>	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
<b>Emergency Room Visit</b>	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted
<b>Co-insurance</b>	After in-network medical deductible, plan pays 90%	After out-of-network deductible, plan pays 70%	After out-of-network deductible, plan pays 70%
<b>Physician Office Visits Specialist Office Visits</b>	\$25 copay \$35 copay	After annual medical deductible, plan pays 70%	After annual medical deductible, plan pays 70%
<b>Annual Out-of-Pocket Max</b>	\$800 per person \$2400 per family	\$3,200 per person	\$3,200 per person
<b>Routine Physical Exams and Immunizations**</b>	Plan pays 100%, no copay	Not Covered	Plan pays 100%, no copay
<b>Routine Mammograms</b>	Plan pays 100%, no copay	Plan pays 100% no deductible	Plan pays 100%, no deductible
<b>Outpatient Surgery</b>	Plan pays 100%, no copay	Plan pays 100% no deductible	After medical deductible, plan pays 100%
<b>Outpatient Mental Health</b>	After \$35 office visit copay, plan pays 100%	After medical deductible, plan pays 70%	After medical deductible, plan pays 70%
<b>Vision</b>	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
<b>Annual Prescription Deductible</b>	\$100 per person		\$100 per person
<b>Retail Co-payment</b>	\$15 generic \$30 name-brand		\$15 generic \$30 name-brand
<b>Mail Order Co-payment</b>	\$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