



2021 Retiree Health Enrollment Selection Guide Cigna Open Access Plus CoPay Plan Highlights

HOSPITAL/MEDICAL	RETIRES UNDER AGE 65 OR NON-MEDICARE ELIGIBLE		RETIRES OVER AGE 65 OR UNDER AGE 65 AND MEDICARE ELIGIBLE
	In Network	Out-of-Network	In Network
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	\$375 per person \$1,025 per family	\$900 per person \$2,600 per family	\$850 per person \$2,450 per family
Annual Out-of-Pocket Max	\$1,000 per person \$2,800 per family	\$3,500 per person	\$3,450 per person
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	\$125 copay; waived if admitted	\$125 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 medical deductible, plan pays 70%
Physician Office Visits / Specialist Office	\$30 copay \$40 copay	After annual medical deductible, plan pays 70%	After medical deductible, plan pays 70%
Routine Preventive Care and Immunizations**	Plan pays 100%, no copay	Not covered	Plan pays 100%, no copay
Routine Mammograms, PAP, PSA	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%
Vision	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 every 12 months; 1 pair of eyeglasses every 24 months***

* Custodial care is not a covered health service

** Shingles vaccination is covered

*** No need to coordinate with Medicare

Notes:

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

**2021 Retiree Health Enrollment Selection Guide
CVS Caremark Plan Highlights
Retirees under Age 65 or Non-Medicare Eligible**

PRESCRIPTION			
	Retail	Mail 90 Day Supply	
Annual Deductible	\$150	None	
Annual Out-Of-Pocket Maximum	None	None	
Copays	Generic Drug	Preferred Brand Drug*	Non-Preferred Brand Drug
30-Day Supply	\$15	\$40	\$60
90-Day Supply (Mail)	\$20	\$50	\$75

**CVS Health negotiated pricing for clinically equivalent brand name drug*

**2021 Enrollment Selection Guide
CVS Caremark Plans
Retirees Over 65 or Under 65 and on Medicare**

PRESCRIPTION			
	Retail	Mail 90 Day Supply	
Annual Deductible	\$150	None	
Annual Out-Of-Pocket Maximum	None	None	
Copays	Generic Drug	Preferred Brand Drug*	Non-Preferred Brand Drug
30-Day Supply	\$15	\$40	\$60
60-Day Supply	\$30	\$80	\$120
90-Day Supply (Mail) <i>(preferred pharmacy)</i>	\$20	\$50	\$75
90-Day Supply (Mail) <i>(non-preferred pharmacy)</i>	\$45	\$120	\$180

**CVS Health negotiated pricing for clinically equivalent brand name drug*