

CRC Retiree Medical Summary – 2021

Network: Aetna Choice POS II

Medical Website: <http://www.aetna.com>

Prescription Drug Website: <http://www.express-scripts.com/>

Coordination with Medicare

Maintenance of Benefits (MOB): Medicare, as primary payor, pays first. CRC plan, as secondary payor, pays remaining up to CRC plan limits. The Maintenance of Benefits approach calculates the amount you would have received under the plan if you were not eligible for Medicare, subtracts the amount payable by Medicare and reimburses the difference. Even if you fail to enroll in Medicare Parts A & B, CRC's plan benefits will be reduced by what Medicare would have paid.

Benefit ^{1, 2}	Retiree Medical Plan
Annual Medical Deductible	Individual \$300; Family \$600
Out-of-Pocket Maximum	Individual \$1,500; Family \$3,000
Inpatient/Outpatient Facility & Services Room and board Ancillary charges Surgeon/Special duty nursing	Covered 90%
Skilled Nursing Facility	Covered 90%
Outpatient Office visits X-rays and lab work Routine eye examinations Eyeglasses Physical therapy Chiropractor	Covered \$20 copay (\$40 Specialist copay) Covered 90% Covered 100%; no deductible; one per calendar year Aetna Discount Program Covered \$40 copay; no deductible Covered 90%; maximum 25 visits per calendar year
Preventive Services Routine Physicals/Well Child Care Flu Shots PSA Test Women's Health Screenings (and exam) Colorectal Cancer Screening	\$0 Copay
Mental Health & Substance Abuse Inpatient Outpatient	Covered 90%; all treatments must be precertified Covered \$20 copay (\$40 Specialist copay)
Other Services Ambulance Hospice care Home health care Durable medical equipment Prosthetic devices	Covered 90%
Emergency Room Network facility Non-Network facility	<i>No coverage for non-emergency use of emergency room</i> Covered 90% Covered 90%
Prescription Drug Coverage (Express Scripts) Retail (30-day supply) Generic Preferred Brand Non-Preferred Brand Mail order (90-day supply) Generic Preferred Brand Non-Preferred Brand	Separate prescription drug annual out-of-pocket maximum is \$1,000; Certain prescribed medications are covered at 100% \$10 copay/prescription \$30 copay/prescription \$50 copay/prescription \$20 copay/prescription \$60 copay/prescription \$100 copay/prescription

¹ Refer to the Summary Plan Description and subsequent issues of CRC Benefits newsletters for further details.

² All benefit levels are in-network and after the deductible, except prescription drugs.