

## MEDICAL PROGRAMS

For Medicare-eligible: retirees, participants on long-term disability, COBRA participants, and their eligible family members

	CIGNA		HIP VIP
	In-Network	Out-of-Network	In-Network Only
<b>Plan Type</b>	Preferred Provider Organization (PPO)		Health Maintenance Organization (HMO)
<b>Network</b>	Open Access Plus (OAP)	N/A	HIP VIP
<b>Medical Care Provider</b>	Participating physician/facility	Any physician/facility	Participating physician/facility
<b>Payment of Benefits</b>	No claim forms	Submit claim forms	No claim forms
<b>Age Limit for Dependent Children</b>	Up to 26th birthday		Up to 26th birthday
<b>Annual Deductible</b> (Individual/Family)	N/A	\$1000/\$3000	N/A
<b>Annual Out-of-Pocket Maximum</b> (Indiv/Family) (Excluding Deductible)	N/A	\$3500/\$10,500	N/A
<b>Lifetime Maximum Benefit</b>	Unlimited		Unlimited
<b>Pre-Existing Condition Limitation</b>	N/A		N/A
<b>Office Visits</b>	Covered in full after \$20 co-pay PCP \$30 co-pay Specialist	70% of R&C after deductible	Covered in full for PCP \$10 co-pay Specialist
<b>Emergency Room</b> (Accident/Illness)	Covered in full	Emergency: Covered in full Non-emergency: 70% of R&C after deductible	Covered in full after \$50 co-pay (waived if admitted) (Doctors/Specialist: \$10 co-pay)
<b>Inpatient Hospital</b> (Semi-Private Room, Board, Services, Supplies) (Physician/Surgeon)	Covered in full		Covered in full
<b>Second Surgical Opinion</b> (Office Visit)	Covered in full	70% of R&C after deductible	Covered in full
<b>Laboratory/X-Ray</b>	Covered in full	100% of R&C	Covered in full
<b>Laboratory/X-Ray</b>	Covered in full	70% of R&C after deductible	Covered in full after \$20 co-pay
<b>Prescription Medication</b> (Retail)	\$10 generic \$25 brand name formulary \$40 brand name non-formulary (up to 30-day supply) Rx after deductible*	Use in-network benefit	\$5 formulary \$45 non-formulary (up to 30-day supply)
(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	\$7.50 formulary \$135 non-formulary (up to 90-day supply)

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

PCP = Primary Care Physician

R&C = Reasonable & Customary

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<b>Preventive Care</b>	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.		
<b>Mental Health Care</b> (Inpatient)	Same as Inpatient Hospital		Covered in full (maximum may apply)*
(Outpatient)	Covered in full after \$20 co-pay	70% of R&C after deductible	Covered in full after \$20 co-pay*
<b>Substance Abuse Treatment</b> (Inpatient Detox)	Same as Inpatient Hospital		Covered in full (maximum may apply)*
(Outpatient Rehab)	Covered in full after \$20 co-pay	70% of R&C after deductible	Covered in full after \$20 co-pay*
<b>Alternate Care</b> (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: 200 visits/year)
(Skilled Nursing Facility Non-Custodial)	Same as Inpatient Hospital (Max: 60 days/year combined in and out of network)		Covered in full days 1-20 \$25 co-pay days 21-100 Max: 100 days per benefit period
(Outpatient Short-Term Rehab: Physical Therapy)	Covered in full after \$30 co-pay	70% of R&C after deductible	Covered in full after \$10 co-pay (Max: 90 visits/year)
<b>Durable Medical Equipment</b>	Covered in full	70% of R&C after deductible	Covered in full
<b>External Prosthetic Devices</b>	Covered in full	70% of R&C after deductible	Covered in full
<b>Vision Care**</b> (Routine Eye Exam)	Not covered		Covered in full after \$15 co-pay for optometrist in discount program
(Hardware)	1 pair of glasses following cataract surgery		Coverage available. Based on fee schedule.
<b>Hearing Aids</b>	Covered in full (Max: \$2000/ 1095 days)	70% of R&C after deductible	1 hearing aid from a select group or \$500 credit toward purchase every 36 months

\*Based on medical necessity up to Medicare limit.

\*\* 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.