



2022 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 (CPS Optical)	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
- 3) This chart is a brief glimpse of some of your Benefits. For more in-depth details or to review the HMO and MCP plans, visit www.retirees.coned.com and see each plan's Benefit Summaries

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CVS Caremark Plan Highlights

Retirees under Age 65 or Non-Medicare Eligible

Prescription	Retail	Preferred Network and Mail 90-Day Supply
Annual Deductible	\$150	None
Annual Out-Of-Pocket Maximum	None	

Copays	Generic Drugs (A)	Preferred Brand Drugs (B)	Non-Preferred Brand Drugs (C)
30-Day Supply (any network pharmacy*)	\$15	\$40	\$60
90-Day Supply (Mail and Preferred Network Pharmacy**)	\$25	\$60	\$100

SilverScript Plan Highlights

Retirees Over 65 or Under 65 and on Medicare

Prescription	Retail	Preferred Network and Mail 90-Day Supply
Annual Deductible	\$150	None
Annual Out-Of-Pocket Maximum	None	

Copays	Standard Network Retail*	Preferred Network Retail**	Mail Order
Generic Drugs (A)			
30-Day Supply	\$15	\$15	\$25
60-Day Supply	\$30	\$30	\$25
90-Day Supply	\$45	\$25	\$25
Preferred Brand Drugs (B)			
30-Day Supply	\$40	\$40	\$60
60-Day Supply	\$80	\$80	\$60
90-Day Supply	\$120	\$60	\$60
Non-Preferred Brand Drugs (C)			
30-Day Supply	\$60	\$60	\$100
60-Day Supply	\$120	\$120	\$100
90-Day Supply	\$180	\$100	\$100
Specialty Drugs			

For information about your copays when you fill prescriptions for specialty drugs, please see the **2022 Summary of Benefits** document located at <http://conedcecony.silverscript.com>

* The plan has a network of pharmacies, including retail, mail-order, long-term care and home infusion pharmacies. To find a network pharmacy near you, call the Pharmacy Benefit Manager at the number listed on your card.

** The network includes preferred network retail pharmacies, which may offer you lower costs than other network pharmacies. If you use a preferred network pharmacy, the deductible will be waived if your script is for a 90-Day supply.

(A) The active ingredients in generic drugs are exactly the same as the active ingredients in brand drugs whose patents have expired. They are required by the FDA to be as safe and effective as the brand drug.

(B) Brand drugs that do not have a generic equivalent and are included on a preferred drug list.

(C) Brand drugs that are not on a preferred drug list and usually are a higher cost.