

**PPO Medical and Prescription Drug Plan Options
for Medicare-Eligible Retirees who qualify for healthcare and retired on or BEFORE December 31, 2014**

Benefits	BCBSM Medicare Plus Blue Group PPO		Humana Group Medicare Advantage PPO	
	In-network	Out-of-Network	In-network	Out-of-Network
Deductibles, Copays and Dollar Maximum				
Annual deductible	\$500 per member per calendar year		\$500 per member per calendar year	
Percent copayments	20% for select services	20% for select services	20% for select services	20% for select services
Annual coinsurance maximum (percentage copayment)	N/A	N/A	N/A	N/A
Maximum out-of-pocket (For covered medical services)	\$2,500 per member per calendar year	\$5,000 per member per calendar year (combined in and out-of-network)	\$2,500 per member per calendar year	
Routine Office Visits				
Office visits	\$25 copay	\$50 copay	\$25 copay	\$25 copay
Specialist care (includes GYN, eye exams and hearing exams)	\$25 copay	\$50 copay	\$25 copay	\$25 copay
Preventative Services				
Annual wellness visit	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Annual cervical and cancer screening	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Mammography screening	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Pap smear screening	Plan pays 100% (lab only)	Plan pays 100% (lab only)	Plan pays 100% (lab only)	Plan pays 100% (lab only)
Immunizations	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Prostate Specific Antigen (PSA) screening – laboratory services only	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Hospital Services				
Number of days of care	Unlimited days	Unlimited days	Unlimited days	Unlimited days
Inpatient physician care, general nursing care, hospital services and supplies	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible up to a \$1,340 maximum out-of-pocket per admission	Plan pays 80% after deductible up to a \$1,340 maximum out-of-pocket per admission
Outpatient surgery	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible

Benefits	BCBSM Medicare Plus Blue Group PPO		Humana Group Medicare Advantage PPO	
	In-network	Out-of-Network	In-network	Out-of-Network
Emergency Care				
Hospital emergency room	\$65 copay after deductible (copay waived if admitted within 3 days)	\$65 copay after deductible (copay waived if admitted within 3 days)	\$65 copay (waived if admitted)	\$65 copay (waived if admitted)
Urgent care	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Ambulance – medically necessary	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Diagnostic Services				
Laboratory and pathology tests	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible if not performed during physician office visit	Plan pays 80% after deductible if not performed during physician office visit
Diagnostic tests and X-rays	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible if not performed during physician office visit	Plan pays 80% after deductible if not performed during physician office visit
Alternatives to Hospital Care				
Skilled nursing care in a skilled nursing facility	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 100% after deductible for days 1 - 20. 80% after deductible for days 21 - 100 and Plan pays \$0 after 100 days	Plan pays 100% after deductible for days 1 - 20. 80% after deductible for days 21 - 100 and Plan pays \$0 after 100 days
Mental Health Care				
Inpatient mental health care and outpatient facility mental health care	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible up to a \$1,340 maximum out-of-pocket per admission	Plan pays 80% after deductible up to a \$1,340 maximum out-of-pocket per admission
Outpatient mental health care rendered in a provider's office	\$25 copay	\$50 copay	\$25 copay	\$25 copay
Appliances & Prosthetic Devices				
Prosthetics & orthotics	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Durable medical equipment	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Chiropractic Services				
Chiropractic care	\$20 copay	\$40 copay	\$20 copay	\$20 copay

Benefits	BCBSM Medicare Plus Blue Group PPO		Humana Group Medicare Advantage PPO	
	In-network	Out-of-Network	In-network	Out-of-Network
Hearing Aids				
Hearing Aid Coverage	Hearing Evaluation covered; Hearing Aids covered up to \$2,000 every 36 months.	Hearing Evaluation covered; Hearing Aids covered up to \$2,000 every 36 months.	Medicare-covered hearing \$25 copay; \$0 copay for fitting/evaluation once per year; \$1,000 maximum benefit coverage for each hearing aid once per year; 2-year warranty	Medicare-covered hearing \$25 copay; \$0 copay for fitting/evaluation once per year; \$500 maximum benefit coverage for each hearing aid once per year; 2-year warranty
Prescription Drugs				
Preferred Pharmacy Network (PPN) Standard Pharmacy (SP)		Preferred Pharmacy Network (PPN) Standard Pharmacy (SP)		
Certain drugs require prior authorization and have quantity restrictions				
Prescription drug deductible	None			
Retail preferred generic	PPN: \$10 copay SP: \$20 copay up to 31 day supply. Coverage gap does not apply.		\$10 copay up to a 30 day supply. Coverage gap does not apply.	
Retail non-preferred generic	PPN: \$10 copay SP: \$20 copay up to 31 day supply. Coverage gap does not apply.		\$10 copay up to a 30 day supply. Coverage gap does not apply.	
Prescription Drugs				
Preferred Pharmacy Network (PPN) Standard Pharmacy (SP)				
Retail preferred brand name	PPN: \$45 copay SP: \$60 copay up to 31 day supply. Coverage gap does not apply.		\$45 copay up to a 30 day supply. Coverage gap does not apply.	
Retail non-preferred	50% coinsurance with \$60 minimum copay and \$120 maximum copay up to a 31 day supply. Coverage gap does not apply.		50% coinsurance with \$60 minimum copay and \$120 maximum copay up to a 30 day supply. Coverage gap does not apply.	
Retail specialty drugs	50% coinsurance with \$300 minimum copay and \$600 maximum copay up to a 31 day supply. Coverage gap does not apply.		50% coinsurance with \$300 minimum copay and \$600 maximum copay up to a 30 day supply. Coverage gap does not apply.	
Mail order prescription drugs	Two times the applicable generic and brand copay for a 90-day supply; (Specialty drugs cannot be filled for a 90 day supply)		Two times the applicable generic and brand copay for a 90-day supply. (Specialty drugs cannot be filled for a 90 day supply)	
Part D – catastrophic coverage	You pay the above amounts until your out-of-pocket costs reach \$6,550.		Once member's out of pocket costs reach over \$6,550, the copay is the greater of 5% or \$3.70 for generics and \$9.20 for brands	
Prescription drug coverage gap (donut hole)	Coverage gap does <u>not</u> apply to this plan.		Coverage gap does <u>not</u> apply to this plan.	

**HMO Medical and Prescription Drug Plan Options
for Medicare-Eligible Retirees who qualify for healthcare and retired on or BEFORE December 31, 2014**

Benefits	BCN Advantage HMO-POS	HAP Senior Plus HMO	Priority Health HMO
Deductibles, Copays and Dollar Maximum			
Annual deductible	\$500 per member per calendar year	\$500 individual, per calendar year. Emerg/Urgent Care Copays apply to the deductible	\$500 per member per calendar year
Percent copayments	20% for select services	10% for select services	10% coinsurance for select services
Annual coinsurance maximum (percentage copayment)	\$1,500 per member per calendar year	\$2,700 individual, per calendar year	\$2,700 per member per calendar year
Maximum out-of-pocket (For covered medical services)	\$2,500 per member per calendar year	\$3,200 individual, per calendar year.	\$3,200 per member per calendar year
Routine Office Visits			
Office visits	\$25 copay	\$20 copay	\$20 copay
Specialist care (includes GYN, eye exams and hearing exams)	\$25 copay after deductible	\$40 copay	\$40 copay
Preventive Services			
Annual wellness visit	Plan pays 100%	Plan pays 100%	Plan pays 100%
Annual cervical and cancer screening	Plan pays 100%	Plan pays 100%	Plan pays 100%
Mammography screening	Plan pays 100%	Plan pays 100%	Plan pays 100%
Pap smear screening	Plan pays 100% (lab only)	Plan pays 100%	Plan pays 100%
Immunizations	Plan pays 100%	Plan pays 100%	Plan pays 100%
Prostate Specific Antigen (PSA) screening	Plan pays 100%	Plan pays 100%	Plan pays 100%
Hospital Services			
Number of days of care	Unlimited days	Unlimited days	Unlimited days
Inpatient physician care, general nursing care, hospital services and supplies	Plan pays 80% after deductible, with a 20% coinsurance up to \$1,500 per member per calendar year	Plan pays 90% after deductible	Plan pays 90% after deductible
Outpatient surgery	Plan pays 80% after deductible, with a 20% coinsurance up to \$1,500 per member per calendar year	Plan pays 90% after deductible	Plan pays 90% after deductible

Benefits	BCN Advantage HMO-POS	HAP Senior Plus HMO	Priority Health HMO
Emergency Care			
Hospital emergency room	\$65 copay after deductible (copay waived if admitted)	\$65 copay, applies to deductible (copay waived if admitted)	\$65 copay (waived if admitted)
Urgent care	\$25 copay	\$40 copay - Applies to the Deductible	\$40 copay
Ambulance	Plan pays, 80% after deductible, ground & air service, with a 20% coinsurance up to \$1,500 per member per calendar year	Plan pays 90% after deductible Medicare guidelines apply.	Plan pays 90% after deductible
Diagnostic Services			
Laboratory and pathology tests	Plan pays 100%	Plan pays 90% after deductible	Plan pays 90% coinsurance after deductible
Diagnostic tests and X-rays	Plan pays 80% after deductible, with a 20% coinsurance up to \$1,500 per member per calendar year	Plan pays 90% after deductible	Plan pays 90% coinsurance after deductible
Alternatives to Hospital Care			
Skilled nursing care in a skilled nursing facility	Plan pays 100% after deductible. Up to 100 days per benefit period.	Days 1-20: Covered Days 21-730: Plan Pays 90% after Deductible. Limitations: Up to 730 days per benefit period. Hospital stay not required. Authorization rules apply.	Plan pays 90% after deductible
Mental Health Care			
Inpatient mental health care and outpatient facility mental health care	Plan pays 100% when authorized by BCN	Plan pays 90% after deductible. Medicare guidelines and lifetime limit apply.	Plan pays 90% after deductible
Outpatient mental health care rendered in a provider's office	Plan pays 100% when authorized by BCN	\$20 copay	\$20 copay
Appliances & Prosthetic Devices			
Prosthetics & orthotics	Plan pays 100%	Plan pays 90% after deductible, coverage for approved equipment based on Medicare guidelines	Plan pays 90% coinsurance after deductible
Durable medical equipment	Plan pays 100%	Plan pays 90% after deductible, coverage for approved equipment based on Medicare guidelines	Plan pays 90% coinsurance after deductible
Chiropractic Services			
Chiropractic care	Chiropractic spinal manipulation when referred by PCP – \$20 copay after deductible	\$20 copay (manipulation of spine for subluxation only)	\$20 copay (Limited to covered services for manipulation of the spine)

Benefits	BCN Advantage HMO-POS	HAP Senior Plus HMO	Priority Health HMO
Hearing Aids			
Hearing Aid Coverage	Hearing Evaluation covered; Hearing Aids provided for each ear every 3 years.	NationsHearing Provider Required – annual hearing exam covered, up to 2 hearing aids per calendar year, follow up visits, 60-day trial period, 48 batteries per year, warranty, 1-time replacement coverage, pays up to \$2,000 per year toward purchase of hearing aids	In-Network only, diagnostic exam, \$20 co-pay with PCP / \$40 co-pay with Specialist; routine exam \$40 co-pay; plan pays 90% for one hearing aid per year, each year
Prescription Drugs			
Preferred Pharmacy Network (PPN) Standard Pharmacy (SP)			
Certain drugs require prior authorization and have quantity restrictions.			
Prescription drug deductible	None	\$0 Generic deductible plus generic drug coverage through the coverage gap \$100 brand / specialty tier deductible applies.	\$0 deductible for Tiers 1 & 2 generics, \$100 deductible for brand and specialty drugs
Retail preferred generic	PPN: \$10 copay SP: \$20 copay up to a 34 day supply. Coverage gap does not apply.	\$3 copay up to a 30 day supply. Coverage gap does not apply.	\$3 copay up to a 30 day supply. Coverage gap does not apply. Deductible does not apply.
Retail non-preferred generic	PPN: \$10 copay SP: \$20 copay up to a 34 day supply. Coverage gap does not apply.	\$15 copay up to a 30 day supply. Coverage gap does not apply.	\$15 copay up to a 30 day supply. Coverage gap does not apply. Deductible does not apply.
Retail preferred brand name	PPN: \$45 copay SP: \$60 copay up to a 34 day supply. Coverage gap does not apply.	\$45 copay up to a 30 day supply. Coverage gap applies.	\$45 copay up to a 30 day supply after deductible.
Retail non-preferred brand name	50% coinsurance with \$80 minimum copay and \$100 maximum copay up to a 34 day supply. Coverage gap does not apply.	30% coinsurance up to a 30 day supply. Coverage gap applies.	Plan pays 70% coinsurance after deductible
Retail specialty drugs	50% coinsurance with \$160 minimum copay and \$200 maximum copay up to a 34 day supply. Coverage gap does not apply.	30% coinsurance up to a 30 day supply. Coverage gap applies.	Plan pays 70% coinsurance after deductible
Mail order prescription drugs	Two times the applicable generic and brand copay for a 90-day supply; (Specialty drugs cannot be filled for a 90 day supply)	Two times the applicable generic and brand copay for a 90-day supply	Two times the applicable generic and preferred brand copay for a 90-day supply. Plan pays 70% after deductible for non-preferred brand name drugs. (Specialty drugs cannot be filled for a 90 day supply)
Part D – catastrophic coverage	Once member's out of pocket costs reach over \$6,550, the copay is the greater of 5% or \$3.90 generics and \$9.20 for all others	Once member's out of pocket costs reach over \$5,100, the copay is the greater of 5% or \$3.40 generics and \$8.50 brands	Once member's out of pocket costs reach over \$6,550, the copay is the greater of 5% or \$3.60 generics and \$8.95 brands
Prescription drug coverage gap (donut hole)	Coverage gap does not apply to this plan	In 2020, the coverage gap begins when the total cost of your prescription drugs (both what you and the plan have paid) reaches \$4,020 and ends when your out-of-pocket costs reach \$6,350.	In 2020, the coverage gap begins when the total cost of your prescription drugs (both what you and the plan have paid) reaches \$4,130 and ends when your out-of-pocket costs reach \$6,550.