

2010 Baltimore City

Retiree w/ Medicare Benefit Plan Comparison Guide

- Aetna Open Choice PPO
- United Healthcare POS
- CareFirst Blue Cross Blue Shield Traditional
- Kaiser Permanente HMO
- Optimum Choice HMO
- Express Scripts, Inc. (Prescription Drug Coverage)
- CareFirst Select Vision (MAPS, Fire, Police)



EXPRESS SCRIPTS PRESCRIPTION DRUG PLAN

	Generic	Formulary	Non-Formulary
Mail (90-Day Supply)	\$ 20	\$ 40	\$ 60
Retail (30-day Supply)	\$ 10	\$ 20	\$ 30

CAREFIRST SELECT VISION - SCHEDULE OF BENEFITS (MAPS, Fire, Police)

If you go to a

Covered Service	Participating Provider	Non-participating Provider
Vision Exam	Plan pays 100% of allowed benefit; you pay \$ 0.	Plan pays 100% of allowed benefit; you pay the balance.
Glasses		
Lenses (per pair)	Plan pays up to:	You pay:
	41.50	0.00
Single Vision	41.50	0.00
Bifocal	67.00	0.00
Trifocal	89.50	0.00
Double Bifocal	100.50	0.00
Cataract (aphakic)	156.50	0.00
Frames (per pair)	Plan pays up to \$29.50 and you pay \$0 (for selected frames; if you choose more expensive frames, you pay the balance.)	Plan pays up to \$29.50; you pay the balance.
Contact Lenses (covered only if medically required or instead of glasses)		
Medically required*	Plan pays up to \$221; you pay \$0.	Plan pays up to \$221; you pay the balance.
NOT medically required. Single vision.**	Plan pays up to \$71; you pay \$0.	Plan pays up to \$71; you pay the balance.
NOT medically required. Bifocal**	Plan pays up to \$96.50; you pay \$0.	Plan pays up to \$96.50; you pay the balance.

* Following cataract surgery or when visual acuity of a least 20/70 in the better eye is possible only with use of contact lenses.

** In place of glasses (frames and lenses)

2010 RETIREE WITH MEDICARE BENEFIT PLAN COMPARISON CHART EFFECTIVE JANUARY 1, 2010

* Non-network benefit based on allowed benefit. Allowed benefit is 50% of R & C

BENEFITS SUMMARY	AETNA PPO OPEN CHOICE PPO www.aetna.com 1-800-900-7562	UNITEDHEALTHCARE POINT-OF-SERVICE* www.myuhc.com 1-877-462-5027	CAREFIRST BLUE CROSS BLUE SHIELD TRADITIONAL www.carefirst.com 1-800-535-2292	KAISER PERMANENTE HMO www.kaiserpermanente.org 1-866-248-0715	OPTIMUM CHOICE HMO www.myuhc.com 1-800-815-8958
Are referrals required?	No	No	No	Yes	Yes
Dependent Eligibility	Unmarried dependent children are covered until the end of the calendar year they reach age 25 regardless of student status.				
Plan Lifetime Maximum Benefit	\$2M combined in and out of network	\$2M combined in and out of network	\$225,000	Unlimited	Unlimited
COMMON AND PREVENTIVE SERVICES					
Physician's Office Visits	\$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	\$5 co-pay per visit; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered by major medical	\$5 co-pay per visit	\$5 co-pay per visit; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Specialist Office Visits	\$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	\$5 co-pay per visit; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered by major medical	\$5 co-pay per visit	\$5 co-pay per visit; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Routine GYN Examinations (1 per year)	\$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	\$5 co-pay per visit	For the year Medicare provides the benefit - 100% of balance after Medicare; for the year Medicare does not provide a benefit - 100% of BCBS allowed benefit	\$5 co-pay per visit	\$5 co-pay per visit
Mammography, Colorectal Screening, Prostate Screening	Covered in full; 100% of balance up to Medicare allowed amount. OON-100% of allowed benefit*	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	100% of balance after the Medicare allowed amount	\$5 co-pay per visit	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Routine Physical	\$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	\$5 co-pay per visit	Limited to 1 visit per calendar year, subject to \$100 maximum per calendar year (no diagnostic lab services covered)	\$5 co-pay per visit	\$5 co-pay per visit
Well Baby Care/ Child Care	\$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	\$5 co-pay per visit	No benefit	\$5 co-pay for child with Medicare A & B; no charge for ages 0-5 on dependent plan	\$5 co-pay per visit
EMERGENCY ROOM AND URGENT CARE SERVICES					
Ambulance Service (based on medical necessity)	Covered in full when medically necessary	Covered in full	Covered by major medical (ground only)	Covered in full according to Medicare guidelines	Covered in full in medically necessary
Emergency Room (co-pay waived if admitted)	\$50 co-pay; 100% of balance up to Medicare allowed amount.	\$50 co-pay; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount	100% of balance after the Medicare allowed amount up to the Medicare allowed amount, if within 72 hours of the accident or injury	\$50 co-pay	\$50 co-pay; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Urgent Care	\$5 co-pay per visit	\$5 co-pay per visit	Not applicable - see office visit	\$5 co-pay per visit	\$5 co-pay per visit
HOSPITAL (INPATIENT SERVICES)					
Anesthesia	\$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Hospital Services, Including Room, Board & General Nursing Services	\$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	The plan pays the Medicare deductible for that Medicare plan year in full; lifetime reserved days covered by major medical	Covered in full for preauthorized hospitalization or emergency admission	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Diagnostic Lab Work & X-rays	\$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Medical Surgical Physician Services	\$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Physical, Speech & Occupational Therapy	\$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full	100% of balance after the Medicare allowed amount up to the Medicare allowed amount

Organ Transplant (preauthorization required)	Covered in full; 100% of balance up to Medicare allowed amount with no maximum. OON- No coverage	100% of balance after the Medicare allowed amount up to the Medicare allowed amount; out-of-network 100% allowed benefit limited to \$30,000 per transplant	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full when authorized, according to Medicare guidelines	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
OUTPATIENT SERVICES					
Chemotherapy & Radiation	100% of balance up to Medicare allowed amount. OON-100% of allowed benefit*	\$5 co-pay per visit; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount; out-of-network 100% allowed benefit	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	\$5 co-pay per visit	\$5 co-pay per visit; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Renal Dialysis	100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full for out-patient dialysis within the service area	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Diagnostic Lab Work & X-rays	100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered by major medical	Covered in full	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Outpatient Surgery	100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered in full	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Physical, Speech, Occupational Therapy	\$5 co-pay per visit applies, combined maximum of 60 visits per year; 100% of balance up to Medicare allowed amount. OON-100% allowed benefit*	\$5 co-pay per visit; combined maximum 60 visits per year; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered by major medical up to 100 combined visits per calendar year	\$5 co-pay per visit; Medicare guidelines apply for medical necessity and length of treatment	\$5 co-pay per visit; 90 visits per therapy type per year; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Preadmission Testing	100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	\$5 co-pay per visit; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount	Covered by major medical	\$5 co-pay per visit	\$5 co-pay per visit; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Allergy Testing/Allergy Serum	Allergy Testing: \$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON - 100% allowed benefit*; Allergy Serum: \$5 co-pay per visit; 100% of balance up to Medicare allowed amount. OON-100% allowed benefit*	Allergy Testing: \$5 co-pay per visit; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount; Allergy Serum: Allergy serum max \$200 per year	Allergy Testing: covered by major medical; Allergy Serum: covered by major medical	Allergy Testing: \$5 co-pay; Allergy Serum; \$5 co-pay per visit	Allergy testing: \$5 co-pay per visit; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount; Allergy Serum: Allergy Serum max \$200 per year
MATERNITY					
Pre & Post Natal Physician Services	\$5 co-pay for first visit; 100% of balance up to Medicare allowed amount. OON - 100% allowed benefit*	\$5 co-pay for initial visit to determine pregnancy, then covered in full	No benefit	\$5 co-pay	\$5 co-pay for initial visit to determine pregnancy then covered in full
Delivery	Covered in full; OON - 100% allowed benefit*	Covered in full	No benefit	Covered in full	Covered in full
Newborn Care (Inpatient)	Covered in full; OON - 100% allowed benefit*	Covered in full	No benefit	Covered in full	Covered in full
FERTILITY TESTING & FAMILY PLANNING					
Fertility Testing & Family Planning	Covered in full; OON - 100% of allowed benefit*	\$5 co-pay per visit	No benefit	\$5 co-pay per visit- infertility 50% of allowable charges for testing, lab and x-ray charges	\$5 co-pay for family planning and fertility testing; other fertility services 50%
In-Vitro Fertilization	In-network \$5 co-pay per visit; \$100,000 maximum lifetime benefit for up to 3 attempts per live birth. OON - 100% of allowed benefit*	100% allowable charges; \$100,000 maximum lifetime benefit; for up to 3 attempts per live birth	No benefit	50% allowable charges; \$100,000 maximum lifetime benefit for up to 3 attempts per live birth	50% of allowable charges; \$100,000 maximum lifetime benefit for up to 3 attempts per live birth
MENTAL HEALTH & SUBSTANCE ABUSE (INPATIENT)					
Alcohol & Substance Abuse/ Mental Health Benefits	Covered in full; OON - 100% of allowed benefit*	Covered in full	100% after Medicare; limit 30 days per 180 days with 90-day renewal	Covered in full	Covered in full
MENTAL HEALTH & SUBSTANCE ABUSE (OUTPATIENT)					
Alcohol & Substance Abuse/ Mental Health Benefits	\$5 co-pay. OON - 100% of allowed benefit*	\$5 co-pay per visit	50% after Medicare	\$5 co-pay per visit	\$5 co-pay per visit
MISCELLANEOUS SUPPLIES & SERVICES					
Nutrition & Health Education	\$5 co-pay. OON - 100% of allowed benefit*	\$5 co-pay per visit; diabetic nutritional counseling only	Not covered	Unlimited visits	\$5 co-pay per visit (diabetic nutritional counseling only)
Diabetic Supplies (insulin & syringes covered by the Rx plan)	100% of balance up to Medicare allowed amount, including lancets, test strips & glucometers	100% of balance after Medicare allowed amount up to the Medicare allowed amount, including test strips lancets & glucometers	100% of balance after Medicare, including test strips, lancets & glucometers	\$5 co-pay per visit for Medicare covered self-monitoring training; covered in full for lancets, test strips & glucometers	Generic: \$5 co-pay; Brand: \$20 co-pay; 100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Durable Medical Equipment	100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after Medicare allowed amount up to the Medicare allowed amount	Covered by major medical	Covered in full according to Medicare guidelines	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Private Duty Nursing (preauthorization required)	100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after Medicare allowed amount up to the Medicare allowed amount	Covered by major medical	No benefit	No benefit

Inpatient Hospice Care (preauthorization required)	100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after Medicare allowed amount up to the Medicare allowed amount	100% of balance after Medicare, subject to \$20,000 lifetime maximum	Covered in full	100% of balance after the Medicare allowed amount up to the Medicare allowed amount
Outpatient Hospice Care (preauthorization required)	100% of balance up to Medicare allowed amount. OON - 100% of allowed benefit*	100% of balance after Medicare allowed amount up to the Medicare allowed amount	100% of balance after Medicare, subject to \$20,000 lifetime maximum	Covered in full	100% of balance after the Medicare allowed amount up to the Medicare allowed amount

	AETNA PPO	UNITEDHEALTHCARE PPN	CAREFIRST TRADITIONAL	KAISER HMO	OPTIMUM CHOICE HMO
Major Medical Lifetime Maximum Benefit	Not Applicable	Not Applicable	Deductible waived with Medicare	Not Applicable	Not Applicable
Major Medical Yearly Out-of-Pocket Maximum Costs	Not Applicable	Not Applicable	\$30,000 paid at 100% allowed benefit per calendar year, then \$195,000 paid at 50% allowed benefit up to \$225,000 lifetime maximum	Not Applicable	Not Applicable

REMINDER: THE CITY OF BALTIMORE REQUIRES ALL ITS MEMBERS TO ENROLL IN MEDICARE PART B AT THE TIME THEY BECOME ELIGIBLE FOR MEDICARE PART A. ONCE ENROLLED IN MEDICARE PART B, YOU MUST REMAIN ENROLLED IN ORDER TO RECEIVE BENEFITS.

NOTE: THIS COMPARISON IS TO BE USED AS A GUIDE ONLY. ACTUAL BENEFITS WILL BE GOVERNED BY THE TERMS AND CONDITIONS OF THE MASTER CONTRACT.