PPO STANDARD PLAN BENEFITS SUMMARY†
Effective January 1, 2024
For Non-Medicare Eligible Retirees Retired Before 8/23/89

†The plan document defines and controls the terms of the benefits provided.

The PPO Standard Plan pays as shown below after you meet the annual deductible. The maximum amount that the Plan will pay is based on the Plan's PPO maximum allowance.** Services must be medically necessary. ***This Plan includes the Blue Cross Blue Shield PPO Network.***

Medical Benefits		In Network PPO Providers	Out Of Network Providers
Lifetime Maximum		$1.5 million per covered person for medical and prescription drugs. The lifetime maximum includes expenses paid under all Non-Medicare and Medicare plans combined.	
Deductible			
Individual	2024	$541	$1,266
Family	2024	$1,622	$3,798
Out-of-Pocket Expense Limit			
Individual	2024	$3,162	$6,321
Family	2024	$6,324	$12,642
		In-network and not in network cannot be combined	
Coinsurance		**Plan Pays:**	
Emergency Room Services		90%**	
MRI Scans, PET Scans, CAT Scans *		80%**	
Occupational and Speech Therapy *			
Prosthetic Devices and Durable Medical Equipment (DME) *			
Ambulance Transportation *			
Skilled Nursing Facility *			
Skilled Home Health Care *			
Hospice Care *			
Outpatient Mental Health and Substance Abuse *			
Diagnostic Testing Incentive Program**			
Diagnostic Lab Tests performed by an independent PPO lab (i.e. Quest) paid in full by Plan if all requirements are met. Members must use a free standing in network lab, e.g., Quest, for diagnostic tests ordered by their physician to have the expense paid in full by the Plan. If a member uses a hospital based laboratory or the claims for lab services are billed by a hospital, the expenses are subject to deductible and co-insurance.**			
Other Covered Services, for example: • Hospital Inpatient * • Hospital Outpatient • Doctor (Office) Visits Note: Routine Screening Exams/Physicals are not covered Preventive care is not covered.		90%**	70%**

*These services require pre-certification through Telligen. Call 1-800-373-3727.

****PPO maximum allowance** – The amount that providers who have contracted with the claims administrator have agreed to accept as reimbursement. The maximum amount that will be considered by the plan as covered for services is the lowest of the provider's actual charge, the PPO contracted rate or the usual and customary charge.

BENEFITS SUMMARY RETIREE HEALTH PLAN
For Retirees Who Retired Prior To 8/23/89
PRESCRIPTION DRUG COVERAGE
Effective January 1, 2024

†The plan document defines and controls the terms of the benefits provided.

Prescription Drug Benefits	Coverage
Caremark Retail Pharmacy – up to a 30 day supply or 100 unit dose (whichever is less)	After you've met the separate $100 annual prescription drug deductible (does not apply to Means Test Eligible Retirees*), for each prescription, you pay: • 20% of the contracted cost for generic drugs • 20% of the contracted cost for formulary brand name drugs** when no generic is available • 20% of the contracted cost plus $15 for non-formulary brand name drugs*** when no generic is available
Mail Order Program - Up to a 90 day supply	For each prescription, you pay: • $40 for 2024 ($7 for Means Test Eligible Retirees) for generic drugs • $106 for 2024 ($20 for Means Test Eligible Retirees) for formulary brand name drugs when no generic is available **Note: non-formulary brand name medications are not available through the mail order program.**
Restrictions: Why choose a generic?	If a brand name drug is dispensed when a generic alternative is available, you pay the difference in cost between the generic and the brand name as well as the generic copayment. The Plan will not pay more than it would pay for the generic medication if you buy a brand name drug when a generic alternative is available.
Generic Step Therapy Program for generics available in the therapeutic class	If you elect to purchase a brand medication without trying an appropriate generic medication in the same therapeutic class, you will pay the full cost of the medication. **If you try the generic medication and your physician finds that the generic medication is not effective in treating your condition, you will be able to receive the brand medication at the copayment applicable to non-formulary or formulary drugs.**
Specialty Medications	If you do not try the preferred medication for the therapeutic class, you will pay the full cost of the medication. If you try the preferred specialty medication and it is not effective in treating your condition, you will be able to receive a non-preferred formulary drug at retail.
Mandatory Mail Order	Requiring the use of mail order will reduce costs for the City and Retirees. After 2 fills of your generic or formulary brand medication at a retail pharmacy, you will be required to use mail order for any additional fills through CVS-Caremark in Mount Prospect, IL. If you do not use the mail order program for your 3rd or any subsequent fills, you will pay the full cost of the prescription. If your medication is non-formulary, however, you must continue to use the retail pharmacy.
Out-of-network pharmacy reimbursement	If you do not go to a network retail pharmacy, you pay the full amount when you pick up your prescription. You must then submit a receipt for reimbursement. The Plan will pay 60% of the Plan's cost, after you've met the deductible (if applicable). There is no formulary list if you go to an out-of-network pharmacy.

* **Means test eligible retiree –** generally, the combined household adjusted gross income, as reported to the Internal Revenue Service in the immediately preceding tax year, must be at or below 250% of federal poverty guidelines for your family size that year.

** **Formulary brand name drugs –** a formulary drug is a brand name drug that has been designated as a preferred drug by CVS Caremark. The preferred drug list (formulary) may change periodically at the discretion of the pharmacy benefits manager.

*** **Non-formulary brand name drug –** a non-formulary brand name drug is a brand name drug that is not on the preferred list of formulary drugs.

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