



The Power of Your Benefits - Plan Year 2025
Orange & Rockland Management and Hourly Under Age 65 Retirees
Cigna Open Access Plus Plan

Medical Plan Highlights

	In-Network	Out-of-Network Subject to Reasonable and Customary Charges For All Services		In-Network	Out-of-Network Subject to Reasonable and Customary Charges For All Services
Annual Deductible for Non-Office Visit Services <i>Individual</i> <i>Family</i>	\$90 \$170	\$625 \$1,100	Hospital - Inpatient Care	Hourly: 100% after \$175 hospital deductible (semi-private room). Includes Mental Health and Substance Abuse Treatment. Management: 100% after 1/2 of 2025 Medicare hospital deductible (semi-private room) Includes Mental Health and Substance Abuse Treatment	Hourly: 80% after \$625 Individual deductible Management: 80% after 1/2 of 2025 Medicare hospital deductible
Annual Out-of-Pocket Max <i>Individual</i> <i>Family</i>	\$150 \$300	Hourly: \$1,350 / Management: \$1,750 Hourly: \$2,700 / Management: \$3,500	Hospital Physician Services	100% after annual deductible	80% after annual deductible
Dependent Age	Unmarried Dependents to age 23; must be a full time student between the ages of 19-23	Unmarried Dependents to age 23; must be a full time student between the ages of 19-23	Hospital - Other Services Radiologist, Anesthesiologist, Pathologist	100% after annual deductible	80% after annual deductible
Lifetime Plan Max Combined In/Out-of-Network	\$1,000,000		Outpatient Surgery Facility & Professional Services	100% after annual deductible	80% after annual deductible
Physician Office Visits	\$33 Primary Copay \$40 Specialist Copay Includes Allergy Treatment/Injections	80% after annual deductible	Hospice	Hourly: Inpatient - 100% after \$175 hospital deductible for terminal illness Management: Inpatient 100 % after 1/2 of 2025 Medicare hospital deductible for terminal illness Hourly & Management: Outpatient - 100% for terminal illness	Hourly: Inpatient - 80% after \$625 individual deductible for terminal illness Management: Inpatient 80% after 1/2 of 2025 Medicare hospital deductible for terminal illness Hourly & Management: Outpatient - 80% for terminal illness
Preventive Care Physician Services for dependents through age 18	100% In-Network	80% after annual deductible	Home Health Care	100% after annual deductible 200 day maximum per calendar year	80% after annual deductible
Preventive Care Physician Services	Management Retirees -100% (Subject to PPACA* guidelines) Hourly Retirees - No preventive coverage	Not covered	Outpatient Therapies Physical, Occupational & Speech	100% after annual deductible 60 day maximum per therapy Subject to treatment plan authorization; must be restorative in nature	80% after annual deductible 60 day maximum per therapy Visits combined for In & Out-of-Network Subject to treatment plan authorization; must be restorative in nature
Preventive Care Diagnostic Testing-Radiologist, Anesthesiologist, Pathologist	Preventative Testing (Covered-Mammogram, Pap Smear, PSA Subject to PPACA*: 100%)	Preventative Testing (Covered- Mammogram, Pap Smear, PSA subject to AMA: 80% after annual deductible)	Outpatient Therapies Cardiac	100% after annual deductible 90 day max per calendar year	80% after annual deductible
Emergency Room Care	100% after \$150 ER copay	100% after \$150 ER copay If not a true emergency, 80% after annual deductible	Outpatient Therapies Chiropractic, Pulmonary and Cognitive Therapy	100% after annual deductible No visit limitations	80% after annual deductible No visit limitations
Lab & Radiology Services	100% after annual deductible	80% after annual deductible	Outpatient Mental Health/Substance Abuse	100% after per visit copay	80% after annual deductible
Chemotherapy & Radiation Therapy	100%, after annual deductible (based on medical necessity)	80% after annual deductible	Hearing Exam	100% after per visit copay - One Exam per calendar year	80% after annual deductible
			Hearing Aids	100% when recommended by a physician. Limit 1 hearing aid per ear per calendar year up to scheduled benefit per device of \$1400. Benefit available to age 65.	N/A

Notes:

- All services subject to medical necessity.
- Outpatient Therapies require authorization and approval.

* Patient Protection and Affordable Care Act



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Prescription Plan Highlights

	Management Retirees & Widows Prescription CVS Health	Hourly Retirees & Widows Prescription CVS Health	Notes
Annual Deductible Retail Pharmacy	\$130.00 per person	\$130.00 per person	
Retail Copayment	\$16/ Generic	\$ 16/ Generic	
	\$34/ Brand	\$34/ Brand	Mail order prescriptions may be filled at local CVS stores
Annual Deductible Mail Pharmacy	\$41.00 per person	\$41.00 per person	
Mail Copayment	\$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 CIGNA.

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

Important Vendor Phone Numbers For Member Services		Website Address	Notes
CIGNA -Open Access Plus Plan	1-800-CIGNA24	www.mycigna.com	Group #: 2490710
CVS Health	1-800-601-6364	www.caremark.com	Group #: CONED
Comprehensive Professionals Vision	1-888-675-3137		
MetLife Retiree Dental Services	1-800-634-0336	www.metlife.com	Group #: 104174
Vanguard	1-800-523-1188	www.vanguard.com	
Retiree Website		http://retirees.oru.com	
General Benefit Questions	1-800-582-5056		