



2011 Medical Plan Comparison Chart – Post-65 Retirees

	Aetna Medicare PPO Plan (Medicare Advantage)	CIGNA Plan B*	UHC POS 100		UHC SecureHorizons (Medicare Advantage) <i>Metro New York only</i>
			In-network	Out-of-network*	
Physician Office Visits	\$20 copay	80% after deductible	\$20 copay	70% after deductible	Primary care: \$20 copay Specialist: \$20 copay
Preventive Care	Routine Physical 100% Routine screening exams 100%	Not covered	100% no copay	Not covered	Routine Physical: 100% Routine screening exams: 100%
Annual Deductible	None	Individual: \$250 Family: \$500	None	Individual: \$575 Family: \$1,725	None
Co-insurance/Plan Pays	100% after copay	80% after deductible	100% after copay	70% after deductible	100% after copay
Out-of-Pocket Maximum (includes deductible)	None	Individual: \$1,250 Family: \$2,500	None	Individual: \$3,500 Family: \$7,000	None
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Services					
Inpatient	100%	<i>Precertification required</i> Room & board: 100% after deductible Surgeon: 80% after deductible Pre-admission testing: 100%	\$250 per admission	<i>Precertification required</i> 70% after deductible	\$200 copay per admission
Outpatient	Surgery: 100% Lab & X-ray: \$20 copay	<i>Precertification required</i> Surgery: 80% Surgeon's fees: 80% after deductible Non-surgical: 80% after deductible	100%	<i>Precertification required</i> 70% after deductible	Surgery: \$100 copay Lab & X-ray: 100% Complex radiology and imaging: \$25 copay
Emergency Room	Hospital: \$50 copay Urgent Care: \$20 copay Ambulance: \$20 copay	80% after deductible	\$100 copay; waived if admitted		Hospital: \$50 copay Urgent Care: \$35 copay Ambulance: \$50 copay
Mental Health & Substance Abuse					
Inpatient	100% Combined lifetime limit: 190 days	<i>Precertification required; then:</i> 100% after deductible	<i>Precertification required; then:</i> \$250 copay per admission	<i>Precertification required</i> 70% after deductible	\$200 copay per admission 190 day lifetime maximum
Outpatient	<i>Precertification required</i> Mental Health: \$20 copay Substance Abuse: \$20 copay	<i>Precertification required</i> 80% after deductible Annual maximum: 60 visits	<i>Precertification required</i> Mental Health: \$20 copay Substance Abuse: \$20 copay Annual Maximum 60 visits	<i>Precertification required</i> 70% after deductible Annual maximum: 60 visit limit combined	Group: \$20 copay Individual: \$20 copay

* Reasonable and Customary (R & C) charges are the maximum amount that will be considered for reimbursement. All out-of-network services and CIGNA Plan B reimbursement is limited to R & C. You are responsible for 100% of any charges that exceed the R & C maximums.



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Vision Care	Routine Eye Exam (Annual): 100% Eyeglasses, lenses, etc.: \$70 allowance every 24 months	None	None	None	Routine Eye Exam (Annual): \$20 copay Eyeglasses, lenses, etc.: 100% at participating providers; \$70 allowance every 24 months at non-participating providers - Contact UHC for additional information
Hearing Care	Routine annual screening: 100% Hearing aid reimbursement: \$500 benefit every 36 months	None	None	None	Routine annual screening: \$20 at Epic otherwise not covered Hearing aid reimbursement: \$500 benefit every three years at Epic; elsewhere not covered
Prescription Drugs	<i>From Aetna</i>	<i>From Medco</i>	<i>From Medco</i>		<i>From UHC</i>
Retail Pharmacy (Up to 30-day supply)	Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred Brand \$40 copay	\$10 generic \$25 single-source brand (product not available in generic) \$45 multi-source brand (choice between generic and brand available)	\$10 generic \$25 single-source brand (product not available in generic) \$45 multi-source brand (choice between generic and brand available)		Generic: \$10 copay Preferred Brand: \$25 copay Non-Preferred Brand \$50 copay Preferred Specialty: \$50 copay
Home Delivery (Up to 90-day supply)	Generic: \$20 copay Preferred Brand: \$40 copay Non-Preferred Brand \$80 copay	\$15 generic \$50 single-source brand (product not available in generic) \$90 multi-source brand (choice between generic and brand available)	\$15 generic \$50 single-source brand (product not available in generic) \$90 multi-source brand (choice between generic and brand available)		Generic: \$20 copay Preferred Brand: \$50 copay Non-Preferred Brand \$100 copay Preferred Specialty \$100 copay

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