

CITICARE FIRE

Plan Summary of Benefits for Retirees

Effective – 10/01/2019

BENEFITS	IN NETWORK (Participating Providers)	OUT OF NETWORK
PLAN YEAR DEDUCTIBLE	No Plan Year Deductible	\$200 Per Individual \$500 Max Family
PHYSICIAN SERVICES In-Patient Out Patient Emergency Room	\$15.00 Co-Pay	Deductible Then 70/30% Co-insurance
LABORATORY SERVICES Physician's Office Lab Facilities Hospitals	\$10.00 Co-Pay \$15.00 Co-Pay	Deductible Then 70/30% Co-insurance
X-RAYS Physician's Office Lab Facilities	\$10.00 Co-Pay \$15.00 Co-Pay	Deductible Then 70/30% Co-insurance
EMERGENCY ROOM SERVICES	\$50 Co-Pay Then 80/20% Co-insurance	Deductible Then 70/30% Co-insurance
HOSPITAL SERVICES In-Patient Hospital Services	\$200 Individual Deductible Then 85/15% Co-insurance	Deductible Then 70/30% Co-insurance
HOSPITALIZATION Out-Patient Services	\$200 Individual Deductible \$500 Max Family Deductible Then 85/15% Co-insurance	Deductible Then 70/30% Co-insurance
RETAIL PRESCRIPTIONS – 30-day supply	\$0 Co-pay – Generics \$20 Co-pay - Preferred \$40 Co-pay – Non-Preferred	Deductible Then 70/30% Co-insurance
MAIL ORDER PHARMACY - 90-day supply Mail Order required for maintenance drugs after 2 fills at the retail pharmacy.	\$0 Co-pay – Generics \$20 Co-pay – Preferred \$40 Co-pay - Non -Preferred	Deductible Then 70/30% Co-insurance
OUT-OF-POCKET COST Including Co-Pays & Deductibles	\$500 Per Individual \$1,250 Max Family	\$700 Per Individual \$1,750 Max Family

Coverage	Monthly Rate (w/ Association)	Monthly Rate (w/o Association)
Retiree Only < 65	\$553.14	\$843.18
Retiree & Spouse < 65	\$1,572.39	\$1,862.43
Retiree & Children < 65	\$1,363.86	\$1,653.90
Retiree & Family < 65	\$2,201.49	\$2,491.53
Retiree Spouse Only < 65	\$1,019.26	\$1,019.26
Retiree Spouse & Children < 65	\$1,653.90	\$1,653.90
Retiree Children Only < 65	\$810.72	\$810.72