

2010 Plan Design	United Healthcare Indemnity Plan	Kaiser Permanente - No CA
Northern Medicare plans >65	Group # 195643	Group # 1691-0000
BENEFITS		
Monthly Retiree Rates	Single over 65: \$195.00	Single over 65: \$290.69
Annual Deductible	Single, \$250; family, \$750	None
Annual Out-of-pocket limit	Single \$2,000, family \$4,000; prescriptions per person, \$1,500	Single, \$1,500; family, \$3,000
Lifetime maximum	\$2 million	None
Out-of-Network Option	Not Applicable	None
HOSPITAL / Inpatient Care		
Hospital care (semi-private room), surgery, x-rays and lab	80% coverage of Reasonable and Customary (R&C); after deductible	\$200 per admission, then 100% coverage
Skilled Nursing Facility	80% coverage of R & C; after deductible (up to 120 days per benefit period)	100% coverage (up to 100 days per benefit period)
EMERGENCY CARE		
Emergency Room	80% of R & C, after deductible	\$50 copay; waived if admitted as an inpatient within 24 hours for same condition
Emergency transportation	80% of R & C, after deductible	\$50 per trip copay
OUTPATIENT CARE		
Office visit	80% of R & C, after deductible	\$10 copay
Outpatient Surgery	80% of R & C, after deductible	\$10 copay per procedure
Immunizations and injections	80% of R & C, after deductible	\$10 copay, allergy testing; \$3 copay, injections
Preventive care	80% of R & C, after deductible	\$10 copay
Gynecological care	80% of R & C, after deductible	\$10 copay
X-ray, lab and diagnostic testing	80% of R & C, after deductible	100% coverage
Home Health	80% of R & C, after deductible	Part-time, intermittent, 100% coverage when prescribed by plan physician
OTHER BENEFITS		
Mental health	MANAGED BY UNITED HEALTHCARE	
Outpatient	80% of R & C, after deductible	\$10 copay, visit; \$5 copay, group therapy visits .
Inpatient	80% of R & C, after deductible	\$200 per admission, then 100% coverage
Substance abuse	MANAGED BY UNITED HEALTHCARE	
Outpatient	80% of R & C, after deductible	\$10 copay, visit; \$5 copay, group therapy visits .
Inpatient	80% of R & C, after deductible	\$200 per admission, then 100% coverage, detoxification only

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Outpatient Short-term speech, physical, occupational and respiratory therapy	80% of R & C, after deductible	\$10 per visit
Dental Care	Inpatient oral surgery, accidental injury - 80% of R&C after deductible	None
Medical Supplies	80% of R & C, after deductible	80% coverage
Prescriptions	30-day Supply: \$10 copay generic; \$35 copay brand (formulary); \$55 copay brand (non-formulary); \$55 copay specialty drug. 90-day Supply Retail: \$30, 105, \$165, \$165 copays. Mail Order 90-day Supply: \$25, \$87.50, \$137.50, \$137.50 copays.	Up to 100-day Supply: \$10 copay, generic; \$35 copay, brand name.
Hearing Aids	None	None
Vision	None	\$10 copay eye exam; \$150 allowance for eyewear purchased from plan optical sales offices every 24 months
Chiropractic	80% coverage of R&C, after deductible, \$1,500 annual limit	\$10 copay for manual manipulation of spine only
Website address	www.myuhc.com	www.kaiserpermanente.org
The above contains a brief overview of the various benefit programs and does not describe any plan, its provisions or limitations in any detail. Please refer to the benefit plan booklet for more information.		