



The Power of Your Benefits - Plan Year 2025

Orange & Rockland Management and Hourly Over Age 65 Retirees

Cigna Medicare Supplemental Plan

Medical Plan Highlights

	CIGNA Pays		CIGNA Pays
<b>Annual Deductible</b>	\$150.00 Individual	<b>Hospital - Inpatient Care</b>	80% of Medicare approved amount after Medicare Hospital Deductible
<b>Annual Out-of-Pocket Max</b>	N/A	<b>Hospital Physician Services</b>	80% of Medicare approved amount after Medicare Hospital Deductible
<b>Dependent Age</b>	N/A	<b>Hospital - Other Services Radiologist, Anesthesiologist, Pathologist</b>	80% of Medicare approved amount after Medicare Hospital Deductible
<b>Lifetime Plan Max</b>	\$35,000	<b>Outpatient Surgery Facility &amp; Professional Services</b>	80% after plan deductible of the Medicare approved amount
<b>Physician Office Visits</b>	80% after plan deductible of the Medicare approved amount	<b>Hospice</b>	80% of Medicare approved amount after Medicare Hospital Deductible
<b>Preventive Care - Standard Medicare Covered Services</b>	80% after plan deductible of the Medicare approved amount	<b>Home Health Care</b>	80% after plan deductible of the Medicare approved amount
		<b>Outpatient Therapies Physical, Occupational &amp; Speech 60 visit maximum combined</b>	80% after plan deductible of the Medicare approved amount subject to treatment plan authorization; must be restorative in nature
<b>Medicare Covered Services Routine Mammography Routine Pap Smear</b>	80% after plan deductible of the Medicare approved amount  100% after plan deductible 80% after plan deductible	<b>Outpatient Therapies Cardiac &amp; Pulmonary Unlimited max per calendar year</b>	80% after plan deductible of Medicare approved amount Subject to treatment plan authorization; must be restorative in nature
		<b>Outpatient Therapies Chiropractic Therapy</b>	80% after plan deductible of the Medicare approved amount. \$50 maximum per calendar year Subject to treatment plan authorization; must be restorative in nature
<b>Emergency Room Care</b>	80% after plan deductible of the Medicare approved amount	<b>Outpatient Mental Health/Substance Abuse</b>	80% after plan deductible of the Medicare approved amount
<b>Lab &amp; Radiology Services</b>	80% after plan deductible of the Medicare approved amount	<b>Hearing Aids</b>	Not Covered
<b>Chemotherapy &amp; Radiation Therapy</b>	80% after plan deductible of the Medicare approved amount		



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**Prescription Plan Highlights**

	<b>Management Retirees and Widows Prescription SilverScript</b>	<b>Hourly Retirees and Widows Prescription SilverScript</b>	<b>Notes</b>
<b>Annual Deductible Retail Pharmacy</b>	\$130 per person	\$130 per person	
<b>Retail Copayment</b>	\$16/ Generic	\$16/ Generic	
	\$34/ Brand	\$34/ Brand	Mail order prescriptions may be filled at local CVS stores.
<b>Annual Deductible Mail Pharmacy</b>	\$41 per person	\$41 per person	
<b>Mail Copayment</b>	\$16/ Generic	\$16/ Generic	All Mail order prescriptions limited to 90 day supply.
	\$31/ Brand	\$31/ Brand	

**Vision Plan 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 to CIGNA.**

	<b>All Retirees: Pre 06/01/1987 No Coverage</b>	<b>All Retirees: 06/01/1987 - 06/01/1994</b>	<b>Management: 07/01/1994 - 01/01/1996 Hourly: 07/01/1994 - 01/01/1998</b>	<b>Management: 02/01/1996 - Present Hourly: 02/01/1998 - Present</b>	
				<b>In-Network</b>	<b>Out-of-Network</b>
<b>Eye Exam</b>	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
<b>Frames &amp; Lenses</b>	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	
<b>Vision Network</b>	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

<b>Important Vendor Phone Numbers For Member Services</b>		<b>Website Address</b>	<b>Notes</b>
<b>CIGNA - Open Access Plus Plan</b>	1-800-CIGNA24	<a href="http://www.mycigna.com">www.mycigna.com</a>	Group # 2490710
<b>SilverScript (CVS Health)</b>	1-888-698-0576	<a href="http://www.caremark.com">www.caremark.com</a>	
<b>Comprehensive Professionals Vision</b>	1-888-675-3137		
<b>MetLife Retiree Dental Services</b>	1-800-634-0336	<a href="http://www.metlife.com">www.metlife.com</a>	Group # 315368
<b>Vanguard</b>	1-800-523-1188	<a href="http://www.vanguard.com">www.vanguard.com</a>	
<b>Retiree Website</b>		<a href="http://retirees.oru.com">http://retirees.oru.com</a>	
<b>General Benefits Information</b>	1-800-582-5056		