The Power of Your Benefits - Plan Year 2027

Orange & Rockland Management and Hourly Over Age 65 Retirees

Anthem Blue Cross Blue Shield Medicare Supplemental Plan

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Medical Plan Highlights

	Anthem BCBS Pays		Anthem BCBS Pays
Annual Deductible	$150.00 Individual	**Hospital - Inpatient Care**	80% of Medicare approved amount after Medicare Hospital Deductible
Annual Out-of-Pocket Max	N/A	**Hospital Physician Services**	80% of Medicare approved amount after Medicare Hospital Deductible
Dependent Age	Dependent children to the end of the month they turn 23	**Hospital - Other Services Radiologist, Anesthesiologist, Pathologist**	80% of Medicare approved amount after Medicare Hospital Deductible
Lifetime Plan Max	**$75,000**	**Outpatient Surgery Facility & Professional Services**	80% after plan deductible of the Medicare approved amount
Physician Office Visits	80% after plan deductible of the Medicare approved amount	**Hospice**	80% of Medicare approved amount after Medicare Hospital Deductible
Preventive Care - Standard Medicare Covered Services	80% after plan deductible of the Medicare approved amount	**Home Health Care**	80% after plan deductible of the Medicare approved amount
		Outpatient Therapies Physical, Occupational & Speech 60 visit maximum combined	80% after plan deductible of the Medicare approved amount subject to treatment plan authorization; must be restorative in nature
Medicare Covered Services **Routine Mammography** **Routine Pap Smear**	80% after plan deductible of the Medicare approved amount 100% after plan deductible 80% after plan deductible	**Outpatient Therapies Cardiac & Pulmonary Unlimited max per calendar year**	80% after plan deductible of Medicare approved amount Subject to treatment plan authorization; must be restorative in nature
Emergency Room Care	80% after plan deductible of the Medicare approved amount	**Outpatient Therapies Chiropractic Therapy**	80% after plan deductible of the Medicare approved amount. $50 maximum per calendar year Subject to treatment plan authorization; must be restorative in nature
Lab & Radiology Services	80% after plan deductible of the Medicare approved amount	**Outpatient Mental Health/Substance Abuse**	80% after plan deductible of the Medicare approved amount
Chemotherapy & Radiation Therapy	80% after plan deductible of the Medicare approved amount	**Hearing Aids**	Not Covered

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Prescription Plan Highlights

	Management Retirees and Widows Prescription SilverScript	Hourly Retirees and Widows Prescription SilverScript	Notes
Annual Deductible Retail Pharmacy	$130 per person	$130 per person	
Retail Copayment	**$18**/ Generic	**$18**/ Generic	
	$35/ Brand	**$35**/ Brand	Mail order prescriptions may be filled at local CVS stores.
Annual Deductible Mail Pharmacy	**$45** per person	**$45** per person	
Mail Copayment	**$20**/ Generic	**$20** Generic	All Mail order prescriptions limited to 90 day supply.
	$36/ Brand	**$36**/ Brand	
***GLP-1s for Weight Loss- Copays (Management Retirees)**			
30-Day Supply	**$100** copay per prescription	NA	
90 Day Supply	**$300** copay per prescription	NA	

The Management Retiree GLP-1 weight loss copay does not apply to diabetes prescriptions;standard copays apply

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 Anthem.

	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
Anthem Blue Cross Blue Shield	1-844-614-3180	Anthem.com	Group # - L13490
SilverScript (CVS Health)	1-888-698-0576	www.caremark.com	
Comprehensive Professionals Vision	1-888-675-3137		