



**2023 Retiree Health Program Enrollment Selection Guide  
Cigna Open Access Plus Copay Plan Highlights**

Hospital/Medical	Under Age 65 or Non-Medicare Eligible		Over Age 65 or Under Age 65 And Medicare Eligible
	In Network	Out-of-Network	In Network
<b>Annual Inpatient Hospital Deductible</b>	50% of Medicare Part A deductible	50% of Medicare Part A deductible	50% of Medicare Part A deductible
<b>Annual Medical Deductible</b>	\$375 per person \$1,025 per family	\$900 per person \$2,600 per family	\$850 per person \$2,450 per family
<b>Annual Out-of-Pocket Max</b>	\$1,000 per person \$2,800 per family	\$3,500 per person	\$3,450 per person
<b>Inpatient Hospital / Skilled Nursing Facility Admission*</b>	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
<b>Emergency Room Visit</b>	\$125 copay; waived if admitted	\$125 copay; waived if admitted	\$100 copay; waived if admitted
<b>Co-insurance</b>	After in-network medical deductible, plan pays 90%	After out-of-network deductible, plan pays 70%	After medical deductible, plan pays 70%
<b>Physician Office Visits / Specialist Office</b>	\$30 copay \$40 copay	After annual medical deductible, plan pays 70%	After medical deductible, plan pays 70%
<b>Routine Preventive Care and Immunizations**</b>	Plan pays 100%, no copay	Not covered	Plan pays 100%, no copay
<b>Routine Mammograms, PAP, PSA</b>	Plan pays 100%, no copay	Plan pays 100%, no deductible	Plan pays 100%, no deductible
<b>Outpatient Surgery</b>	Plan pays 100%, no copay	Plan pays 100%, no deductible	After medical deductible, plan pays 100%
<b>Vision (CPS Optical)</b>	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 provides 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](http://www.retirees.coned.com) and see Benefit Summaries for each Plan.



**2023 Retiree Health Program Enrollment Selection Guide  
CVS Health / SilverScript Prescription Drugs**

CVS Health 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**)	\$30	\$80	\$120
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	Preferred Network Retail*	Network Retail**	Mail Order
Generic Drugs	Active ingredients in generic drugs are exactly the same as 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.		
30-Day Supply	\$15	\$15	\$30
60-Day Supply	\$30	\$30	\$30
90-Day Supply	\$30	\$45	\$30
Preferred Brand Drugs	Brand drugs that do not have a generic equivalent and are included on a preferred drug list.		
30-Day Supply	\$40	\$40	\$80
60-Day Supply	\$80	\$80	\$80
90-Day Supply	\$80	\$120	\$80
Non-Preferred Brand Drugs	Brand drugs that are not on a preferred drug list and usually are a higher cost.		
30-Day Supply	\$60	\$60	\$120
60-Day Supply	\$120	\$120	\$120
90-Day Supply	\$120	\$180	\$120
Specialty Drugs	For information about your copays when you fill prescriptions for specialty drugs, please see the 2023 Summary of Benefits document located at <a href="http://conedceony.silverscript.com">http://conedceony.silverscript.com</a> .		

\* 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.

\*\* 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.