

COMPARISON OF STATE PROGRAM TYPES FOR 2006

The Chart below is designed to compare Uniform Benefits, Medicare + \$1,000,000 and the Standard Plan.

- Programs listed below are substantially equivalent in the value of their benefits.
- Health Plan administration can vary and in places any one plan may contain a benefit that is better than that of a different plan (such as dental or wellness programs).
- Medicare pays as primary for annuitants over age 65.
- Annuitants on the Standard Plan are converted to the Medicare Plus \$1,000,000 plan upon reaching age 65.

This outline is not intended to be a complete description of coverage. For details, see specific language in Uniform Benefits section D, the Medicare + \$1,000,000 and Standard Plan booklets. Wherever percentage of payment is listed, it means percent of charges. Charges may be subject to Usual, Customary and Reasonable (UCR) determination. All services subject to medical necessity. Custodial care is not covered.

BENEFIT	UNIFORM BENEFITS	MEDICARE + \$1,000,000 (Over Age 65)	STANDARD PLAN (If under Age 65)	
			In Network	Out of Network
Annual Deductible	No deductible ¹	No deductible	\$100 individual / \$200 family	\$500 individual / \$1,000 family
Annual Co-insurance	As described below ²	As described below	None (except for mental health/alcohol & drug treatment)	80% / 20% <i>Annual OOP maximum (includes deductible):</i> \$2,000 individual / \$4,000 family
Maximum	\$2 Million	\$1 Million	\$2 Million	\$2 Million
Hospital Days	As medically necessary, plan providers only	120 days; semi-private room	365 per admission	365 per admission
ER	\$60 copay per visit	100%, no copay	100%, no copay	100%, no copay
Ambulance	100%	100%	100%	100%
Transplants (May cover these and others listed)	Lifetime benefit of \$1,000,000 <i>Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung</i>	100% <i>Bone marrow, parathyroid, musculoskeletal, corneal, and kidney</i>	100% <i>Bone marrow, parathyroid, musculoskeletal, corneal, and kidney</i>	80% <i>Bone marrow, parathyroid, musculoskeletal, corneal, and kidney</i>
Mental Health ³	Inpatient 30 days Outpatient 100% Transitional 100%	Inpatient 120 days Outpatient 90% Transitional 90%	Inpatient 120 days Outpatient 90% Transitional 90%	Inpatient 120 days Outpatient 90% Transitional 90%
Alcohol, & Drug Abuse ³	Inpatient 100% to \$6,300 Outpatient 100% to \$1,800 Transitional 100% to \$2,700	Inpatient 100% to \$6,300 Outpatient 90% to \$1,800 Transitional 90% to \$2,700	Inpatient 90% to \$6,300 Outpatient 90% to \$1,800 Transitional 90% to \$2,700	Inpatient 90% to \$6,300 Outpatient 90% to \$1,800 Transitional 90% to \$2,700
Routine Physical	One per year	Very limited benefit see pages G-55, 56	One per year	One per year
Hearing Exam	100%	Benefit for illness or disease, 100%	Benefit for illness or disease, 100%	Benefit for illness or disease, 80%
Hearing Aid (per ear)	80% up to \$1,000 every 3 years	No benefit	No benefit	No benefit

BENEFIT	UNIFORM BENEFITS	MEDICARE + \$1,000,000 (Over Age 65)	STANDARD PLAN (If under Age 65)	
			In Network	Out of Network
Routine Vision Exam	One per year	No Benefit for routine. Illness or disease only, 100%	No Benefit for routine. Illness or disease only, 100%	No Benefit for routine, for illness or disease only, 80%
Skilled Nursing Facility (<i>non custodial care</i>)	120 days per benefit period	100% for Medicare approved service and facility to contract maximum. Medicare approved services at non-Medicare approved facility-if admitted within 14 days after a hospital stay of 3 days or more: \$50/day first 100 days, then the contract maximum.	100% for 730 days per admission less hospital days used	80% for 730 days per admission less hospital days used
Home Health (<i>non custodial</i>)	50 per year; Plan may approve an additional 50	100% up to 365 visits	100% for 365 days less hospital days used	80% for 365 days less hospital days used
Physical / Speech / Occupational Therapy	50 per year; Plan may approve an additional 50	100%, no limit on visits or days	100%, no limit on visits or days	80%, no limit on visits or days
Durable Medical Equipment	20% co-insurance, \$500 OOP maximum	100%	100%	80%
Hospital Pre-Certification	Varies by plan	None required	Advantage Program for inpatient stays. Voluntary 2 nd surgical opinion	Advantage Program for inpatient stays. Voluntary 2 nd surgical opinion
Referrals	In network varies by plan. Out of network required.	None required	Not required	Not required
Primary Care Provider	Varies by plan	Allows freedom of choice of providers	Not required	Not required
Treatment for Morbid Obesity	Excluded	Not specifically excluded	100%	80%
Oral Surgery	11 procedures	23 procedures. 100%	23 procedures. 100%	23 procedures. 80%
Dental Care	Varies by plan	No benefit	No benefit	No benefit
Drug Out-of-Pocket Maximum ⁴	\$300 individual / \$600 family	\$300 individual / \$600 family	\$1,000 individual / \$2,000 family	\$1,000 individual / \$2,000 family

¹ Deductible applies to all services except mental health. Note that Preferred Provider Plans who offer Uniform Benefits have separate out of network deductibles.

² Coinsurance applies to all services up to the listed out-of-pocket maximum, then 100%. Note that Preferred Provider Plans who offer Uniform Benefits have separate out of network coinsurance percentages and amounts.

³ Any benefits paid for mental health during the year will be applied toward the alcohol and drug abuse maximums.

⁴ Separate from other out-of-pocket maximums, such as the medical.