

2014 RETIREE OPEN ENROLLMENT GUIDE FOR MEDICARE ELIGIBLE RETIREES AND SPOUSES

This year's Open Enrollment period begins on November 8, 2013 and ends December 7, 2013. During this time, you may change your health insurance coverage for calendar year 2014.





Dear Retiree:

Healthcare is in the news and on the minds of Americans. As a City of Alexandria Medicare-eligible retiree you and your eligible dependents may have an opportunity during this Open Enrollment to **reduce your health care costs and expand your coverage**. This [2014 RETIREE OPEN ENROLLMENT GUIDE](#) is designed to help you choose the plan that best meets your health needs and financial resources. Please review it carefully.

Here are important changes to the City's Retiree Health Care Program you should know about.

- The City has added a new UnitedHealthcare (UHC) Medicare Advantage Plan for retirees and their spouses who are Medicare eligible.
- After January 1, 2014, the only City-sponsored plans retirees/spouses who are Medicare eligible will be permitted to enroll in are the Kaiser Medicare Plus plan and the UHC Medicare Advantage Plan (PPO). Retirees **may not** remain enrolled in the Kaiser or UHC "Employee Plans" after they become Medicare eligible.
- **Retirees and their spouses who are Medicare eligible and who are now enrolled in the UHC "Employee Plans" will be moved automatically to the UHC Medicare Advantage Plan on January 1, 2014.**
- If you previously opted out of the City-sponsored plans for the reimbursement plan, you may now reenter either the Kaiser Medicare Plan or UHC Medicare Advantage Plans during Open Enrollment.
- Retirees/spouses who become Medicare eligible by March 1, 2014 may enroll in either plan now with coverage beginning on January 1, 2014 or the first day of the month following their eligibility for Medicare, whichever is later.

The following pages provide more detail about these changes. You may have questions or need additional information. If so, please attend one of the informational meetings to meet with the Benefits staff, Kaiser and UHC representatives. Dates and locations are included in the [GUIDE](#). Contact information for the Benefits staff is also included in the [GUIDE](#).

If you decide to change your insurance coverage, you must submit your election form so it is received by the Human Resources Department no later than December 7, 2013. **Late submissions will not be accepted.** We ask that all retirees return their completed forms to the Benefits Team to ensure we have accurate contact information for our retirees. Information packages from the carriers will be issued separately.

We wish you a healthy, happy and productive year.

Sincerely,

A handwritten signature in black ink, appearing to read "Bettina A. Deynes".

Bettina A. Deynes, MBA, SPHR, IPMA-CP
Director, Human Resources Department

Open Enrollment Guide

Frequently Asked Questions

<p><i>Why is there an open season now - I just participated in an open season last spring and selected my health plan for July 1, 2013 to June 31, 2014?</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Effective January 1, 2014, all Medicare eligible City retirees must leave the City’s “Employee Plans” and join a Medicare plan of their choosing because nationally the open enrollment period for Medicare plans is immediately before the January 1 beginning of the Medicare Plan Year. Kaiser members already move from the Kaiser “Employee Plans” to the Kaiser Medicare Plus Plan upon becoming Medicare eligible. The City has now negotiated a Medicare Advantage Plan through UHC. The plan is available throughout the United States and may offer retirees considerable premium and cost savings and substantial benefits. Medicare eligible retirees may now select Kaiser, UHC or any other plan of their choice and receive reimbursement up to \$260 per month by the City. <input type="checkbox"/> Retiree Open Season will be held in October/November in coming years to offer retirees a periodic opportunity to select a health plan of their choosing.
<p><i>I am Medicare eligible and I am now enrolled in the UHC “Employee Plan.” What do I have to do?</i></p>	<p>Complete and return the enrollment form. Correct or add any wrong or missing contact information. Select either UHC, Kaiser, or the reimbursement program on the enrollment form for calendar year 2014.</p> <p><i>Note: Retirees now enrolled in the UHC “Employee Plans” will be automatically enrolled in the UHC Medicare Advantage Plan for 2014. Please verify your selection by returning the Enrollment Form in a timely manner.</i></p>
<p><i>What should I do first?</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Read about the Kaiser Medicare Plus and UHC Medicare Advantage PPO Plans in the plan summaries on pages 10-12. <input type="checkbox"/> Review the rate comparison chart on page 9. <input type="checkbox"/> If you still have questions or are unsure about what to choose: <ul style="list-style-type: none"> <input type="checkbox"/> Attend one of the informational sessions provided by the City (a list of the dates, times and locations is contained on page 6) <input type="checkbox"/> Contact the Benefits staff at 703-746-3785. <input type="checkbox"/> You may also want to explore the market place for coverage options available to over the Medicare eligible. The cost for coverage you purchase will be reimbursed by the City for up to \$260 per month. A good place to begin shopping is www.medicare.gov.

<p><i>If I want to make a change, what benefit plan choices can I make during Open Enrollment?</i></p>	<p><u>Health Insurance Plans:</u></p> <p>Three options are available to Medicare Eligible retirees/spouses in 2014 provided they are already enrolled in a City-sponsored health plan or the reimbursement plan:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Kaiser Medicare Plus Plan <input type="checkbox"/> United Healthcare Medicare Advantage Plan (PPO) <input type="checkbox"/> Coverage under any other health plan of your choice. Expenses will be reimbursed by the City for up to \$260 per month for either you or your spouse. <input type="checkbox"/> <i>Note: Retirees and spouses who are Medicare eligible may not continue in the Kaiser or UHC “Employee Plans.” Only the options above are available to Medicare-eligible City of Alexandria Retirees.</i>
<p><i>How do I cover my Spouse?</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Each Medicare-eligible individual is enrolled separately in the plan of their choice. <input type="checkbox"/> The City pays for (or reimburses) up to \$260 for either the retiree or the spouse, but not both. <input type="checkbox"/> If you and/or your spouse enroll in Kaiser or UHC, the City pays the monthly premium directly to the carrier for the oldest, eligible enrollee only. <input type="checkbox"/> All premiums for the younger individual whether Medicare eligible or not are the responsibility of the retiree/spouse and must be paid directly to the health care provider chosen (Kaiser, UHC or another plan of your choice). <input type="checkbox"/> If both you and your spouse elect a plan other than the City-sponsored plans (Kaiser or UHC), your costs, up to \$260, will be reimbursed on a quarterly basis. For more information on the reimbursement program, please visit: http://1.usa.gov/1hndkHm
<p><i>May I enroll my same-sex spouse or domestic partner in one of the City-sponsored Medicare plans?</i></p>	<p>Yes. You will be required to provide the following to the City’s Human Resources Department: A marriage certificate or a City of Alexandria Affidavit for Domestic Partnership Form. More information is located on line here: http://1.usa.gov/1eZNo2l</p>
<p><i>Do I need to remain enrolled in Medicare Parts A & B if enrolled in the Kaiser or UHC Medicare Advantage Plans?</i></p>	<p>Yes. All Medicare eligible retirees/spouses must maintain Medicare Parts A and B while enrolled in the Kaiser or UHC Medicare Advantage Plans. If you are covered by another employer’s plan, e.g., you are enrolled on your spouse’s employer-provided plan; you may be able to defer Part B. Contact Medicare at 1-800-MEDICARE or go to www.medicare.gov.</p>

<p><i>Do I have to complete the Enrollment Form?</i></p>	<p>Yes. The Benefits Team asks that <u>all</u> retirees return the Enrollment Form. We want to be certain that we have reached every eligible retiree. Before returning the Enrollment Form, please update your contact information, including your email address.</p>
<p><i>What do I do to change my health insurance plan?</i></p>	<p>Open Enrollment is Friday, November 8, 2013 through Saturday, December 7, 2013.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If you decide to change your and/or your spouse’s plan, complete the enrollment form (included in this packet). <input type="checkbox"/> On the Enrollment Form, check the plan of your choice: <ol style="list-style-type: none"> 1. Kaiser Medicare Plus 2. UnitedHealthcare Medicare Advantage (PPO) 3. City of Alexandria Reimbursement Program <input type="checkbox"/> Enrollment forms must be delivered to Human Resources no later than 4:30 p.m. on Friday, December 6 or postmarked December 7 so it is processed on time. <input type="checkbox"/> Enrollment forms can be submitted in-person or mailed to the address listed below: <p style="margin-left: 40px;">City of Alexandria Human Resources Department 301 King Street, Room 2510 Alexandria, VA 22314 Attn: Benefits Team</p>
<p><i>What do I do if I want to enroll in a plan other than the City-sponsored Kaiser or UHC Medicare Plans?</i></p>	<p>If you enroll as an individual, or you and your spouse both enroll in plans other than those offered by the City, you will need to enroll in the City’s Health Insurance Reimbursement Program. Complete the enclosed Enrollment Form and elect the Reimbursement Program option. When your Enrollment Form is received, the Benefits staff will mail you the information you need to be reimbursed quarterly for up to \$260 per month in health care expenses for either you or your spouse. The information will provide details about proof of enrollment and premium payment as well as other administrative requirements.</p>
<p><i>I was in one of the City-sponsored health plans but I left it. Can I get back in now?</i></p>	<p>Yes. If you are currently in either City-sponsored plan (Kaiser or UHC) or you currently participate in the reimbursement program, you may now choose to enroll in Kaiser, UHC or the reimbursement program during open season. If you or your spouse are in the reimbursement program and your insurance is terminated, you may be eligible to enroll in City-sponsored plans outside of open season. Contact the Benefits Team immediately if your insurance is terminating or if you experience other qualifying life events (see the definition of a qualifying life event on Page 8).</p>

<p><i>I have deductions taken from my VRS/City Supplemental Retirement pay for health and life insurance. What will happen to those deductions?</i></p>	<p>Health deductions will no longer be necessary. If you and/or your spouse enroll in Kaiser or UHC, the City pays the monthly premium directly to the carrier for the oldest, eligible enrollee only. All premiums for the younger individual whether Medicare eligible or not are the responsibility of the retiree/spouse and must be paid directly to the health care provider chosen (Kaiser, UHC or another plan of your choice).</p> <p>Enclosed are Prudential (for the City Supplemental insurance) and VRS forms for you to sign to stop your deductions for health insurance. Please sign and return them with your enrollment form to stop your health deductions. Your Life Insurance deductions, if applicable, will remain in effect and will not be changed when you end your health insurance deductions.</p>
<p><i>What happens after I submit my enrollment?</i></p>	<p>If you elect either of the City-sponsored Kaiser or UHC plans and you are not already enrolled in that Medicare Plan, you will be mailed an enrollment kit. Be sure to immediately complete and return the enrollment materials to ensure you are enrolled by the deadline set by Kaiser or UHC.</p>

Open Enrollment On-Site Meetings

SCHEDULE OF OPEN ENROLLMENT ON-SITE MEETINGS

Kaiser and United Healthcare representatives and the City's Benefits Team will be available to answer questions during the following scheduled meetings. Please do not bring personal medical records or information to these sessions. Carriers will provide an overview of their plan benefits, samples of the fees charged for some of the most common services will be provided to you. Question and answer periods and an opportunity to meet one-on-one with sales agents will be available.

Tuesday, November 19, 2013

10:30 am to 12:30 p.m.

Nannie J. Lee Center – Exhibit Hall

1108 Jefferson Street

Alexandria, VA 22314

Wednesday, November 20, 2013

10:30 am to 12:30 pm

Cora Kelly Recreation Center

25 West Reed Avenue

Alexandria, VA 22305

Tuesday, December 3, 2013

10:30 am to 12:30 pm

Transportation & Environment Services (T&ES) – Large Training Room

2900 Business Center Drive

Alexandria, VA 22304

Common Health Insurance Terms

COMMON HEALTH INSURANCE TERMS DEFINED

Medicare: Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Medicare consists of four (4) parts:

- **Medicare Part A (Hospital Insurance):** Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. There is no premium for people with 40 quarters of Medicare-covered employment.
- **Medicare Part B (Medical Insurance):** Part B is optional and covers certain doctors' services, outpatient care, medical supplies, and preventive services. The premium cost is based on household income.
- **Medicare Part C (Medicare Advantage Plan):** A Medicare Advantage Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with Part A and Part B coverage, and in some cases additional benefits not included in Original Medicare. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.
- **Medicare Part D (Prescription Drug Coverage):** Optional coverage for prescription drugs is available to all people with Medicare for an additional charge, through a Medicare Part D plan. This coverage is offered by insurance companies and other private companies approved by Medicare.

Copayment (copay): This is a specific amount you pay when you receive certain covered services or prescriptions. Copayments vary depending on the plan and the service.

- **In-Network copays** are fixed amounts you pay for covered services to providers who contract with your health insurance plan and are usually less than out-of-network copays.
- **Out-of-Network copays** are fixed amounts you pay for covered services from providers who do *not* contract with your health insurance plan and are usually more than in-network copays.

Deductible: A fixed amount you pay out of pocket before a health insurance plan begins to cover your health care costs.

Emergency Room: Typically, emergency room services include all services provided when a patient visits an emergency room for an emergency condition. An emergency condition is any medical condition of recent onset and severity, including but not limited to severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to obtain immediate medical care could result in placing the patient's health in *serious jeopardy, serious impairment to bodily functions, or serious dysfunction of a bodily organ or part.*

Common Health Insurance Terms Cont'd

Out-Of-Pocket Maximum (Costs): The most you pay in a plan year before your health insurance plan begins to pay 100% of the allowed amount. This limit never includes your premium and the design of a healthcare plan will determine if all, some, or none of your copays, deductibles, co-insurance, etc. count towards the limit.

Premium: The fixed amount that you will pay every month for health insurance coverage.

Preventive Care: **Medical care rendered not for a specific complaint, but focused on prevention and early-detection of disease. Specified by your plan, preventive care generally includes screening exams, routine preventive physical exams for adults and children, prenatal care, and vaccines (immunizations).**

Qualifying Life Event: An event that may allow retirees to enroll, or if already enrolled, to cancel or change their enrollment outside of an Open Season. For example, a City retiree who attains the age of 65 at a time other than during the Open Season will automatically be eligible to enroll in one of the City-sponsored Medicare plans on the first day of the month following his/her 65th birthday.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Sources:

- <http://www.ehealthinsurance.com/health-insurance-glossary/terms-a/>
- <http://www.usa-healthinsurance.com/kaiser-permanente-glossary.html>
- <http://info.kaiserpermanente.org/html/deductibleplans/glossary.html>
- http://www.uhc.com/source4women/understanding_health_insurance/common_terms_defined.htm
- <http://www.medicare.gov/glossary/a.html>

Retiree Health Insurance

2014 HEALTH INSURANCE PREMIUM RATES FOR RETIREES

The table below lists the monthly health insurance premium rates paid by the City and retirees. There is no change in 2014 to the monthly retiree health insurance reimbursement subsidy of up to \$260.

Comparison of Premium Rates		
Plan Option	UHC Medicare Advantage Plan	Kaiser Permanente Medicare Plus Plan
Premium Per Member	\$260.00	\$217.55

HOW MUCH COULD I SAVE JOINING A MEDICARE ADVANTAGE PLAN?

Employee Plans				Medicare Advantage Plans			Savings	
UnitedHealthcare								
IF THE UHC PLAN YOU ARE CURRENTLY ENROLLED IN IS THE	YOUR CURRENT MONTHLY RATE IS	YOUR CITY REIMBURSEMENT	YOUR MONTHLY OUT-OF-POCKET EXPENSE	THE UHC MEDICARE ADVANTAGE MONTHLY RATE IS	YOUR CITY REIMBURSEMENT	YOUR MONTHLY OUT-OF-POCKET EXPENSE	YOU WILL SAVE EACH MONTH	YOU WILL SAVE THIS YEAR
HMO								
Individual	\$520.96	\$260.00	\$260.96	\$260.00	\$260.00	\$0.00	\$260.96	\$3,131.52
EE+1	\$1,080.97	\$260.00	\$820.97	\$520.00	\$260.00	\$260.00	\$560.97	\$6,731.64
PPO								
Individual	\$617.55	\$260.00	\$357.55	\$260.00	\$260.00	\$0.00	\$357.55	\$4,290.60
EE+1	\$1,281.00	\$260.00	\$1,021.00	\$520.00	\$260.00	\$260.00	\$761.00	\$9,132.00
Kaiser								
IF THE KAISER PLAN YOU ARE CURRENTLY ENROLLED IN IS THE	YOUR CURRENT MONTHLY RATE IS	YOUR CITY REIMBURSEMENT	YOUR MONTHLY OUT-OF-POCKET EXPENSE	THE KAISER MEDICARE ADVANTAGE MONTHLY RATE IS	YOUR CITY REIMBURSEMENT	YOUR MONTHLY OUT-OF-POCKET EXPENSE	YOU WILL SAVE EACH MONTH	YOU WILL SAVE THIS YEAR
HMO								
Individual	\$479.89	\$260.00	\$219.89	\$217.55	\$217.55	\$0.00	\$219.89	\$2,638.68
EE+1	\$959.77	\$260.00	\$699.77	\$435.10	\$217.55	\$217.55	\$482.22	\$5,786.64

Plus you may save up to \$400.00 per individual because the Medicare Advantage plans have no deductible.

UHC Summary of Benefits

UnitedHealthcare Group Retiree Medicare Advantage National PPO

Description	In-Network Services	Out-of-Network Services
Annual Medical Deductible		None
Annual Medical Out-of-Pocket Maximum		\$3,400
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?		Yes
PHYSICIAN SERVICES		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$15	\$15
Specialist Office Visit	\$15	\$15
INPATIENT SERVICES		
Inpatient Hospital Stay Benefit Period in days. (A "benefit period" begins the first day of admission and ends when the member hasn't received any hospital care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins and the copay cycle starts over.)	Unlimited	Unlimited
Inpatient Hospital Stay	\$100 Per Admit	\$100 Per Admit
Skilled Nursing Facility Care - prior hospital stay requirement waived ?	Yes	Yes
Skilled Nursing Facility Care - Benefit Period (In days)	100	100
Skilled Nursing Facility Care	\$0, Days 1-100	\$0, Days 1-100
Inpatient Mental Health Lifetime Maximum number of days	190	190
Inpatient Mental Health in a Psychiatric Hospital	\$100 Per Admit	\$100 Per Admit
OUTPATIENT SERVICES		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Mental Health/Substance Abuse (Individual Visit)	\$15	\$15
Outpatient Mental Health/Substance Abuse (Group Visit)	\$15	\$15
Partial Hospitalization (Mental Health Day Treatment) per day	\$55	\$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$15	\$15
Occupational Therapy	\$15	\$15
Physical Therapy and Speech/Language Therapy	\$15	\$15
Cardiac/Pulmonary Rehabilitation	\$15	\$15
Kidney Dialysis	\$15	\$15
MEDICARE-COVERED SPECIALIST VISITS		
Chiropractic Visit (Medicare-covered)	\$15	\$15
Podiatry Visit (Medicare-covered)	\$15	\$15
Eye Exam (Medicare-covered)	\$15	\$15
Hearing Exam (Medicare-covered)	\$15	\$15
Dental Services (Medicare-covered)	\$15	\$15
AMBULANCE/EMERGENCY ROOM/URGENT CARE		
Ambulance Services	\$0	\$0
Ambulance Copay Waived if Admitted ?	No	No
Emergency Room (Includes Worldwide Coverage)	\$50	\$50
Emergency Room Copay Waived if Admitted within 24 hours ?	Yes	Yes
Urgently Needed Care (Includes Worldwide Coverage)	\$15	\$15
Urgent Care Copay Waived if Admitted within 24 hours ?	Yes	Yes
PART B DRUGS AND BLOOD		
Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation Solutions, Hemophilia Clotting Factors, Antigens, Outpatient Injectable Medications Administered in a Physician's Office	\$0	\$0
Blood	\$0	\$0
Blood 3 pint deductible waived ?	Yes	Yes
DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES		
Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetes Monitoring Supplies	\$0	\$0
HOME HEALTHCARE AGENCY & HOSPICE		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
PROCEDURES		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	\$0	\$0
Therapeutic Radiology Service	\$15	\$15
PREVENTIVE SERVICES (MEDICARE-COVERED)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B Vaccines)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0

UHC Summary of Benefits Cont'd

UnitedHealthcare Group Retiree Medicare Advantage National PPO

Description	In-Network Services	Out-of-Network Services
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections	\$0	\$0
High Intensity Behavioral Counseling to Prevents STIs and Intensive Behavioral Therapy for Cardiovascular Disease	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
ADDITIONAL BENEFITS/PROGRAMS (Non Medicare-covered)		
Routine Podiatry (Non Medicare-covered)	\$15	\$15
Routine Podiatry - Number of visits per year	6	6
Routine Eye Exam Refraction - every 12 months	\$15	\$15
Routine Hearing Exam for Hearing Aids - every 12 months	\$0	\$0
Hearing Aid Allowance - includes Digital Hearing Aids		\$500
Benefit per ear or combined		Combined
# of Hearing Aids		Unlimited
Hearing Aid period in months		36
WELLNESS/CLINICAL PROGRAMS		
Fitness	SilverSneakers	Not Included
Caregiver	Included	Not Included
NurseLine	Included	Not Included
Treatment Decision Support	Included	Not Included
Access Support	Included	Not Included
Disease Management - Chronic Heart Failure (CHF)	Included	Not Included
Disease Management - Coronary Artery Disease (CAD)/Diabetes	Included	Not Included
Disease Management - End Stage Renal Disease (ESRD)	Included	Not Included
Group Retiree Case Management	Included	Not Included
Advanced Illness Care Management	Included	Not Included
Hi Health Discount Program	Included	Not Included
Outpatient Prescription Drug Coverage		
Prescription Drug Plan	Custom Plan	
Part D Gap Coverage	Full Gap Coverage	
Formulary	Standard G13	
Bonus Drug List	Standard List U	
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard: Edits On	
Rx Deductible	None	
Part D Retail Copay (up to a 30 day supply)		
Tier 1: Preferred Generic (Most generic drugs)	\$10	
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	\$25	
Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)	\$25	
Tier 4: Specialty Tier (Unique and/or very high-cost drugs)	\$25	
Part D Preferred Mail Order Copay (up to a 90 day supply)		
Tier 1: Preferred Generic (Most generic drugs)	\$10	
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	\$10	
Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)	\$10	
Tier 4: Specialty Tier (Unique and/or very high-cost drugs)	\$10	
Initial Coverage Limit	\$2,850.00	
TrOOP Threshold	\$4,550.00	
Catastrophic Coverage over TrOOP (greater amount of)	CMS Value	
Copay for generics	\$2.55	
Copay for all other drugs	\$6.35	
OR Coinsurance	5.00%	

Kaiser Permanente Summary of Benefits

Medicare Plus Benefits—2014 Plan A with D

BENEFIT	Plan A with D
<u>Annual Deductible</u>	No Annual Deductible
Annual Out-of-Pocket Maximum	\$3,400
Primary Care Physician Visits (Family Care, Internal Medicine)	\$15 copayment
Specialist	\$15 copayment
Routine Physical Exams	\$15 copayment
Diagnostic Imaging	\$0 for lab and x-ray
Therapeutic Radiology	\$15 copayment
Medicare Covered Preventive Care	\$0 copayment
<u>Prescription Drugs</u>	
Mail Order from Kaiser Permanente	\$10 Generic or Brand Up to 90 days maintenance
Kaiser Permanente Medical Center Rx	\$15 Generic or Brand Up to 60 days supply
Affiliated Network Pharmacy Giant, Rite Aid, Safeway, Target, Walmart	\$25 Generic or Brand Up to 60 days supply
Inpatient Hospitalization	\$100 per benefit period
Outpatient Surgery @ Surgery Center	\$0 copayment
Emergency Visits	\$50 copayment
Ambulance	\$0 copayment
Inpatient mental health	\$100 per benefit period
Outpatient mental health	\$15 copayment per visit
Inpatient chemical dependency	\$100 per benefit period
Outpatient chemical dependency	\$15 copayment per visit
<u>Other Health Services</u>	
Medicare Covered Chiropractic	\$15 copayment per visit
Physical and Speech Therapy	\$15 copayment per visit
Home Health, Hospice	\$0 copayment
Durable Medical Equipment	\$0 copayment
Dental discount plan (25% discount when seen by participating dentists)	\$30 examination, cleaning 2x per year
Vision hardware discounts (office visit copayment will apply)	25% off frames and lenses at Kaiser Permanente vision centers