

**2013 MEDICAL PLANS COMPARISON
CALIFORNIA RETIREE BENEFITS - NON-MEDICARE RETIREES**

Benefit	UHC/PacifiCare High	UHC/PacifiCare Low	Kaiser High	Kaiser Low
Deductible	None	None	None	None
Ambulance	No charge	No charge	No charge	No charge
Durable Medical Equipment	No charge	No charge	No charge	No charge
Emergency Services	\$100/visit; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Home Health Care	\$3 copay	No charge	No charge; 100 2-hr visits/calender year	No charge; 100 2-hr visits/calender year
Hospital				
Inpatient	\$100 per admit	\$100 per admit	\$100 per admit	\$100 per admit
Outpatient	\$15 copay	\$25 copay	\$15 copay	\$25 copay
Maximums (lifetime and annual)	Unlimited	Unlimited	Unlimited	Unlimited
Mental Health:				
Inpatient*	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN: No charge	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN: No charge	\$100 copay/admit; up to 45 days/calender year; no limit on mental health parity	\$100 copay/admit; 45 days/calender year; limit on mental health parity
Outpatient*	Mental Health and Substance Abuse \$3 Copay provided by MHN	Mental Health and Substance Abuse \$25 Copay provided by MHN	\$15 copay/individual;\$7 copay group; 20 visits/calender year; no day limit mental health parity	\$25 copay/individual; \$12 group; 20 visits/calender year; no day limit - mental health parity
Outpatient Diagnostic-X-ray and Laboratory	No charge	No charge	No charge	No charge
Physical exam	\$15 copay	\$25 copay	\$15 copay	\$25 copay
Physician Services -				
Office/Home visit	\$15 copay	\$25 copay	\$15 copay	\$25 copay
Prescription Drugs	Retail: \$10 copay/Generic; \$30 copay/ Brand; Mail - 2 x retail	Retail: \$10 copay/Generic; \$30 copay/ Brand; Mail - 2 x retail	Retail (100 day supply): \$10 copay Generic; \$30 copay Brand	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand;
Skilled Nursing Facility	No charge; 100 days/calender year	\$100 copay; 100 days/calender year	No charge; 100 days/calender year	No charge; 100 days/calender year
Substance Abuse:				
Inpatient	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN: No charge	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN: No charge	\$100 copay per admit; Detox only	\$100 copay/admit; Detox only
Outpatient	Mental Health and Substance Abuse \$3 Copay provided by MHN	Mental Health and Substance Abuse \$25 Copay provided by MHN	\$15 copay individual; \$5 copay group	\$25 copay/individual; \$5 group

Note: This is only a summary of your benefits; Refer to the EOC or disclosure forms for HMO benefit details, and exclusions and limitations

**2013 MEDICAL PLANS COMPARISON
CALIFORNIA RETIREE BENEFITS - MEDICARE RETIREES**

Benefit	UHC/Secure Horizons High Option	UHC/Secure Horizons UHC/PacifiCare Low	Kaiser Senior Advantage High Option	Kaiser Senior Advantage Low Option
Deductible	None	None	None	None
Ambulance	No charge	No charge	No charge	No charge
Durable Medical Equipment	No charge	No charge	No charge	No charge
Emergency Services	\$50/visit; waived if admitted <24 hrs for same condition	\$50/visit; waived if admitted <24 hrs for same condition	\$35 copay; waived if admitted	\$50 copay; waived if admitted
Home Health Care	No charge	No charge	No charge	No charge
Hospital				
Inpatient	No charge	No charge	No charge	No charge
Outpatient	No charge	No charge	\$15 copay	\$25 copay
Maximums (lifetime and annual)	Unlimited	Unlimited	Unlimited	Unlimited
Mental Health				
Inpatient*	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN: No charge	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN: No charge	No charge; up to 45 days/calender year; no day limit on mental health parity	No charge; up to 45 days/calender year; no day limit on mental health parity
Outpatient*	Mental Health and Substance Abuse \$3 Copay provided by MHN	Mental Health and Substance Abuse \$25 Copay provided by MHN	\$15 copay/individual;\$7 copay group; no day limit mental health parity	\$25 copay/individual;\$12 copay group; no day limit mental health parity
Outpatient Diagnostic-X-ray and Laboratory	No charge	No charge	No charge	No charge
Physical exam	\$15 copay	\$25 copay	\$15 copay	\$25 copay
Physician Services -				
Office/Home visit	\$15 copay	\$25 copay	\$15 copay	\$25 copay
Prescription Drugs	Retail: \$5 copay/Generic; \$15 copay/ Brand; \$30 copay non-preferred & specialty Mail - 2 x retail	Retail: \$10 copay/Generic; \$20 copay/ Brand; \$35 copay non-preferred & specialty Mail - 2 x retail	Retail (100 day supply): \$5 copay Generic; \$10 copay Brand	Retail (100 day supply): \$10 copay - Generic; \$20 copay Brand;
Skilled Nursing Facility	No charge; 100 days/benefit period in Medicare-certified bed1	No charge; 100 days/benefit period in Medicare-certified bed1	No charge; 100 days/calender year	No charge; 100 days/calender year
Substance Abuse				
Inpatient	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN: No charge	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN: No charge	No charge, Detox only	No charge, Detox only
Outpatient	Mental Health and Substance Abuse \$3 Copay provided by MHN	Mental Health and Substance Abuse \$25 Copay provided by MHN	\$15 copay ividual; \$5 copay group	\$25 copay ividual; \$5 copay group

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RETIREE SCHEDULE OF BENEFITS						
Benefit Plan Option	Class I Retiree*		Class II Retiree		Class III Retiree	
	High	Low	High	Low	High	Low
Medical Plan Option - Doctor Visit Copays - Kaiser (California only) UHC/PacifiCare (California only)	\$15 copay \$15 copay ²	\$25 copay ¹ \$25 copay ¹	\$15 copay \$15 copay ²	\$25 copay ¹ \$25 copay ¹	\$15 copay \$15 copay ²	\$25 copay ¹ \$25 copay ¹
Prescription Drugs HMO Plans	Refer to Medical Comparison		Refer to Medical Comparison		Refer to Medical Comparison	
Dental Plans (Self-Pay) Prepaid (California only)	United Concordia		United Concordia		United Concordia	
Vision (Self-Pay) Prepaid (Optional)	Medical Eye Services (MES)		Medical Eye Services (MES)		Medical Eye Services (MES)	

¹ Non-Medicare Retirees - \$25 copay

² Non-Medicare Retirees - \$15 copay

**2013 MEDICAL PLANS COMPARISON
OUT-OF-AREA & NON-CALIFORNIA RETIREE CLASS I - OVER AGE 65**

Benefit	UHC/PacifiCare Medicare Supplement
Out-of-pocket Maximum	None
Inpatient Hospital	Days 1 - 60: Plan pays Medicare Part A deductible Days 61 - 90: Plan pays Medicare coinsurance Days 91 - 150 days while using 60 lifetime reserve days - covers Medicare copay Days 151 + (365 additional lifetime days) Plan pays Medicare allowable amounts in full
Skilled Nursing Facility	Days 1 - 20: Not covered Days 21 - 100: Plan pays Medicare coinsurance Days 101 - 365: Not covered Beyond 365 days: Not covered
Physician Services	
Office visit; Home visit (at discretion of physician); Hospital/skilled nursing facility (excluding care of mental disorders)	Covers balance of charges after Medicare's payment - except - \$20 copay for physician office visit
Mental Health	
Inpatient	Same as hospital
Outpatient	Medicare pays 55%; carrier pays 45%
Chemical Dependency	
<i>Inpatient</i> (rehabilitation in a Hospital; or <i>Residential</i> substance abuse care facility)	Covered under Part A hospital 190 days lifetime max.
<i>Outpatient</i> (therapy, counseling or psychological testing)	Covered under Part B Medical Services; Medicare pays 55%; carrier pays 45%
<i>Detoxification</i> (acute care for substance abuse)	Covered under Part B Medical Services; Medicare pays 55%; carrier pays 45%
Outpatient Diagnostic X-ray and Lab	Covers balance of charges after Medicare's payment - except - \$20 copay for physician office visit

**2013 MEDICAL PLANS COMPARISON
OUT-OF-AREA & NON-CALIFORNIA RETIREE CLASS I - OVER AGE 65**

Benefit	UHC/PacifiCare Medicare Supplement
Durable Medical Equipment	Covers Medicare Part B deductible then balance after Medicare payment
Ambulance (air or ground)	Covers Medicare Part B deductible then balance after Medicare payment
Home Health Care	Covers Medicare Part B deductible then balance after Medicare payment
Emergency Services	
<i>Within U.S.</i> - emergency room or urgent care center	\$50 copay
<i>Outside U.S.</i> - medically necessary; emergency care services beginning during the first 60 days of each trip outside the U.S.	Plan pays 80% of reasonable and customary up to lifetime maximum of \$50,000
Prescription Drugs	
Generic	Retail: \$5 copay; Mail: \$10 copay
Brand	Retail: \$10 copay; Mail: \$20 copay
OOP Max (TROOP)	Not covered

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