

| OGB MEDICARE ADVANTAGE PLANS 2012  |   |   |   | BENEFITS COMPARISON   |   |
|--|---|---|---|---|---|
| Retirees with Medicare Part A and Part B   |   |   |   |   |   |
| COVERED BENEFITS   | Humana (HMO) <sup>6</sup>   | Peoples Health (HMO-POS) <sup>7</sup>                             | Vantage (HMO-POS) <sup>4, 7</sup>                                 | Humana (PPO) <sup>5</sup>   | UnitedHealthcare (PPO) <sup>5</sup>   |
| Lifetime Maximum Benefit   | Unlimited   | Unlimited   | Unlimited   | Unlimited   | Unlimited   |
| Plan Year Deductible   | \$0   | \$0   | \$0   | \$0   | \$0   |
| Maximum Out-of-Pocket Expense  | \$2,500   | \$2,500   | \$3,250   | \$3,400   | \$1,800   |
| Inpatient Hospital Services <sup>1, 4</sup>  | \$10 co-pay per day (days 1-10)                                   | \$0 co-pay  | \$100 co-pay per day (days 1-5)                                   | \$180 co-pay per day (days 1-5)                                   | \$180 co-pay per day (days 1-5)   |
| Outpatient Hospital Care   | \$100 maximum co-pay  | \$0 co-pay  | \$100 co-pay per test, \$200 max per day                          | 20% co-insurance  | 20% co-insurance  |
| Surgery, Anesthesia & X-ray  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay for physician  | 20% co-insurance  | \$0 co-pay to 20% co-insurance  |
| Hospital Emergency Room (Worldwide - facility only)  | \$50 co-pay; waived if admitted                                   | \$50 co-pay; waived if admitted                                   | \$50 co-pay; waived if admitted                                   | \$50 co-pay; waived if admitted                                   | \$50 co-pay; waived if admitted   |
| Ambulatory Surgical Facilities   | \$50 co-pay   | \$0 co-pay  | \$100 co-pay  | 20% co-insurance  | 20% co-insurance  |
| Physician Visits - Primary Care/Specialty Care   | \$5/\$15 co-pay   | \$5/\$10 co-pay   | \$5/\$30 co-pay   | \$15/\$30 co-pay  | \$15/\$30 co-pay  |
| MRI/CAT Scan   | \$100 co-pay  | \$0 co-pay  | \$100 co-pay per test, \$200 max per day                          | 20% co-insurance  | 20% co-insurance  |
| Sonograms  | \$50 co-pay   | \$0 co-pay  | \$100 co-pay per test, \$200 max per day                          | 20% co-insurance  | 20% co-insurance  |
| Chemotherapy & Radiation Therapy   | \$15 co-pay   | \$0 co-pay  | 20% coinsurance   | 20% co-insurance  | 20% co-insurance  |
| Dialysis   | 0%-20% co-insurance   | \$0 co-pay  | 20% co-insurance  | 20% co-insurance  | 20% co-insurance  |
| Cardiac Rehabilitation Therapy   | \$5 co-pay  | \$0 co-pay  | 20% co-insurance  | 20% co-insurance  | 20% co-insurance  |
| Physical and Occupational Therapy  | \$5 co-pay  | \$0 co-pay  | \$30 co-pay   | \$30 co-pay   | \$30 co-pay   |
| Speech Therapy   | \$5 co-pay  | \$0 co-pay  | \$30 co-pay   | \$30 co-pay   | \$30 co-pay   |
| Routine Preventive Care (Wellness Program)   |   |   |   |   |   |
| Routine Exams  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  |
| Well Woman Care  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  |
| Immunizations  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay, if done during routine exam; one allowed per visit    | Medicare covered screenings \$0; office visit co-pay may apply, if other services received                                    |
| PSA Test   | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  |
| Oral Surgery   | Medicare coverage guidelines apply; check health plan for details | Medicare coverage guidelines apply; check health plan for details | Medicare coverage guidelines apply; check health plan for details | Medicare coverage guidelines apply; check health plan for details | Medicare coverage guidelines apply. Covered 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-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  |
| Hospice Care <sup>3</sup>  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  |
| Prescription Drug Benefits - Retail  |   |   |   |   |   |
| Level 1 - Generic  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$5 co-pay  | \$5 co-pay  |
| Level 2 - Preferred Brand  | \$20 co-pay   | \$20 co-pay   | \$20 co-pay   | \$35 co-pay   | \$25 co-pay   |
| Level 3 - Non-Preferred Brand  | \$40 co-pay   | \$40 co-pay   | \$40 co-pay   | \$60 co-pay   | \$50 co-pay   |
| Level 4 - Specialty  | \$60 co-pay, for 30 day supply only                               | 20% co-insurance  | 25% co-insurance  | \$80 co-pay   | \$50 co-pay   |
| Mail Order Drug Program - 90-day supply  |   |   |   |   |   |
| Level 1 - Generic  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$10 co-pay   |
| Level 2 - Preferred Brand  | \$40 co-pay   | \$40 co-pay   | \$60 co-pay   | \$70 co-pay   | \$50 co-pay   |
| Level 3 - Non-Preferred Brand  | \$80 co-pay   | \$80 co-pay   | \$120 co-pay  | \$120 co-pay  | \$100 co-pay  |
| Level 4 - Specialty  | \$60 co-pay, for 30 day supply only                               | 20% co-insurance  | 25% co-insurance  | \$80 co-pay, for 30-day supply only                               | \$100 co-pay  |
| Mental Health <sup>4</sup>   |   |   |   |   |   |
| Inpatient  | \$10 co-pay per day (days 1-10) per admit                         | \$0 co-pay  | \$100 co-pay per day (days 1-5)                                   | \$180 co-pay per day (days 1-5)                                   | \$180 co-pay per day (days 1-5)   |
| Outpatient (per visit)   | \$5-\$50 co-pay   | \$0 co-pay (1-20 visits); 45% (21+ visits)                        | \$30 co-pay   | 20% co-insurance  | Group visit \$15 co-pay; individual visit \$30 co-pay   |
| Partial Hospitalization  | \$15 co-pay   | \$0 co-pay  | \$30 co-pay   | 20% co-insurance  | \$60 co-pay per day   |
| Alcohol and Substance Abuse Treatment <sup>4</sup>   |   |   |   |   |   |
| Inpatient  | \$10 co-pay per day (days 1-10) per admit                         | \$0 co-pay  | \$100 co-pay per day (days 1-5)                                   | \$180 co-pay per day (days 1-5) per admit                         | \$180 co-pay per day (days 1-5)   |
| Outpatient (per visit)   | \$5-\$50 co-pay   | \$0 co-pay (1-20 visits); 45% (21+ visits)                        | \$30 co-pay   | \$30 co-pay   | Group visit \$15 co-pay; individual visit \$30 co-pay   |
| Pre-Admission Testing  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  | \$0 co-pay  |
| Skilled Nursing Care   | \$0 co-pay (days 1-20)<br>\$20 co-pay (days 21-100)               | \$0 co-pay (days 1-20)<br>\$25 co-pay (days 21-100)               | \$0 co-pay (days 1-3)<br>\$30 co-pay (days 4-100)                 | \$0 co-pay (days 1-3)<br>\$90 co-pay per day (days 4-100)         | \$0 per day (days 1-3)<br>\$90 co-pay per day (days 4-100)  |
| Urgent Care  | \$15 co-pay   | \$10 co-pay   | \$30 co-pay   | \$30 co-pay   | \$30 co-pay   |
| Ambulance  | \$100 co-pay  | \$50 co-pay   | \$100 co-pay per day  | 20% co-insurance  | 20% co-insurance  |
| <div><div><sup>1</sup> Semi-private room, ancillary services &amp; physician visits<br/><sup>2</sup> Referral may be required for a specialist visit<br/><sup>3</sup> Covered by Medicare</div><div><sup>4</sup> Some services may require pre-certification<br/><sup>5</sup> Preferred Provider Organization<br/><sup>6</sup> Health Maintenance Organization</div><div><sup>7</sup> Health Maintenance Organization - Point-of-Service Option<br/><sup>8</sup> Preferred generics only</div><div><b><i>This chart is a summary of plan options. Refer to the plan document for full details.</i></b></div></div> |   |   |   |   |   |