



2009 Medical Plan Comparison Chart – Post-65 Retirees

	Aetna Medicare Open (Medicare Advantage)	CIGNA Plan B*	UHC Choice Plus		UHC SecureHorizons (Medicare Advantage) <i>Metro New York only</i>
			In-network	Out-of-network*	
Physician Office Visits	\$15 copay	80% after deductible	\$15 copay	80% after deductible	Primary care: \$10 copay Specialist: \$20 copay
Preventive Care	100%	Not covered	100% no copay	80% after deductible	Routine Physical: \$10 copay Routine screening exams: 100%
Annual Deductible	None	Individual: \$175 Family: \$350	None	Individual: \$300 Family: \$900	None
Co-insurance/Plan Pays	100% after copay	80% after deductible	100% after copay	80% after deductible	100% after copay
Out-of-Pocket Maximum (excludes deductible)	None	Individual: \$1,000 Family: \$2,000	None	Individual: \$1,000 Family: \$2,000	None
Lifetime Maximum	Unlimited	\$1,000,000	Unlimited	\$1,000,000	Unlimited
Hospital Services					
Inpatient	100%	<i>Precertification required</i> Room & board: 100% after deductible Surgeon: 80% after deductible Pre-admission testing: 100%	\$50 daily copay, up to \$250 per admission	<i>Precertification required</i> 80% after deductible	\$200 copay per admission
Outpatient	Surgery: 100% Lab & X-ray: \$15 copay	<i>Precertification required</i> Surgery: 100% Surgeon's fees: 80% after deductible Non-surgical: 80% after deductible	100%	<i>Precertification required</i> 80% after deductible	Surgery: \$100 copay Lab & X-ray: 100% Complex radiology and imaging: \$25 copay
Emergency Room	Hospital: \$50 copay Urgent Care: \$35 copay Ambulance: \$15 copay	80% after deductible	\$50 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 Annual limit: 60 days	<i>Precertification required; then:</i> \$50 daily copay, up to \$250 per admission Combined annual limit: 60 days	<i>Precertification required</i> 80% after deductible Combined annual limit: 60 days	\$200 copay per admission 190 day lifetime maximum
Outpatient	Mental Health: \$25 copay Substance Abuse: \$15 copay	80% after deductible Annual maximum: 60 visits	<i>Precertification required</i> First 10 visits: \$15 copay Next 50 visits: \$25 copay Annual maximum: 60 visits	50% of \$1,000 Annual maximum: 20 visits	Group: \$10 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.



2009 Medical Plan Comparison Chart – Post-65 Retirees

	Aetna Medicare Open (Medicare Advantage)	CIGNA Plan B*	UHC Choice Plus		UHC SecureHorizons (Medicare Advantage) <i>Metro New York only</i>
			In-network	Out-of-network*	
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 every 24 months elsewhere
Hearing Care	Routine annual screening: 100% Hearing aid reimbursement: \$500 benefit 1 time every three years	None	None	None	Routine annual screening: 100% at Hear-X; otherwise, \$20 copay Hearing aid reimbursement: \$500 benefit every three years at Hear-X; elsewhere, \$300 every three years
Prescription Drugs	<i>From Aetna</i>	<i>From Medco</i>	<i>From Medco</i>		<i>From UHC</i>
Retail Pharmacy	Generic: \$10 copay Preferred Brand: \$15 copay Non-Preferred Brand: \$30 copay <i>Up to 31-day supply</i>	Generic: \$10 copay Brand: \$20 copay <i>Up to 30-day supply</i>	Generic: \$10 copay Brand: \$20 copay <i>Up to 30-day supply</i>		Generic: \$10 copay Preferred Brand: \$25 copay Non-Preferred Brand: \$50 copay Preferred Specialty: \$50 copay <i>Up to 30-day supply</i>
Home Delivery	Generic: \$20 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$60 copay <i>Up to 90-day supply</i>	Generic: \$15 copay Brand: \$40 copay <i>Up to 90-day supply</i>	Generic: \$15 copay Brand: \$40 copay <i>Up to 90-day supply</i>		Generic: \$20 copay Preferred Brand: \$50 copay Non-Preferred Brand: \$100 copay Preferred Specialty: \$100 copay <i>Up to 90-day supply</i>

* 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.