

| 2012 Benefits So. CA - Retiree < 65 | UNITED HEALTHCARE PPO | BLUE CROSS/BLUE SHIELD PPO | AETNA HMO Open Access | KAISER PERMANENTE So. California |
|---|---|---|--|--|
| | Group # 195643 | Group #13570-00 | Group # 813972 | Group # 225177 |
| BENEFITS | | | | |
| Retiree Monthly Rates - Harris | Single: \$484.97 | Single: \$469.52 | Single: \$478.28 | Single: \$348.96 |
| | Two-person: \$969.94 | Two-person: \$939.06 | Two-person: \$956.58 | Two-person: \$697.91 |
| | Family: \$1,454.90 | Family: \$1,408.59 | Family: \$1,434.86 | Family: \$987.55 |
| In-network annual deductible | None | None | None | None |
| Annual out-of-pocket limit | Single, \$1,500; family \$3,000; Pharmacy, \$2,500/person | Single, \$1,250; family \$2,500; Pharmacy, \$2,500/person | Single, \$1,500; family \$3,000; including copayments; Pharmacy, \$2,500/person | Single, \$1,500; Family, \$3,000 |
| Lifetime maximum | None | None | None | None |
| Out of network option | Annual deductible: single, \$500; family \$1,500; Then 70% to Out of pocket limit (\$3,000/\$6,000) | Annual deductible: single, \$500; family \$1,500; Then 70% to Out of Pocket limit (\$2,500/\$5,000) | None | None |
| Fitness Center | None | None | GlobalFit Discount Program | None |
| HOSPITAL / Inpatient Care | | | | |
| Hospital care (semi-private room), surgery, x-rays and lab | \$250 copay, then 85% coverage | \$250 copay, then 90% coverage | \$250 copay, then 100% coverage | \$250 copay, then 100% coverage |
| Skilled Nursing Facility | 85% coverage, up to 120 days per confinement | 90% coverage | \$250 copay, then 100% coverage | 100% coverage up to 100 days |
| URGENT CARE | | | | |
| | \$25 copay, then 85% | \$20 copay, then 90% | \$25 copay, then 100% | \$20 copay, then 100% |
| EMERGENCY CARE | | | | |
| Emergency Room | \$100 copay, then 85% coverage; copay waived if admitted | \$100 copay, then 90% coverage; copay waived if admitted | \$100 copay, then 100% coverage; copay waived if admitted | \$100 copay, then 100% coverage; copay waived if admitted |
| Emergency transportation | 85% coverage | 90% coverage | 100% coverage | \$50 copay |
| OUTPATIENT CARE | | | | |
| Office visit | \$25 copay, PCP; \$35 copay, specialist | \$20 copay, PCP; \$30 copay, specialist | \$25 copay, PCP; \$35 copay, specialist | \$20 copay, PCP \$30 copay, Specialist 100% coverage for well child care through 23 months. |
| Immunizations and injections | \$7 copay | 90% coverage ; Adult and pediatric immunizations through Preventive Care 100% coverage | \$25 copay, PCP; \$35 copay, specialist. No serum copay | \$20 copay for allergy testing; \$3 copay for injections; 100% coverage, immunizations |
| Preventive care (care covered under the Affordable Care Act is reimbursed at 100% with no copay) | \$25 copay, PCP; \$35 copay, specialist | Highmark Preventive Schedule; Routine Physical, \$20 copay, PCP; \$30 copay, specialist | \$25 copay, PCP; \$35 copay, specialist | 100% coverage |
| Maternity care | \$25 copay for first visit, then 15% coinsurance of global obstetrician's fee | 90% coverage | Inpatient maternity care 100% after \$250 copay | 100% coverage |
| Pediatric care | \$25 copay, includes well baby and child care | \$20 copay, includes well baby and child care, 100% immunizations | \$25 copay | \$20 copay, PCP \$30 copay, Specialist 100% coverage for well child care through 23 months. |
| Gynecological care | \$25 copay | \$20 copay | \$25 copay | \$20 copay |
| X-ray, lab and diagnostic testing | Included in copay if performed in a physician's office, otherwise 85% coverage | 90% coverage for all diagnostic lab and x-ray | \$35 copay, for lab and x-rays performed in outpatient facility. Office copay applies to diagnostic testing performed in a physician's office. | 100% coverage for lab and x-rays performed in an outpatient facility |
| OTHER BENEFITS | | | | |
| Mental health | | | | |
| Outpatient | \$35 copay, visit | \$30 copay per visit | \$35 copay per visit | \$20 copay, individual visit; \$10 copay, group therapy visit. |
| Inpatient | \$250 copay per admission, then 85% coverage | \$250 copay per admission, then 90% coverage | \$250 copay per admission, then 100% coverage | \$250 copay per admission, then 100% coverage |
| Substance abuse | | | | |
| Outpatient | \$35 copay | \$30 copay, visit | \$35 copay per visit | \$20 copay, individual visit; \$5 copay, group therapy visit. |
| Inpatient | \$250 copay per admission, then 85% coverage | \$250 copay per admission, then 90% coverage | \$250 copay per admission, then 100% coverage | \$250 copay per admission, then 100% coverage for detoxification |
| Cancer care (radiation therapy and chemotherapy) | \$35 copay | 90% coverage | \$35 copay per visit | 100% coverage |
| Outpatient Short-term speech, physical, occupational and respiratory therapy | \$35 copay, visit; limited to 20 visits per calendar year | \$30 copay, visit; limited to 30 visits per calendar year | \$35 copay, 60 visits per calendar year | \$30 copay |
| Medical Supplies | | | | |
| Prosthetics | 85% coverage | 90% coverage | 100% coverage | 100% coverage, Basic Coverage |
| Durable Medical | 85% coverage | 90% coverage | 100% coverage | 20% per item according to DME formulary guidelines |

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|---|--|---|---|---|
| Prescriptions | 30-day Supply: Generic - \$7 copay Formulary - 20% (Min-\$25; Max \$75) Non-Formulary - (50% Min - \$50; Max \$100) Mail Order 90-day Supply: \$17.50, 20% - \$62.50, \$187.50 and 50%, \$125, \$250 copays. Administered through ExpressScripts (http://www.expressscripts.com) | 30-day Supply: Generic - \$7 copay Formulary - 20% (Min-\$25; Max \$75) Non-Formulary - (50% Min - \$50; Max \$100) Mail Order 90-day Supply: \$17.50, 20% - \$62.50, \$187.50 and 50%, \$125, \$250 copays. Administered through ExpressScripts (http://www.expressscripts.com) | 30-day Supply: Generic - \$7 copay Formulary - 20% (Min-\$25; Max \$75) Non-Formulary - (50% Min - \$50; Max \$100) Mail Order 90-day Supply: \$17.50, 20% - \$62.50, \$187.50 and 50%, \$125, \$250 copays. Administered through ExpressScripts (http://www.expressscripts.com) | 30-day Supply: Generic - \$10 copay, generic Brand - \$30 copay, as directed by physician); Mandatory generic substitution. Mail order: 100-day supply: \$20/\$60 copay |
| Vision | | | | |
| Routine Exam | None | None | \$35 copay, one routine exam per 24 months; through Vision One Discount Program | 100% coverage for preventive visit |
| Materials | None | None | Discounts available through Vision One Discount Program | Not covered |
| Hearing | | | | |
| Routine Exam | None | None | None | 100% coverage for preventive visit |
| Materials | None | None | None | Not covered |
| Chiropractic | \$35 copay, visit; \$1,500 limit | \$30 copay, visit; limited to 20 visits per calendar year | \$35 copay, limited to 20 visits per year | Not covered |
| Website/Provider Directory | https://www.myuhc.com | www.mybenefitshome.com | http://www.aetna.com/docfind/ | https://kp.org |
| Product Name | Choice Plus PPO | | Aetna Select (SM) Open Access | Traditional HMO |
| 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. | | | | |