

ANCILLARY BENEFITS	RETIREE PAYS
Hearing	\$0 Routine Hearing Exam- 1 per year \$0 Fitting and Evaluations- 3 per year \$500- \$1975 copay per ear depending on technology level of hearing aid
Dental	\$25 Deductible Annual Maximum - \$1,250 Preventive & Diagnostic – 100% Basic – 50%, after deductible Major (Surgical & Restorative)– 50%, after deductible
Vision	\$0 Routine Eye Exam, 1 per year \$100 Frame Allowance \$0 to \$175 copay (depending on lens type) \$0 Medically Necessary Contact Lenses (In lieu of eyeglasses) \$100 Allowance Non- Medically Necessary Contact Lenses (in lieu of eyeglasses)
Fitness Benefit	SilverSneakers (fitness classes online and at local facilities)

Carrier			
CareFirst BlueCross BlueShield Group Advantage (PPO)			
Prescription	30-Day Retail Retiree Pays Up To	90-Day Retail Retiree Pays Up To	90-Day Mail Order Retail Pays Up To
Annual Deductible \$0			
Tier 1-A Preferred Generic	\$10	\$30	\$10
Tier 1 Generic	\$10	\$30	\$10
Tier 2 Brand	\$35	\$105	\$35
Tier 3 Non-Preferred Brand	\$50	\$150	\$50
Tier 4 Specialty	\$50	Limited to one month supply	Limited to one month supply