

2012 Plan Design-Rochester Over 65	United Healthcare Indemnity	Medicare Blue Choice	MVP Preferred Gold HMO
	Group # 195643	Group # 7630-653-4	Group # A001361065
BENEFITS			
Monthly Retiree Rates	Single over 65: \$220	Single over 65: \$128.84	Single over 65: \$122.60
Annual Deductible	Single, \$250; family, \$750	None	None
Annual Out-of-pocket limit	Single \$2,000, family \$4,000; prescriptions per person, \$2,500	\$3,400	\$4,000
Lifetime maximum	None	None	None
Out-of-Network Option	Not Applicable	Travel benefit available, 80% up to \$5,000 annually	Travel benefit available, 70% up to \$5,000 annually
Fitness	None	\$650/year for gym membership, fitness classes at any facility and qualified weight management programs	Free fitness center membership benefits at a participating fitness center, including use of equipment and other amenities
HOSPITAL / Inpatient Care			
Hospital care (semi-private room), surgery, x-rays and lab	80% coverage of Reasonable and Customary (R&C); after deductible	100% coverage after \$250 copayment; max 2 per year	\$250 per admission; \$750 max per year
Skilled Nursing Facility	80% coverage of R & C; after deductible (up to 120 days per benefit period)	100% days 1-20; 50% days 21-100	\$0 copay days 1-20; \$105 copay days 21-100
EMERGENCY CARE			
Emergency Room	80% of R & C, after deductible	\$50 copay, waived if admitted; \$50 copay Urgent Care	\$50 copay, waived if admitted; \$30 copay, Urgent Care Center
Emergency transportation	80% of R & C, after deductible	\$50 per trip copay	\$50 per trip copay
OUTPATIENT CARE			
Office visit	80% of R & C, after deductible	\$15 copay	\$15 copay, PCP; \$30 copay, Specialist
Outpatient Surgery	80% of R & C, after deductible	\$15 copay	\$0 copay
Immunizations and injections	80% of R & C, after deductible	100% Flu, Pneumonia and Hepatitis Vaccines	\$0 for pneumonia, flu and Hepatitis B; Office visit copay for allergy injections and testing
Preventive care	80% of R & C, after deductible	Periodic routine physicals 100%; \$0 copay for mammograms, prostate screenings and bone mass measurement	\$0 copay, routine physicals at PCP; \$0 copay mammograms, prostate screenings and bone mass measurement (office copay may apply)
Gynecological care	80% of R & C, after deductible	\$0 copay for pap smears and pelvin exams	\$15 copay, PCP; \$30 copay, Specialist
X-ray, lab and diagnostic testing	80% of R & C, after deductible	\$15 copay, x-ray; 100% coverage, lab	\$30 copay for radiology and x-rays; \$0 copay lab tests
Home Health	80% of R & C, after deductible	100% coverage	\$0 copay

OTHER BENEFITS			
Mental health	MANAGED BY UNITED HEALTHCARE		
Outpatient	80% of R & C, after deductible	40% coinsurance	\$30 copay
Inpatient	80% of R & C, after deductible	100% coverage after \$250 copayment; maximum 2 per year	\$250 per stay; \$750 max per year
Substance abuse	MANAGED BY UNITED HEALTHCARE		
Outpatient	80% of R & C, after deductible	50% coinsurance	\$30 copay
Inpatient	80% of R & C, after deductible	100% coverage after \$250 copayment; maximum 2 per year	\$250 per stay; \$750 max per year
Outpatient Short-term speech, physical, occupational and respiratory therapy	80% of R & C, after deductible	\$15 copay	\$30 copay per visit
Dental Care	Inpatient oral surgery, accidental injury - 80% of R&C after deductible	Medicare covered dental services, \$15 copay	\$300 allowance/year for preventative services
Medical Supplies	80% of R & C, after deductible	80% coverage	80% coverage
Prescriptions	<p>30-day Supply: Generic - \$7 copay Formulary - 20% (Min-\$25; Max \$75) Non-Formulary - (50% Min - \$50; Max \$100)</p> <p>Mail Order 90-day Supply: \$17.50, 20% - \$62.50, \$187.50 and 50%, \$125, \$250 copays. Administered through ExpressScripts (http://www.expresscripts.com)</p>	<p>Up to 90-day Supply: Member pays 40% at participating pharmacy up to \$3,900. Then member pays 100% until total drug cost reaches \$4,550.</p> <p>Catastrophic coverage (Greater of 5% or \$2.50/\$6.30 copayment) begins once \$4,700 OOP is met</p>	<p>30-day Supply: \$8 copay generic; \$35 copay preferred brand name; \$90 copay non-preferred brand name, 33% for specialty drugs. \$ 0 copay for generics Mail order 90 day supply: 2 x's the cost of a 30-day supply for preferred and non-preferred brand name drugs. 33% copay for specialty drugs and \$ 0 copay for generics. When the total cost of covered prescriptions reaches \$2930 you will pay 86% for Tier 1 drugs, 50% for Medicare-contracted brands, 100% for non-Medicare contracted brands and \$0 copay for Tier 5 drugs Catastrophic coverage (Greater of 5% or \$2.60/\$6.50 copayment) begins once \$4,700 OOP is met</p>
Hearing Aids	None	\$300 allowance every 3 years	None
Vision	None	\$15 copay routine eye exam once per calendar year; \$60 eyewear allowance per calendar year	\$30 copay eye exam; \$100 annual eyewear allowance plus an eyewear discount at participating providers
Chiropractic	80% coverage of R&C, after deductible, \$1,500 annual limit	\$15 copay for manual manipulation to correct subluxation	\$30 copay
Website address	www.myuhc.com	www.excellusbcbcs.com	www.mvphealthcare.com
*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.			