

The Power of Your Benefits - Plan Year 2021

Orange & Rockland Management and Hourly Under 65 Retirees

Open Access Plus Plan

Medical Plan Highlights

	In-Network	Out-of-Network <i>Subject to Reasonable and Customary Charges For All Services</i>		In-Network	Out-of-Network <i>Subject to Reasonable and Customary Charges For All Services</i>
Annual Deductible for Non-Office Visit Services <i>Individual</i> <i>Family</i>	Deductible for Non-Office visit Services \$80 \$160	\$575 \$1,100	Hospital-Inpatient Care	Hourly: 100% after \$175 hospital deductible (semi-private room). Includes Mental Health and Substance Abuse Treatment Management: 100% after 1/2 of 2021 Medicare hospital deductible (semi-private room) Includes Mental Health and Substance Abuse Treatment	Hourly:80% after \$575 deductible Management: 80% after 1/2 of 2021 Medicare hospital deductible
Annual Out-of-Pocket Max <i>Individual</i> <i>Family</i>	\$125 \$250	Hourly: \$1,300 Management: \$1,750 Hourly: \$2,600 Management: \$3,500	Hospital Physician Services	100% after annual deductible	80% after annual deductible
Dependent Age	Unmarried Dependents to age 23-must be a full time student between the ages of 19-23	Unmarried Dependents to age 23-must be a full time student between the ages of 19-23	Hospital - Other Services Radiologist, Anesthesiologist, Pathologist	100% after annual deductible	80% after annual deductible
Lifetime Plan Max Combined In/Out of Network	\$1,000,000		Outpatient Surgery Facility & Professional Services	100% after annual deductible	80% after annual deductible
Physician Office Visits	\$30 Primary Copay \$37 Specialist Copay Includes Allergy Treatment/Injections	80% after annual deductible	Hospice	Hourly: Inpatient - 100% after \$175 hospital deductible for terminal illness Management: Inpatient 100 % after 1/2 of 2021 Medicare hospital deductible for terminal illness . Hourly & Management: Outpatient - 100% for terminal illness	Hourly: Inpatient - 80% after \$575 deductible for terminal illness Management: Inpatient 80% after 1/2 of 2021 Medicare hospital deductible for terminal illness. Hourly & Management: Outpatient - 80% for terminal illness
Preventive Care Physician Services for dependents through age 18	100% In-Network	80% after annual deductible	Home Health Care	100% after annual deductible 200 day maximum per calendar year	80% after annual deductible
Preventive Care Physician Services	Management Retirees -100% (Subject to *PPACA guidelines) Hourly Retirees -No preventive coverage	Not covered	Outpatient Therapies Physical, Occupational & Speech	100% after annual deductible 60 day maximum per therapy Subject to treatment plan authorization; must be restorative in nature.	80% after annual deductible 60 day maximum per therapy Visits combined for In & Out of Network Subject to treatment plan authorization; must be restorative in nature.
Preventive Care Diagnostic Testing- Radiologist, Anesthesiologist, Pathologist	Preventative Testing (Covered-Mammogram, Pap Smear,PSA Subject to *PPACA: 100%)	Preventative Testing (Covered- Mammogram. Pap Smear, PSA subject to AMA: 80% after annual deductible)	Outpatient Therapies Cardiac	100% after annual deductible 90 day max per calendar year	80% after annual deductible
Emergency Room Care	100% after \$135 ER copay	100% after \$135 ER copay If not a true emergency, 80% after annual deductible.	Outpatient Mental Health/Substance Abuse	100% after per visit copay	80% after annual deductible
Lab & Radiology Services	100%, after annual deductible	80% after annual deductible	Hearing Exam	100% after per visit copay - One Exam per calendar year	80% after annual deductible
Chemotherapy & Radiation Therapy	100%, after annual deductible (based on medical necessity)	80% after annual deductible	Hearing Aids	100% when recommended by a physician. Limit 1 hearing aid per ear per calendar year up to scheduled benefit per device of \$1400.00. Benefit available to age 65.	

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Prescription Plan - Under 65

	Management Retirees & Widows Prescription CVS/Health	Hourly Retirees & Widows Prescription CVS/Health	Notes
Annual Deductible Retail Pharmacy	\$115.00 per person	\$115.00 per person	
Retail Co-Insurance	\$12/ Generic	\$ 12/ Generic	
	\$29/ Brand	\$29/ Brand	Note - Mail order prescriptions may be filled at local CVS stores.
Annual Deductible Mail Pharmacy	\$30.00 per person	\$30.00 per person	
Mail Co-Insurance	\$10/ Generic	\$10/ Generic	All Mail order prescriptions limited to 90 day supply
	\$22/ Brand	\$22/ Brand	Note- Changes to mail order co-payments

Vision Care Highlights

Comprehensive Professional Systems is the administrator of the vision plan . All vision claims for exams and lenses or frames should be sent to Comprehensive Professional Systems and not CIGNA:

	Pre - 6/01/1987 No Coverage	6/01/1987- 6/01/1994	Management - 7/1/94 - 1/1/96 Hourly - 7/1/94 - 1/1/98	Management - 2/1/1996 - Present Hourly - 2/1/98 to Present	
				In Network	Out of Network
Eye Exam	N/A	\$25 for exam per year	\$50 for exam per year	Exam: \$0 copay, every 12 months for employees and 24 months for dependents	Eye Exam \$20 Frames and Lenses up to a total of \$200 if exam not applied
Frames & Lenses	N/A	Eyeglasses: Scheduled benefits from \$12 to \$112 Lenses every 12 months; frames every 24 months.	Eyeglasses: Scheduled benefits from \$24 to \$224. Lenses every 12 months; frames every 24 months.	Once every 24 months up to a \$150 value	
Vision Network	N/A	N/A	N/A	Please see Retiree website for network providers	Note - In and Out of Network are a combined benefit every 24 months

Important Phone Numbers	Member Services	Web Address	Notes
CIGNA -Open Access Plus Plan	1-800-CIGNA24	www.mycigna.com	#2490710
CVS/Caremark	1-800-601-6364	www.caremark.com	Group #CONED
Comprehensive Professionals Vision	1-888-675-3137		
MetLife Retiree Dental Services	1-800-634-0336	www.metlife.com	Group # 104174
Vanguard	1-800-523-1188	www.vanguard.com	
Benefits -Healthcare and Pension information	1-800-577-9527	http://retirees.oru.com	
Liz O'Halloran - Department Manager- O&R Benefits	1-845-577-2501	ohalloranl@coned.com	
Jeannine M. Pietrobuono-Project Specialist- O&R Benefits	1-845-577-2783	pietrobuonoj@coned.com	