The Power of Your Benefits - Plan Year 2027
Orange & Rockland Management and Hourly Under Age 65 Retirees
Anthem Blue Cross Blue Shield Plan

Medical Plan Highlights

	In-Network	Out-of-Network *Subject to Reasonable and Customary Charges For All Services*
Annual Deductible for Non-Office Visit Services *Individual* *Family*	**$93** **$172**	$625 $1,100
Annual Out-of-Pocket Max *Individual* *Family*	$150 $300	Hourly: $1,350 / Management: $1,750 Hourly: $2,700 / Management: $3,500
Dependent Age Eligibility	Eligible to the end of the month they turn 23	
Lifetime Plan Max Combined In/Out-of-Network	$1,000,000	
Physician Office Visits	**$35** Primary Copay **$42** Specialist Copay Includes Allergy Treatment/Injections	80% after annual deductible
Preventive Care Physician Services for dependents till the end of the month they turn 23	100%	
Preventive Care Physician Services	100% (Subject to PPACA* guidelines)	Not covered
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)
Emergency Room Care	100% after $150 ER copay	
Lab & Radiology Services	100% after annual deductible	80% after annual deductible
Chemotherapy & Radiation Therapy	100%, after annual deductible (based on medical necessity)	80% after annual deductible

	In-Network	Out-of-Network *Subject to Reasonable and Customary Charges For All Services*
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 2027 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 2027 Medicare hospital deductible
Hospital Physician Services	100% after annual deductible	80% after annual deductible
Hospital - Other Services Radiologist, Anesthesiologist, Pathologist	100% after annual deductible	80% after annual deductible
Outpatient Surgery Facility & Professional Services	100% after annual deductible	80% after annual deductible
Hospice	Hourly: Inpatient - 100% after $175 hospital deductible for terminal illness Management: Inpatient 100 % after 1/2 of 2027 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 2027 Medicare hospital deductible for terminal illness Hourly & Management: Outpatient - 80% for terminal illness
Home Health Care	100% after annual deductible 200 day maximum per calendar year	80% after annual deductible
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
Outpatient Therapies Cardiac	100% after annual deductible 90 day max per calendar year	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
Outpatient Mental Health/Substance Abuse	100% after per visit copay	80% after annual deductible
Hearing Exam	100% after per visit copay	80% after annual deductible
Hearing Aids	Per calendar year up to scheduled benefit of $2,800. 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 Caremark	Hourly Retirees & Widows Prescription CVS Caremark	Notes
Annual Deductible Retail Pharmacy	$130.00 per person	$130.00 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	**$45.00** per person	**$45.00** 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 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	www.Anthem.com	Group # - L13490
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