



# Retiree MIP Plan 2 Summary

Effective January 1, 2020	U.S. Network Aetna Open Choice PPO	Out-of-Network
<b>General</b>		
A plan year is a calendar year, January 1 through December 31		
Medical deductible (per person)	\$ 600 per plan year	
Medical deductible (per family)	\$1,200 per plan year	
<b>Medical out-of-pocket limits (Office visit co-payments and dental services do not accrue toward the out-of-pocket limits)</b>		
Medical out-of-pocket limits per person	\$4,000 per plan year	
Medical out-of-pocket limits per family	\$8,000 per plan year	
<b>Office Visits</b>		
Office visits for illness or specialist	100% after \$20 co-pay	80% after deductible
Routine annual physical and defined preventive services*	100%	
Ob/GYN (well woman) exam – one per plan year*	100%	
<b>Laboratory and X-rays</b>		
All services (unless covered under defined preventive services above)	80% after deductible	
<b>Emergency Room Related</b>		
Emergency room	80% after deductible	
Ambulance services		
<b>Inpatient</b>		
Hospital costs including anesthesia	80% after deductible	
Surgery (physician)		
Hospice		
<b>Outpatient</b>		
Hospital costs including anesthesia	80% after deductible	
Surgery (physician)		
Hospice		
<b>Chemotherapy and Radiation Therapy</b>		
Chemotherapy and radiation therapy: does not include oral or injectable medications purchased through pharmacy benefit	100% In-office/facility administration only	
<b>Maternity</b>		
<b>Obstetrics:</b> Single fee/delivery charge including office visits	80% after deductible Routine prenatal office visits covered at 100%, no deductible	80% after deductible
Obstetrics: Routine prenatal office visits billed separately from single fee	100%	
Infertility	80% after deductible	
Infertility lifetime limits: contact Insurance Administrator for details		
<b>Mental Health and Substance Abuse</b>		
Inpatient hospitalization for mental health or substance abuse	80% after deductible	
Outpatient facility, including day treatment programs		
Office visits		
<b>Nursing and Home Health Care</b>		
Skilled nursing facility (e.g., rehabilitation center) <i>maximum 60 days per condition per plan year</i>	80% after deductible	



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Convalescent Care <i>Maximum 60 days per condition per plan year</i>		
Visiting nurse: <i>maximum 120 days per condition per plan year</i>		
Private duty nursing: <i>contact Insurance Administrator for authorization</i>		
<b>Short-Term Rehabilitation</b>		
Physical, occupational or speech therapy. Restorative after illness or accident. 75 visits of PT, OT or ST per condition per plan year. Visits over 75 are reviewed for medical necessity	100% after \$20 office co-pay	80% after deductible
Physical, occupational or speech therapy For diagnosis of Developmental Delay, a maximum of 75 visits PT, OT, or ST, per year, per child.		
Chiropractor (30 visit limit per plan year)		
Acupuncture (30 visit limit per plan year)		
<b>Durable Medical Equipment</b>		
Durable medical equipment: Rental <i>Purchases only if approved by Insurance Administrator</i>	80% after deductible	
<b>Vision Care</b>		
Routine eye exams, one per plan year, including refraction. <i>No PCP referral required</i>	\$20 co-pay	80% after deductible
Frames, lenses, contacts	Up to \$200 reimbursements per person, every two plan years	
Hearing aids	Maximum reimbursement \$4,000 per person, every five plan years	

\*Defined preventive care services will be provided at 100% when an In Network Physician or facility is used. Defined preventive services are determined by gender and age and recommendations may change from time-to-time. Always check with the Insurance Administrator for the most recent recommendations provided separately from this general overview and discuss them with your doctor.

For U.S. Prescription drug coverage, please refer to the separate Pharmacy Benefit Grid.



# Retiree MIP Plan 2 Summary

## Cigna Dental Benefit Summary – Retiree - Plan 2

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

		Cigna Dental PPO		
Network	Total Cigna DPPO		Out-of-Network	
Calendar Year Maximum (Class I, II & III expenses)	\$2,000		\$2,000	
Annual Deductible				
Individual	\$250		\$250	
Family	\$500		\$500	
Reimbursement Levels	Based on Reduced Contracted Fees		80th percentile of Reasonable & Customary Allowances	
Benefits	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Preventive & Diagnostic Oral Exams Routine - 2 per calendar year Routine Cleanings - 2 per calendar year Routine X-rays - Bitewings: 2 per calendar year Non-Routine X-Rays - Full mouth: 1 every 36 consecutive months; Panorex: 1 every 36 consecutive months Fluoride Application - 1 per calendar year under age 19 Sealants - Limited to posterior tooth. 1 treatment per tooth every three years up to age 14 Space Maintainers - Limited to non-orthodontic treatment	100% No Deductible	No Charge No Deductible	80% No Deductible	20% No Deductible
Class II: Basic Restorative Fillings Root Canal Therapy / Endodontics Emergency Care to Relieve Pain Root Planing and Scaling - Various limitations depending on the service Splinting Oral Surgery – Simple Extractions Anesthesia	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Crowns – Replacement every 5 years Dentures – Replacement every 5 years Bridges – Replacement every 5 years Inlays / Onlays – Replacement every 5 years Prosthesis Over Implant - 1 per every 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non- precious metals. Repairs to Dentures, Bridges, Crowns and Inlays - Reviewed if more than once Stainless Steel/Resin Crowns Transepithelial Cytologic / Brush Biopsies Relines, Rebases and Adjustments – Covered if more than 6 months after installation	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible



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Class IV: Orthodontia  Lifetime Maximum  Study Models or Diagnostic Casts - Payable only when in conjunction with orthodontic workup	50% After Deductible  \$1,000	50% After Deductible	50% After Deductible  \$1,000	50% After Deductible
Class VI: Periodontal  Gingivectomy Gingivoplasty Alveoplasty Vestibuloplasty Osseous Surgery  No Annual or Lifetime Maximums apply	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class VII: Oral Surgery  Surgical Extractions of Impacted Teeth  No Annual or Lifetime Maximums apply	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IX: Surgical Implants  No Annual or Lifetime Maximums apply	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible