



**The Power of Your Benefits  
Retiree Health Program  
Plan Year 2020 Enrollment Selection Guide  
Plan Highlights**

Cigna	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
Hospital / Medical / Vision	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>	\$325 per person \$975 per family	\$850 per person \$2,550 per family	\$800 per person \$2,400 per family
<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>	\$125 copay; waived if admitted	\$125 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 deductible, plan pays 70%
<b>Physician Office Visits / Specialist Office</b>	\$30 copay \$40 copay	After annual medical deductible, plan pays 70%	After annual medical deductible, plan pays 70%
<b>Annual Out-of-Pocket Max</b>	\$900 per person \$2,700 per family	\$3,400 per person	\$3,350 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 \$40 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 every 12 months; 1 pair of eyeglasses every 24 months	1 routine eye exam every 12 months; 1 pair of eyeglasses every 24 months	1 routine eye exam; 1 pair of eyeglasses every 24 months; no need to coordinate with Medicare
<b>CVS Health / SilverScript</b>			
Prescription	Non-Medicare Eligible		Medicare Eligible
<b>Annual Prescription Deductible</b>	\$150 per person		\$150 per person
<b>Retail Co-payment</b>	\$15 generic \$40 name-brand \$45 non-preferred brand		\$15 generic \$40 name-brand \$45 non-preferred brand
<b>Mail Order Co-payment</b>	\$15 generic \$40 name-brand \$45 non-preferred brand		\$15 generic \$40 name-brand \$45 non-preferred brand

Note:

- 1) Plan payments for covered health services are based on usual and customary charges.
- 2) Should there be a conflict between this summary and the Plan Document, the Plan Document will be the final authority.

\* Custodial care is not a covered health service

\*\* Shingles vaccination is covered