

MEDICAL PROGRAMS

For employees

	CIGNA		Vytra
	In-Network	Out-of-Network	In-Network
Plan Type	Preferred Provider Organization (PPO)		Exclusive Provider Organization (EPO)
Network	Open Access Plus (OAP)	N/A	HIP Premium
Medical Care Provider	Participating physician/facility	Any physician/facility	Participating physician/facility
Payment of Benefits	No claim forms	Submit claim forms	No claim forms
Age Limit for Dependent Children	Up to 26th birthday		Up to 26th birthday
Annual Deductible (Individual/Family)	N/A	\$1000/\$3000	N/A
Annual Out-of-Pocket Maximum (Indiv/Family) (Excl. Deductible)	N/A	\$3500/\$10,500	N/A
Lifetime Maximum Benefit	Unlimited		Unlimited
Pre-Existing Condition Limitation	N/A		N/A
Office Visits	Covered in full after \$20 co-pay PCP \$30 co-pay Specialist	70% of R&C after deductible	Covered in full after \$25 co-pay PCP \$40 co-pay Specialist
Emergency Room (Accident/Illness)	Covered in full	Emergency: Covered in full Non-emergency: 70% of R&C after deductible	Emergency: Covered in full after \$100 co-pay see Inpatient Hospital co-pay if admitted) Non-emergency: not covered
Inpatient Hospital (Semi-Private Room, Board, Services, Supplies)	Covered in full Pre-admission certification required or \$250 penalty plus 50% reduction in benefits on any days not approved.		Covered in full after \$500 co-pay per admission Pre-admission certification required or \$250 penalty plus 50% reduction in benefits on any days not approved.
(Physician/Surgeon)	Covered in full	70% of R&C after deductible	Covered in full
Second Surgical Opinion (Office Visit)	Covered in full	100% of R&C	Covered in full
Laboratory/X-Ray	Covered in full	70% of R&C after deductible	Covered in full
Maternity (Initial Visit To Determine Pregnancy)	Covered in full after \$20 co-pay	70% of R&C after deductible	Covered in full after \$25 co-pay
(Subsequent Visits/Delivery)	Covered in full	70% of R&C after deductible	Covered in full
Prescription Medication (Retail)	\$10 generic \$25 brand name formulary \$40 brand name non-formulary (up to 30-day supply) after Rx deductible*	Use in-network benefit	Administered by CIGNA (see CIGNA column for prescription drug benefits coverage)
(Mail Order)	\$20 generic \$50 brand name formulary \$80 brand name non-formulary (up to 90-day supply) after Rx deductible*	Use in-network benefit	Administered by CIGNA (see CIGNA column for prescription drug benefits coverage)

* After meeting a separate \$100 per person/\$300 per family annual drug (Rx) deductible

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Preventive Care	The Patient Protection and Affordable Care Act requires that certain, but not all, preventive care services be covered at 100% with no deductible, coinsurance or co-pay. Such preventive services will be defined by agencies and committees identified by the government and may be subject to change. Not all preventive care services are included in this mandate.		
Mental Health Care	Same as Inpatient Hospital		Same as Inpatient Hospital
(Inpatient)			
(Outpatient)	Covered in full after \$20 co-pay	70% of R&C after deductible	Covered in full after \$40 co-pay
Substance Abuse Treatment	Same as Inpatient Hospital		Same as Inpatient Hospital
(Inpatient Detox)			
(Outpatient Rehab)	Covered in full after \$20 co-pay	70% of R&C after deductible	Covered in full after \$40 co-pay
Alternate Care			
(Home Health Care)	Covered in full (Max: 40 visits/year combined in and out of network)	70% of R&C after deductible	Covered in full (Max: 40 visits/year)
(Skilled Nursing Facility Non-Custodial)	Same as inpatient hospital (Max: 60 days/year combined in and out of network)		Same as Inpatient Hospital (Max: 45 days/year)
(Outpatient Short-Term Rehab: Physical Therapy)	Covered in full after \$30 co-pay	70% of R&C after deductible	Covered in full after \$40 co-pay (Max: 60 consecutive days/injury/ lifetime)
Durable Medical Equipment	Covered in full	70% of R&C after deductible	Covered in full
External Prosthetic Devices	Covered in full	70% of R&C after deductible	Covered in full
Vision Care**			
(Routine Eye Exam)	Not covered		Covered in full after \$40 co-pay (1 exam per year)
(Hardware)	1 pair of glasses following cataract surgery		Coverage available. Based on fee schedule.
Hearing Aids	Covered in full (Max: \$2000/ 1095 days)	70% of R&C after deductible	Not covered

** Also available to all employees is a vision discount program through National Vision, Inc. located at the Walmart in Middle Island, NY. Additional information is available through the Benefits Office.

PCP = Primary Care Physician

R&C = Reasonable & Customary