

Benefits for Retirees with Medicare Parts A and B

COVERED BENEFIT	Humana (HMO) ⁶	Peoples Health (HMO-POS option) ⁷	Vantage (HMO - POS Option) ⁷	Humana (PFFS) ⁵	SecureHorizons MedicareDirect (PFFS) ⁵
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Plan Year Deductible	\$0	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket Expense	\$2,500	Not applicable	\$3,250 (in-network)	Not applicable	\$1,800
Inpatient Hospital Services ^{1,4}	\$10 co-payment per day (days 1-10)	\$0 co-payment	\$25 co-payment per day (days 1-5)	\$180 co-payment per day (days 1-5)	\$180 co-payment per day (days 1-5)
Outpatient Hospital Care	\$100 maximum co-payment	\$0 co-payment	\$0-\$100 co-payment for facility	20% co-insurance	20% co-insurance
Surgery, Anesthesia & X-ray	\$0 co-payment	\$0 co-payment	\$0 co-payment for physician	20% co-insurance	\$0 co-payment to 20% co-insurance
Hospital Emergency Room (Worldwide - facility only)	\$50 co-payment, waived if admitted	\$50 co-payment, waived if admitted	\$50 co-payment, waived if admitted	20% co-insurance up to \$50, waived if admitted	\$50 co-payment, waived if admitted
Ambulatory Surgical Facilities	\$50 co-payment	\$0 co-payment	\$100 co-payment	20% co-insurance	20% co-insurance
Physician Visits - Primary Care/Specialty Care	\$5/\$15 co-payment	\$5/\$10 co-payment	\$5/\$20 ² co-payment	\$15/\$30 co-payment	\$15/\$30 co-payment
MRI/CAT Scan	\$100 co-payment	\$0 co-payment	20% co-insurance, up to \$100 per day	20% co-insurance	20% co-insurance
Sonograms	\$50 co-payment	\$0 co-payment	20% co-insurance, up to \$100 per day	20% co-insurance	20% co-insurance
Chemical/Radiation Therapy	\$0 co-payment	\$0 co-payment	\$0 co-payment	20% co-insurance	20% co-insurance
Dialysis	\$0-\$100 co-payment	\$0 co-payment	20% co-insurance	20% co-insurance	20% co-insurance
Cardiac Rehabilitation Therapy	\$5 co-payment	\$0 co-payment	20% co-insurance	20% co-insurance	20% co-insurance
Physical and Occupational Therapy	\$5 co-payment	\$0 co-payment	\$5 co-payment	\$30 co-payment	\$30 co-payment
Speech Therapy	\$5 co-payment	\$0 co-payment	\$5 co-payment	\$30 co-payment	\$30 co-payment
Routine Preventive Care					
Routine Exams	\$0-\$15 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment
Well Woman Care	\$0-\$15 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment
Immunizations	\$0-\$15 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment
PSA Tests	\$0 co-payment, if done during routine exam; one visit allowed per year	\$0 co-payment for the first test; \$5 co-payment for any additional tests	\$0 co-payment; office visit co-pay may apply if other services received	\$0 co-payment, if done during routine exam; one visit allowed per year	Medicare-covered screenings \$0; office visit co-pay may apply if other services received
Oral Surgery	Medicare-coverage guidelines apply; check health plan for details	Coverage on a case-by-case basis	Medicare-coverage guidelines apply; check health plan for details	Medicare-coverage guidelines apply; check health plan for details	Medicare-coverage guidelines apply. Either under Medicare covered dental \$30 or inpatient hospital \$180 per day (days 1-5)
Durable Medical Equipment	0%-20% co-insurance	5% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance
Home Health Care	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment
Hospice Care ³	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment
Wellness Program	See Preventive Care	See Preventive Care	See Preventive Care	See Preventive Care	See Preventive Care
Prescription Drug Benefits - Retail					
Level 1 - Generic	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$5 co-payment	\$5 co-payment ⁸
Level 2 - Preferred Brand	\$20 co-payment	\$20 co-payment	\$20 co-payment	\$35 co-payment	\$25 co-payment
Level 3 - Non-Preferred Brand	\$40 co-payment	\$40 co-payment	\$40 co-payment	\$60 co-payment	\$50 co-payment
Level 4 - Specialty	\$60 co-payment, for 30-day supply only	20% co-insurance	25% co-insurance	\$80 co-payment	\$50 co-payment
Mail Order Drug Program - 90-day supply					
Level 1 - Generic	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$10 co-payment ⁸
Level 2 - Preferred Brand	\$40 co-payment	\$40 co-payment	\$60 co-payment	\$70 co-payment	\$50 co-payment
Level 3 - Non-Preferred Brand	\$80 co-payment	\$80 co-payment	\$120 co-payment	\$120 co-payment	\$100 co-payment
Level 4 - Specialty	\$60 co-payment, for 30-day supply only	20% co-insurance	25% co-insurance	\$80 co-payment, for 30-day supply only	\$100 co-payment
Mental Health ⁴					
Inpatient	\$10 co-payment per day (days 1-10) per admit	\$0 co-payment	\$25 co-payment per day (days 1-5) per admit	\$180 co-payment per day (days 1-5)	\$180 co-payment per day (days 1-5)
Outpatient (per visit)	\$15-\$50 co-payment	\$0 co-payment 1-20 visits, 50% co-insurance 21 & above	\$20 co-payment	20% co-insurance	Group visit \$15 co-payment; individual visit \$30 co-payment
Partial Hospitalization	\$15 co-payment	\$0 co-payment	\$20 co-payment	20% co-insurance	\$60 co-payment per day
Alcohol and Substance Abuse ⁴					
Inpatient	\$10 co-payment per day (days 1-10) per admit	\$0 co-payment	\$25 co-payment per day (days 1-5) per admit	\$180 co-payment per day (days 1-5) per admit	\$180 co-payment per day (days 1-5)
Outpatient (per visit)	\$15-\$50 co-payment	\$0 co-payment 1-20 visits, 50% co-insurance 21 & above	\$20 co-payment	\$30 co-payment	Group visit \$15 co-payment; individual visit \$30 co-payment
Pre-Admission Testing	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment
Skilled Nursing Care	\$0 co-payment (days 1-20) \$20 co-payment (days 21-100)	\$0 co-payment (days 1-20) \$25 co-payment (days 21-100)	\$0 co-payment per day (days 1-20) \$25 co-payment per day (days 21-100)	\$0 co-payment (days 1-3) \$90 co-payment per day (days 4-100)	\$0 per day (days 1-3) \$90 co-payment per day (days 4-100)
Urgent Care	\$15 co-payment	\$10 co-payment	\$10 co-payment	\$30 co-payment	\$30 co-payment
Ambulance	\$100 co-payment	\$0 co-payment	\$100 co-payment per day	20% co-insurance	20% co-insurance

¹ Semi-private room, ancillary services and physician visits

² Referral may be required for a specialist visit

³ Covered by Medicare

⁴ Some services may require pre-certification

⁵ Private Fee-for-Service Plan

⁶ Health Maintenance Organization

⁷ Health Maintenance Organization - Point-of-Service Option

⁸ Preferred generics only

**This chart is a summary of plan options.
Refer to the plan document for full details.**