



**The Power of Your Benefits - Plan Year 2023**  
**Orange & Rockland Management and Hourly Under Age 65 Retirees**  
**Cigna Open Access Plan**

**Medical Plan Highlights**

	In-Network	Out-of-Network <i>Subject to Reasonable and Customary Charges For All Services</i>		In-Network	Out-of-Network <i>Subject to Reasonable and Customary Charges For All Services</i>
<b>Annual Deductible for Non-Office Visit Services</b> <i>Individual</i> <i>Family</i>	<b>\$90</b> <b>\$170</b>	<b>\$625</b> <b>\$1,100</b>	<b>Hospital - Inpatient Care</b>	Hourly: 100% after \$175 hospital deductible (semi-private room). Includes Mental Health and Substance Abuse Treatment. <b>Management: 100% after 1/2 of 2023 Medicare hospital deductible (semi-private room) Includes Mental Health and Substance Abuse Treatment</b>	<b>Hourly: 80% after \$625 Individual deductible</b> <b>Management: 80% after 1/2 of 2023 Medicare hospital deductible</b>
<b>Annual Out-of-Pocket Max</b> <i>Individual</i> <i>Family</i>	\$150 \$300	Hourly: \$1,350 / Management: \$1,750 Hourly: \$2,700 / Management: \$3,500	<b>Hospital Physician Services</b>	100% after annual deductible	80% after annual deductible
<b>Dependent Age</b>	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	<b>Hospital - Other Services</b> <b>Radiologist, Anesthesiologist, Pathologist</b>	100% after annual deductible	80% after annual deductible
<b>Lifetime Plan Max Combined In/Out-of-Network</b>	\$1,000,000		<b>Outpatient Surgery Facility &amp; Professional Services</b>	100% after annual deductible	80% after annual deductible
<b>Physician Office Visits</b>	\$30 Primary Copay \$37 Specialist Copay Includes Allergy Treatment/Injections	80% after annual deductible	<b>Hospice</b>	Hourly: Inpatient - 100% after \$175 hospital deductible for terminal illness <b>Management: Inpatient 100 % after 1/2 of 2023 Medicare hospital deductible for terminal illness</b> Hourly & Management: Outpatient - 100% for terminal illness	<b>Hourly: Inpatient - 80% after \$625 individual deductible for terminal illness</b> <b>Management: Inpatient 80% after 1/2 of 2023 Medicare hospital deductible for terminal illness</b> Hourly & Management: Outpatient - 80% for terminal illness
<b>Preventive Care Physician Services for dependents through age 18</b>	100% In-Network	80% after annual deductible	<b>Home Health Care</b>	100% after annual deductible 200 day maximum per calendar year	80% after annual deductible
<b>Preventive Care Physician Services</b>	<b>Management Retirees -100%</b> <b>(Subject to PPACA* guidelines)</b> <b>Hourly Retirees - No preventive coverage</b>	Not covered	<b>Outpatient Therapies</b> <b>Physical, Occupational &amp; Speech</b>	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
<b>Preventive Care Diagnostic Testing-Radiologist, Anesthesiologist, Pathologist</b>	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)	<b>Outpatient Therapies Cardiac</b>	100% after annual deductible 90 day max per calendar year	80% after annual deductible
<b>Emergency Room Care</b>	100% after \$150 ER copay	100% after \$150 ER copay If not a true emergency, 80% after annual deductible	<b>Outpatient Therapies Chiropractic, Pulmonary and Cognitive Therapy</b>	100% after annual deductible No visit limitations	80% after annual deductible No visit limitations
<b>Lab &amp; Radiology Services</b>	100% after annual deductible	80% after annual deductible	<b>Outpatient Mental Health/Substance Abuse</b>	100% after per visit copay	80% after annual deductible
<b>Chemotherapy &amp; Radiation Therapy</b>	100%, after annual deductible (based on medical necessity)	80% after annual deductible	<b>Hearing Exam</b>	100% after per visit copay - One Exam per calendar year	80% after annual deductible
			<b>Hearing Aids</b>	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



**The Power of Your Benefits - Plan Year 2023**  
**Orange & Rockland Management & Hourly Under Age 65 Retirees**

**Prescription Plan Highlights**

	Management Retirees & Widows Prescription CVS Health	Hourly Retirees & Widows Prescription CVS Health	Notes
Annual Deductible Retail Pharmacy	\$125.00 per person	\$125.00 per person	Changes to retail Brand co-payment & deductible
Retail Co-insurance	\$14/ Generic	\$ 14/ Generic	Mail order prescriptions may be filled at local CVS stores
	\$34/ Brand	\$34/ Brand	
Annual Deductible Mail Pharmacy	\$35.00 per person	\$35.00 per person	
Mail Co-insurance	\$12/ Generic	\$12/ Generic	All Mail order prescriptions limited to 90 day supply
	\$26/ Brand	\$26/ Brand	Changes to Brand mail order co-payment & deductible

**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 <a href="http://www.mycigna.com">www.mycigna.com</a>	Group #2490710
CVS Health	1-800-601-6364 <a href="http://www.caremark.com">www.caremark.com</a>	Group #CONED
Comprehensive Professionals Vision	1-888-675-3137	
MetLife Retiree Dental Services	1-800-634-0336 <a href="http://www.metlife.com">www.metlife.com</a>	Group # 104174
Vanguard	1-800-523-1188 <a href="http://www.vanguard.com">www.vanguard.com</a>	
Benefits Pension information	1-800-577-9527	
Retiree Website	<a href="http://retirees.oru.com">http://retirees.oru.com</a>	
General Benefit Questions	1-800-582-5056 <a href="mailto:HR@coned.com">HR@coned.com</a>	