

# Open Enrollment Newsletter

## M-NCPPC Retirees and Survivors

2018

### Benefits Open Enrollment

October 16, 2017

through

November 3, 2017

#### Inside this Newsletter

Making Changes to My Benefits .....	3
What's Changing or Staying the Same for the 2018 Plan Year? .....	4
Continuation of Healthcare Coverage When You Reach Age 65-Medicare Eligibility ...	8
Retiree/Survivor Premium Rates Effective January 1, 2018 .....	9
Which Medical Plan Are You Eligible For?.....	12
Medical Plan Comparison Chart-Not Eligible for Medicare.....	13
Medical Plan Comparison Chart-Eligible for Medicare.....	23



## Making Changes to My Benefits

If you do not want to make any changes to your medical, prescription, vision, dental and legal plan elections, no action is required. Your current benefits will continue through December 31, 2018.

If you want to make any changes to your medical, prescription, vision, dental and/or legal plan elections, please complete and submit a Benefit Enrollment Form to the Health & Benefits Office. Form must be received no later than November 3, 2017. Only note your changes on the form.

Changes made during the Open Enrollment Period, October 16, 2017 through November 3, 2017 will be effective January 1, 2018.

If you need an enrollment form or have questions, contact the Health & Benefits Office (301-454-1694, [benefits@mncppc.org](mailto:benefits@mncppc.org)). You may also find the form at [www.mncppc.org](http://www.mncppc.org).

### Allowable Changes

You can make the following changes:

- Change your medical plan.
  - ✚ Non-Medicare Retirees/Dependents are eligible for the following plans:
    - UnitedHealthcare Select EPO
    - UnitedHealthcare Choice POS
    - Kaiser Permanente HMO with Prescription Drugs
  - ✚ Medicare Eligible Retirees/Dependents are eligible for the following plans:
    - UnitedHealthcare Select EPO>65
    - UnitedHealthcare Medicare Complement
    - Kaiser Medicare Complement
- Change your legal plan or waive the legal plan
  - ✚ U.S. Legal
  - ✚ Legal Resources
- Drop a dependent. If you have forgotten, take this time to drop:
  - ✚ Overage children-age 26
  - ✚ Spouses after a divorce or legal separation
  - ✚ You may not add any dependents after you retire
- Opt-out of the medical, prescription, vision, dental and/or legal plan.
  - ✚ **Remember, if you opt-out of the medical, prescription, vision or dental plan, you may not be able to re-enroll later. To re-enroll you will need to show proof of similar continuous coverage with another carrier. Continuous coverage does not include Medicare.**

# What's Changing or Staying the Same for the 2018 Plan Year?

## Premium Increases/Decreases

- The Commission has approved the following decreases in healthcare premium rates:
  - UnitedHealthcare (UHC) Choice POS – 9.9% (**Decrease**)
  - UnitedHealthcare (UHC) Medicare Complement – 6.6% (**Decrease**)
  - UHC EPO for Medicare Participants Age 65 and Over– 15.8% (**Decrease**)
    - Rate reduced to reflect offset for services paid by Medicare your primary carrier.
- The Commission has approved the following increases in premium rates:
  - Kaiser Permanente HMO – 4.9% (Increase)
  - Kaiser Permanente Medicare Complement – 3.0% (Increase)
  - Dental Plan – 8.2% (Increase)
- The premiums for all other plans remain the same.

## Commission: Retiree/Survivor Premium Cost Share

- **Retired Employees**

The cost share for **all** healthcare premiums, including medical, prescription, and dental remains at 80% paid by the Commission and 20% paid by the retiree/survivor. The Commission will continue to contribute 80% of the cost of the low option for the moderate and high vision options.

## Medical Plans - DME

Durable Medical Equipment (DME) will be covered at 100% under all medical plans: UnitedHealthcare Choice POS, UnitedHealthcare Select EPO, and Kaiser Permanente HMO, when obtained from an in-network vendor. Examples of covered DME include oxygen equipment, hospital beds, nebulizers, mobility assistive equipment (wheelchairs, walkers, crutches, and power mobility devices), blood sugar monitors, insulin pumps, and breast pumps.

## Prescription Plans

### **Caremark - CVS Health Transform Diabetes Care for Non-Medicare Eligible Retirees/Dependents**

The average medical cost for a person with diabetes is approximately 2.3 times higher than it would be for a person without diabetes. A major contributing factor to the higher cost for diabetics is poor adherence to anti-diabetic medications. Almost one-third of our diabetic members have suboptimal adherence to their diabetic medications. To improve health outcomes for diabetic members, CVS Health Transform Diabetes Care, a comprehensive diabetes management program will be added to the prescription drug benefit for active employees and their dependents and non-Medicare retirees and their non-Medicare dependents. Improved health outcomes for diabetic members will also result in lower prescription drug and medical costs.

CVS Health Transform Diabetes Care will include personalized support and coaching, 2 free visits at a CVS MinuteClinic, a free glucose meter and access to digital tools. There is no out-of-pocket cost for members participating in this plan; however, prescriptions for diabetic medications must be filled at CVS pharmacies or through mail order.

**IMPORTANT:** Beginning January 1, 2018, diabetic medications and supplies must be filled through CVS retail or mail order, even if you choose not to participate in this program.

**SilverScript - Specialty Utilization Management and Standard Utilization Management**

Specialty Utilization Management and Standard Utilization Management are currently in place for active employees and non-Medicare eligible retirees. This year the programs will be extended to the SilverScript plan for Medicare eligible retirees.

The Specialty Utilization Management program ensures that members receive medications that are appropriate and safe and that they receive the right drug in the right amount at the right time.

The Standard Utilization Management program applies additional quantity limits and prior authorizations above those required by the Centers for Medicare Services (CMS). This program also includes step-therapy; members must try therapeutically generics first before name-brand drugs are approved; unless waived by their physician.

Affected members will be notified by SilverScript.

**VSP Vision Plan - High Option Plan Enhanced With EasyOptions**

The VSP High Option Plan will be enhanced with EasyOptions. With EasyOptions, members and their dependents can individually customize their benefit by choosing one of several options from a menu of upgrades; increasing your frame or contact lens allowance or a variety of fully covered lens options. The member will choose the upgrade at the point of purchase.

EasyOptions Upgrades (Choose one option at time of purchase.)	<ul style="list-style-type: none"><li>• Fully covered anti-reflective coating</li><li>• Fully covered photochromic-adaptive lenses</li><li>• Fully covered progressive lenses</li><li>• Increase frame allowance from \$200 to \$250</li><li>• Increase contact lens allowance from \$150 to \$200</li></ul>
--	--

**Reminder:** You will not receive an identification card for the VSP Vision plan. Inform your provider that you are a VSP Vision member. The provider will contact VSP Vision to confirm your benefits. If you want an identification card, you can print a digital version at any time by visiting [www.vsp.com](http://www.vsp.com).

**Dental Plan - Larger Elite Plus Network**

Members will have access to a larger nationwide network of dentists, the Elite Plus Network. With a larger network, members have more in-network dentists to choose from. Network dentists save you money because UCCI has negotiated discounted fees for services that are accepted as payment in full for covered services. Network dentists cannot bill you the difference between standard charges and the UCCI negotiated fees. Non-network dentists can bill the difference to you. Following is a comparison of the old network and the new Elite Plus network.

	Advantage Plus 2.0 Network	Elite Plus Network	Additional Choices in the Elite Plus Network
Unique Dentists	98,000	109,241	+11,241
Access Points	340,000	360,760	+20,760
Local Dentists			
DC	254	305	+51
Maryland	2,793	2,945	+152
Virginia	2,954	3,177	+223

**UnitedHealthcare Medical Plans and Prescription Drug Plan Lose Grandfathered Status**

In compliance with the Affordable Care Act, due to the increase in the cost share of premiums for the medical and prescription drug plans for FOP represented employees, the UnitedHealthcare POS, UnitedHealthcare EPO medical plans and Caremark Prescription Drug plan will lose grandfathered status effective January 1, 2018.

With the loss of grandfathered status these plans will now cover specific preventive and essential services that may not have been covered in the past. If these services are obtained from an in-network provider they are covered at no cost; without a copayment or deductible. If these services are obtained from an out-of-network provider they will be subject to applicable deductibles, copayments and coinsurance. Also, some prescription drugs will be covered at no cost, including certain over-the-counter drugs.

<b>Approved No Cost Preventive Services Under the Medical Plan</b>	
Everyone	<ul style="list-style-type: none"> <li>• Annual Wellness Visits</li> <li>• Immunizations (Go to <a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a> for a complete list.)</li> </ul>
Men	<ul style="list-style-type: none"> <li>• Prostate Cancer Screenings (Age 40 and older)</li> <li>• Abdominal Aortic Aneurysm screenings (Age 65-75)</li> </ul>
Women	<ul style="list-style-type: none"> <li>• Mammograms (Age 40 and older)</li> <li>• Domestic violence screenings and counseling</li> <li>• FDA-approved contraceptives – emergency, sterilization procedures and related counseling</li> <li>• Breast-feeding support, supplies and counseling</li> <li>• Cervical cancer screenings, including annual pap smears</li> <li>• Pre-natal care</li> <li>• Screenings for pregnant women for anemia, iron deficiency and gestational diabetes</li> <li>• Osteoporosis screenings for women (Age 60 and older)</li> <li>• Counseling for breast cancer</li> </ul>

<b>Approved Preventive Services Under the Medical Plan (Continued)</b>	
Children	<ul style="list-style-type: none"> <li>• Newborn screenings for hearing, thyroid disease, phenylketonuria and sickle cell</li> <li>• Standard metabolic screening panel for inherited enzyme deficiency diseases</li> <li>• Fluoride for prevention of dental cavities</li> <li>• Vision screenings</li> <li>• Autism and developmental screenings</li> <li>• Lead and tuberculosis screenings</li> <li>• Obesity counseling</li> </ul>
Age or At Risk Members	<ul style="list-style-type: none"> <li>• Colorectal cancer screenings (Over age 50)</li> <li>• Screenings for elevated cholesterol and lipids for men over age 35 or anyone with identified risk factors</li> <li>• Screenings for STDs and HIV for anyone with identified risk factors</li> <li>• Screenings and counseling for alcohol and substance abuse, tobacco use, obesity, diet and nutrition for anyone with identified risk factors</li> <li>• Screenings for high blood pressure, diabetes and depression for anyone with identified risk factors</li> </ul>
<b>Approved No-Cost Preventive Drugs</b>	
<b>***Your doctor must write a prescription for these drugs even if they are over-the-counter (OTC)</b>	
	<ul style="list-style-type: none"> <li>• Medicine and supplements to prevent certain conditions <ul style="list-style-type: none"> <li>○ Aspirin to prevent cardiovascular disease in adults at risk who are at least 45 years old. (OTC)</li> <li>○ Aspirin to prevent illness and death from preeclampsia in women who are at least 12 years old, after 12 weeks of pregnancy and are at high risk for the condition.</li> <li>○ Iron supplements to prevent iron deficiency anemia in children 6 to 12 months who are at risk. (OTC)</li> <li>○ Fluoride supplements to prevent dental cavities in children 6 years or younger whose water is low in fluoride</li> <li>○ Folic acid supplements to prevent birth defects in children of women less than age 56. (OTC)</li> <li>○ Vitamin D supplements to help prevent falls in adults age 65 and over</li> </ul> </li> <li>• Medicine and products for tobacco cessation – generic nicotine replacement products (patch, gum, lozenges), nicotine nasal spray, over-the counter drugs (Chantix tablet, Bupropion tablet), and Nicotrol inhaler system</li> <li>• Medicine used prior to screening for certain health conditions in adults</li> <li>• FDA-approved contraceptives for women - generic oral contraceptives (brand name only if generic not available), IUDs, female condoms (OTC), vaginal sponge (OTC), and spermicides (OTC).</li> </ul> <p>Immunizations (Find complete list at <a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a> .)</p>

The loss of grandfathered status of the prescription drug plan also requires the designation of an Out-of-Pocket Maximum, the most that you will have to pay during a plan year for prescription drugs. Once you reach your out-of-pocket maximum, the plan will pay 100% of the allowed amount for covered drugs.

- Individual - \$6,250
- Family - \$11,100

### **Prepaid Legal Plans**

There will be no changes to either the U.S. Legal Plan or Legal Resources plan.

## Continuation of Healthcare Coverage When You Reach Age 65-Medicare Eligibility

When you or your eligible dependent reaches age 65, Medicare will become your primary insurance carrier. **When you become eligible for Medicare, you or your dependent must enroll in Medicare Part A and Part B to continue your medical and prescription drug coverage.** If you do not enroll in Medicare Part A and Part B when eligible, you will jeopardize your continued coverage under the Commission's medical and prescription drug plan and may incur a penalty for late enrollment in Medicare Part B.

To enroll in Medicare, go to [www.socialsecurity.gov/medicare/apply.html](http://www.socialsecurity.gov/medicare/apply.html) or call 1-800-772-1213. You should begin the enrollment process three months before reaching age 65.

You must also provide the Health & Benefits Office with a copy of your Medicare card to confirm your enrollment in Medicare Part A and Medicare Part B. Without confirmation, we cannot ensure your enrollment in the appropriate plan. Again, you may jeopardize your continued coverage under the Commission's medical and prescription drug plan.

As a Medicare retiree/dependent, you will be eligible for one of the medical plans below:

- UnitedHealthcare EPO > 65 - Under this plan you continue to receive the same medical benefits as if you were covered under the UnitedHealthcare Select EPO plan for those who are not Medicare eligible. The difference is that Medicare pays first as your primary carrier and UnitedHealthcare pays as your secondary carrier. This plan covers some services that Medicare does not cover such as hearing tests, invitro-fertilization and telemedicine.

You must still use in-network providers, except in a bona fide emergency. If you are traveling outside of the United States, you will be covered for emergencies only.

- UnitedHealthcare Medicare Complement Plan - The plan pays the Medicare Part A and Part B Deductibles and any remaining balance based on the Medicare-approved amount for services rendered. For example, Medicare Part B covers 80% of doctor's and outpatient services and UnitedHealthcare Medicare Complement Plan covers the remaining 20%.

You can see any physician or provider in and outside of the UnitedHealthcare network. You do not need referral to a specialist.

If Medicare does not pay anything on a service, the Medicare Complement plan will not pay anything either. For example, this plan does not cover services outside of the United States or telemedicine.

- Kaiser Permanente Medicare Complement Plan - Under this plan you continue to receive comprehensive services for doctors, in-patient and out-patient services such as those covered under the Kaiser Permanente HMO plan for non-Medicare retirees/dependents if you obtain services from within the Kaiser Permanente network of physicians and providers.

If you go outside of the Kaiser Permanente network (except in the case of a bona fide emergency), the payment of all services would be subject to consideration by Traditional Medicare. You will be responsible for all Traditional Medicare cost-sharing expenses such as deductibles and coinsurance.

Unlike the other two plans offered to Medicare retirees/dependents, the Kaiser Permanente Medicare Complement Plan also includes an approved Medicare Part D prescription drug plan.

If you are traveling outside of the United States, services are covered for a bona fide emergency.

If you enroll in the Kaiser Permanente Medicare Complement Plan; this plan includes coverage for prescription drugs. If you enroll in either the UnitedHealthcare EPO > 65 or UnitedHealthcare Medicare Complement Plan, you must obtain separate coverage for prescription drugs through Caremark's SilverScript Plan, an approved Medicare Part D plan. Also, it is very important to note that you can be enrolled in only one Medicare Part D plan. **If you enroll in a Medicare Part D plan outside of the Commission, your coverage under the medical plan and the prescription drug plan will be terminated.**

### Your Dental and Vision Plan

When you reach age 65-Medicare eligibility, your dental and vision plan will continue "as is". There are no additional steps that you need to take to continue your coverage under these plans.



**RETIREE/SURVIVOR PREMIUM RATES  
EFFECTIVE JANUARY 1, 2018**

<b>Retirees and survivors except for those who are 65 and older and enrolled in the Medicare Complement plan.</b>	<b>Cost Share %</b>	<b>Full Monthly Rate</b>	<b>Monthly Commission Contribution</b>	<b>Monthly Retiree Survivor Contribution</b>	<b>\$\$ Change in Retiree Contribution from 2017</b>	<b>Monthly COBRA Rates</b>
<b>SINGLE COVERAGE</b>						
Caremark Prescription*	80%/20%	\$202.00	\$161.60	<b>\$40.40</b>	\$0.00	\$206.04
Kaiser Permanente HMO	80%/20%	\$528.62	\$422.90	<b>\$105.72</b>	\$4.93	\$539.19
UnitedHealthcare Choice Plus POS	80%/20%	\$510.00	\$408.00	<b>\$102.00</b>	-\$11.20	\$520.20
UnitedHealthcare Select EPO<65	80%/20%	\$442.00	\$353.60	<b>\$88.40</b>	\$0.00	\$450.84
United Concordia Dental	80%/20%	\$40.76	\$32.61	<b>\$8.15</b>	\$0.62	\$41.58
Vision Service Plan - Low	80%/20%	\$3.90	\$3.12	<b>\$0.78</b>	\$0.00	\$3.98
Vision Service Plan - Moderate	See notes	\$6.94	\$3.12	<b>\$3.82</b>	\$0.00	\$7.08
Vision Service Plan - High	See notes	\$10.13	\$3.12	<b>\$7.01</b>	\$0.00	\$10.33
<b>TWO-MEMBER COVERAGE</b>						
Caremark Prescription*	80%/20%	\$404.00	\$323.20	<b>\$80.80</b>	\$0.00	\$412.08
Kaiser Permanente HMO	80%/20%	\$1,057.23	\$845.78	<b>\$211.45</b>	\$9.88	\$1,078.37
UnitedHealthcare Choice Plus POS	80%/20%	\$1,020.00	\$816.00	<b>\$204.00</b>	-\$22.40	\$1,040.40
UnitedHealthcare Select EPO<65	80%/20%	\$884.00	\$707.20	<b>\$176.80</b>	\$0.00	\$901.68
United Concordia Dental	80%/20%	\$81.50	\$65.20	<b>\$16.30</b>	\$1.23	\$83.13
Vision Service Plan - Low	80%/20%	\$7.83	\$6.27	<b>\$1.56</b>	\$0.00	\$7.99
Vision Service Plan - Moderate	See notes	\$13.89	\$6.27	<b>\$7.62</b>	\$0.00	\$14.17
Vision Service Plan - High	See notes	\$20.27	\$6.27	<b>\$14.00</b>	\$0.00	\$20.68
<b>FAMILY COVERAGE</b>						
Caremark Prescription*	80%/20%	\$606.00	\$484.80	<b>\$121.20</b>	\$0.00	\$618.12
Kaiser Permanente HMO	80%/20%	\$1,585.85	\$1,268.68	<b>\$317.17</b>	\$14.81	\$1,617.57
UnitedHealthcare Choice Plus POS	80%/20%	\$1,530.00	\$1,224.00	<b>\$306.00</b>	-\$33.60	\$1,560.60
UnitedHealthcare Select EPO<65	80%/20%	\$1,326.00	\$1,060.80	<b>\$265.20</b>	\$0.00	\$1,352.52
United Concordia Dental	80%/20%	\$122.26	\$97.81	<b>\$24.45</b>	\$1.85	\$124.71
Vision Service Plan - Low	80%/20%	\$11.73	\$9.39	<b>\$2.34</b>	\$0.00	\$11.96
Vision Service Plan - Moderate	See notes	\$20.84	\$9.39	<b>\$11.45</b>	\$0.00	\$21.26
Vision Service Plan - High	See notes	\$30.41	\$9.39	<b>\$21.02</b>	\$0.00	\$31.02

**RETIREE/SURVIVOR PREMIUM RATES  
EFFECTIVE JANUARY 1, 2018 (Continued)**

<b>MEDICARE COMPLEMENT AND SPLIT FAMILY COVERAGE</b>						
<b>Retirees and spouses/survivors/dependents enrolled in a Medicare Complement Plan and those with split coverage (one or two members enrolled in the Medicare Complement Plan plus one or more dependent non-Medicare Eligible dependent).</b>	<b>Cost Share %</b>	<b>Full Monthly Rate</b>	<b>Monthly Commission Contribution</b>	<b>Monthly Retiree Survivor Contribution</b>	<b>\$\$ Change in Retiree Contribution from 2017</b>	<b>Monthly COBRA Rates</b>
<b>UnitedHealthcare Choice Plus POS Medicare Complement</b>						
<b>Post65 Retiree and all dependents Medicare Eligible</b>						
Single Coverage	80%/20%	\$260.00	\$208.00	<b>\$52.00</b>	-\$3.60	N/A
Two Member Coverage	80%/20%	\$520.00	\$416.00	<b>\$104.00</b>	-\$7.20	N/A
Family Coverage	80%/20%	\$780.00	\$624.00	<b>\$156.00</b>	-\$10.80	N/A
<b>Split Families in the UHC Medicare Complement Plan and POS Plans</b>						
One in Complement/One in POS	80%/20%	\$770.00	\$616.00	<b>\$154.00</b>	-\$14.80	N/A
One in Complement/Two in POS	80%/20%	\$1,280.00	\$1,280.00	<b>\$256.00</b>	-\$26.00	N/A
Two in Complement/One or more in POS	80%/20%	\$1,030.00	\$824.00	<b>\$206.00</b>	-\$18.40	N/A
<b>UnitedHealthcare Select EPO&gt;65</b>						
<b>Post65 Retiree and all dependents Medicare Eligible</b>						
Single Coverage	80%/20%	\$372.00	\$297.60	<b>\$74.40</b>	-\$14.00	N/A
Two Member Coverage	80%/20%	\$744.00	\$595.20	<b>\$148.80</b>	-\$28.00	N/A
Family Coverage	80%/20%	\$1,116.00	\$892.80	<b>\$223.20</b>	-\$42.00	N/A
<b>Split Families in the UHC EPO&gt;65 and UHC EPO&lt;65</b>						
One in Complement/One in POS	80%/20%	\$814.00	\$739.60	<b>\$162.80</b>	-\$14.00	N/A
One in Complement/Two in POS	80%/20%	\$1,256.00	\$1,181.60	<b>\$251.20</b>	-\$14.00	N/A
Two in Complement/One or more in POS	80%/20%	\$1,186.00	\$1,479.20	<b>\$237.20</b>	-\$28.00	N/A

**RETIREE/SURVIVOR PREMIUM RATES  
EFFECTIVE JANUARY 1, 2018 (Continued)**

<b>MEDICARE COMPLEMENT AND SPLIT FAMILY COVERAGE (Continued)</b>						
<b>Retirees and spouses/survivors/dependents enrolled in a Medicare Complement Plan and those with split coverage (one or two members enrolled in the Medicare Complement Plan plus one or more dependent non-Medicare Eligible dependent).</b>	<b>Cost Share %</b>	<b>Full Monthly Rate</b>	<b>Monthly Commission Contribution</b>	<b>Monthly Retiree Survivor Contribution</b>	<b>\$\$ Change in Retiree Contribution from 2017</b>	<b>Monthly COBRA Rates</b>
<b>Kaiser Permanente HMO Medicare Complement **</b>						
<b>Post65 Retiree and <u>all</u> dependents Medicare Eligible</b>						
Single Coverage	80%/20%	\$309.31	\$247.45	<b>\$61.86</b>	\$1.80	N/A
Two Member Coverage	80%/20%	\$618.62	\$494.90	<b>\$123.72</b>	\$3.60	N/A
Family Coverage	80%/20%	\$927.93	\$742.34	<b>\$185.59</b>	\$5.41	N/A
<b>Split Families in the Kaiser Medicare Complement Plan and Kaiser HMO Plans</b>						
One in Complement/One in HMO	80%/20%	\$837.93	\$670.34	<b>\$167.59</b>	\$6.75	N/A
One in Complement/Two or More in HMO	80%/20%	\$1,366.54	\$1,093.23	<b>\$273.31</b>	\$11.68	N/A
Two in Complement/One in HMO	80%/20%	\$1,147.24	\$917.79	<b>\$229.45</b>	\$8.55	N/A
Two in Complement/Two or More in HMO	80%/20%	\$1,675.85	\$1,340.68	<b>\$335.17</b>	\$13.48	N/A
<b>LEGAL PLANS</b>						
Legal Resources	0%/100%	\$17.00	\$0.00	\$17.00	\$0.00	N/A
U. S. Legal Service - Legal Services	0%/100%	\$15.50	\$0.00	\$15.50	\$0.00	N/A

\*If you are enrolled in UnitedHealthcare EPO or POS plan, you must enroll in Caremark for prescription drug coverage.

\*\*If you are enrolled in the Kaiser Medicare Complement Plan, Medicare Part D Prescription Drug coverage is included. Enrolling in a Medicare Part D Plan outside of those offered through the Commission will jeopardize continued coverage under the Medicare Complement and Prescription Drug Plans.

Vision: (Commission pays 80% of Low Option for Moderate and High Options. Employee pays balance.)

## RETIRES/SURVIVORS/LONG TERM DISABILITY PARTICIPANTS (LTD)

### WHICH M-NCPPC MEDICAL PLAN ARE YOU ELIGIBLE FOR?

	UnitedHealthcare Select EPO	UnitedHealthcare Choice Plus POS	Kaiser Permanente HMO	UnitedHealthcare Medicare Complement	Kaiser Permanente Medicare Complement
<b>Under Age 65 not eligible for Medicare</b>	X	X	X		
<b>Age 65 or over and eligible for Medicare</b>	X			X	X
<b>Long-Term Disability and eligible for Medicare</b>	X			X	X

**Note: When you or your dependent becomes eligible for Medicare due to age or disability, you must enroll in both Medicare Part A (Hospital) and Medicare Part B (Medical). Failure to do so will jeopardize your continued enrollment in the medical plan.**

**For more details about each plan, please review the following comparison chart. This chart is a summary of the benefits under each plan and is not all inclusive. For additional information, please contact the plan directly using the phone number on the back of your identification card. If there are any discrepancies between this document and the contract with the carrier, the contract will govern.**

## MEDICAL PLAN COMPARISON CHART for RETIREES/SURVIVORS/LTD - **NOT MEDICARE ELIGIBLE**

<b>Plan Features</b>	<b>Kaiser Permanente HMO Plan</b>	<b>UnitedHealthcare Select EPO Plan</b>	<b>UnitedHealthcare (UHC) Choice Plus Point-of-Service (POS) Plan</b>	
			<b>UHC Choice Plus POS In-Network Benefits</b>	<b>UHC Choice Plus POS Out-of-Network Benefits</b>
<b>Annual Deductible</b>	No Deductible	No Deductible	No Deductible	\$250 Individual \$500 Two Member \$600 Family
<b>Annual Out-of-Pocket Limit (The limit on your out-of-pocket expenses, not including deductibles &amp; disallowed charges)</b>	\$1,100 Individual \$3,600 Family  Includes co-pay	\$1,100 Individual \$3,600 Family  Does not include co-pay	\$600 Individual \$1,200 Two Member \$1,800 Family Combined In and Out of Network Does not include co-pay	\$600 Individual \$1,200 Two Member \$1,800 Family Deductible not included Combined In and Out of Network
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Pre-existing Condition Limitation</b>	No Effective 01/01/2014	No Effective 01/01/2014	No Effective 01/01/2014	No Effective 01/01/2014
<b>Referrals Required</b>	Yes, must be referred to specialists by your Kaiser Primary Care Physician.	No, but must use a UHC Select EPO provider	No, but must use a UHC Choice Plus POS provider	No

Plan Features	Kaiser Permanente HMO Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Choice Plus Point-of-Service (POS) Plan	
			UHC Choice Plus POS In-Network Benefits	UHC Choice Plus POS Out-of-Network Benefits
<p><b>Pre-Authorization Required</b></p> <p><b><i>This list does not include <u>all</u> services requiring pre-certification. These are only examples based on common procedures, treatments, and services. If your physician recommends an unusual procedure or service, you should contact your health plan's customer service for guidance.</i></b></p>	N/A	<ul style="list-style-type: none"> <li>• All inpatient admissions and non-obstetric observation stays:</li> <li>• Back surgery</li> <li>• Biofeedback</li> <li>• Dental services when done on an in-patient basis</li> <li>• Durable medical equipment</li> <li>• External Prosthetic Appliances</li> <li>• Home Health Care/Home Infusion Therapy</li> <li>• Injectable Drugs</li> <li>• Maternity stays longer than 48 hours (vaginal delivery) or 96 hours (cesarean section)</li> <li>• Mental Health &amp; Substance Abuse Services</li> <li>• MRIs/MRAs, CT Scans and PET Scans</li> <li>• Nonemergency ambulance service</li> <li>• Potentially experimental and investigational procedures</li> <li>• Potentially cosmetic or reconstructive procedures</li> <li>• Speech Therapy</li> <li>• Transplant Services</li> <li>• Requests for in-network coverage of services from out-of-network health care professional</li> </ul> <p><i>(if your plan only covers services from participating health care professionals). In most cases, if you are using an in-network provider it is the provider's responsibility to obtain the prior approval, but it would be in your best interest to make certain that it is done as coverage may be reduced or denied.</i></p>		

Plan Features	Kaiser Permanente HMO Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Choice Plus Point-of-Service (POS) Plan	
			UHC Choice Plus POS In-Network Benefits	UHC Choice Plus POS Out-of-Network Benefits
<b>PREVENTIVE CARE</b>				
<b>Adult Physical Exams</b> <i>*Charges may apply for diagnostic tests.</i>	\$0 co-pay	\$0 co-pay 1 exam every 12 months	\$0 co-pay 1 exam every 12 months	Covered 80% of allowed benefit (deductible applies) 1 exam every 12 months
<b>Annual GYN Exam (including Pap test &amp; related lab fees)</b> <i>*Charges may apply for diagnostic tests.</i>	\$0 co-pay	\$0 co-pay	\$0 co-pay	Covered 80% of allowed benefit (deductible applies)
<b>Flu Shots</b>	\$0 co-pay	\$0 co-pay	\$0 co-pay	Covered 80% of allowable benefit, (deductible applies)
<b>HPV Vaccine (Human papillomavirus)</b> <i>For recommended age groups.</i>	\$0 co-pay	\$0 co-pay	Coverage only for at risk members Limitations apply \$0 co-pay	Coverage only for at risk members Limitations apply Covered 80% of allowable benefit, (deductible applies)
<b>Immunizations</b>	\$0 co-pay	Covered if recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control. \$0 co-pay	Covered if recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control. \$0 co-pay	Covered if recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control. Covered 80% (deductible applies)
<b>Mammography</b>  <i>(Over Age 40)</i>	\$0 co-pay	Covered at 100%	Covered at 100%	Covered 80% of allowed benefit (deductible applies)
<b>Preventive Care Infants to age 1 Toddlers Ages 1-2 Children Ages 3-18</b>	\$0 co-pay	\$0 co-pay	\$0 co-pay	Covered 80% of allowed benefit (no deductible)

Plan Features	Kaiser Permanente HMO Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Choice Plus Point-of-Service (POS) Plan	
			UHC Choice Plus POS In-Network Benefits	UHC Choice Plus POS Out-of-Network Benefits
		<b>PREVENTIVE CARE (CONTINUED)</b>		
<b>PSA Blood Serum Digital</b>	\$0 co-pay	Member cost is based on the type of service performed and place where rendered	Covered 100% Limited to 1 per calendar year	Covered 80% of allowed benefit (deductible applies) Limited to 1 per calendar year
<b>Zoster (a shingles vaccine) For age 60 and older only</b>	\$0 co-pay	\$0 co-pay	\$0 co-pay	Coverage only for at risk members Limitations apply Covered 80% of allowable benefit, (deductible applies)
<b>OFFICE VISITS, TESTING &amp; THERAPY</b>				
<b>Allergy Injection Visits</b>	\$0 co-pay	\$10 co-pay	Covered 100% Office co-pay applies if seen by doctor for an office visit	Covered 80% of allowed benefit (deductible applies)
<b>Allergy Tests</b>	\$0	\$10 co-pay	Covered 100% Office co-pay applies	Covered 80% of allowed benefit (deductible applies)
<b>Diagnostic Lab &amp; X-ray Services (MRI, CAT Scan and Pet Scan require prior authorization)</b>	\$0 co-pay	100%	Covered 100% Office co-pay applies	Covered 80% of allowed benefit (deductible applies)
<b>Habilitation Services (Benefits are limited to children under age 19. Require prior authorization and subject to case management.)</b>	\$10 co-pay	\$10 co-pay	\$10 co-pay	Covered 80% of allowed benefit (deductible applies)
<b>Office Based Surgery</b>	\$10 co-pay	\$10 co-pay	Covered 100% Office co-pay applies	Covered 80% of allowed benefit (deductible applies)



Plan Features	Kaiser Permanente HMO Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Choice Plus Point-of-Service (POS) Plan	
			UHC Choice Plus POS In-Network Benefits	UHC Choice Plus POS Out-of-Network Benefits
		<b>OFFICE VISITS, TESTING &amp; THERAPY (CONTINUED)</b>		
<b>Office Visits</b>	\$10 co-pay PCP *PCP co-pay waived for child under age 5 if treated for injury or illness \$10 co-pay Specialist	\$10 co-pay	\$10 co-pay	Covered 80% of allowed benefit (deductible applies)
<b>Rehabilitation: Physical, Occupational, Speech Therapy</b>	\$10 co-pay Physical Therapy - 30 days per episode Occupational Therapy – 90 days per episode Speech Therapy – 90 days per episode	\$10 co-pay (Limited to 60 combined visits per year)	Covered 100% Limited to 90 days per year per type of treatment Combined In & out of network	Covered 80% of allowed benefit, 90 days per year per type of treatment (deductible applies) Combined in & out of network
<b>EMERGENCY AND URGENT CARE</b>				
<b>Ambulance Services (Non-emergency use requires prior authorization)</b>	\$0 co-pay for true emergency use only. This is for emergency services required to stabilize or initiate treatment in an emergency, not to transfer from one facility to another	Covered 100% For true emergency use only. This is for emergency services required to stabilize or initiate treatment in an emergency, not to transfer from one facility to another	Covered 100% For true emergency use only. This is for emergency services required to stabilize or initiate treatment in an emergency, not to transfer from one facility to another	Covered 80% of allowed benefit For true emergency use only. This is for emergency services required to stabilize or initiate treatment in an emergency, not to transfer from one facility to another (deductible applies)
<b>Emergency Room use for a medical emergency (Facility &amp; Physician Charges)</b>	\$25 co-pay for emergency room. If admitted to the hospital from the emergency room, then the co-pay is waived  Contact PCP before receiving care whenever possible	\$25 co-pay for emergency room. If admitted to the hospital from the emergency room, then the co-pay is waived  Contact PCP before receiving care whenever possible	\$35 co-pay for emergency room. If admitted to the hospital from the emergency room, then the co-pay is waived  Contact PCP before receiving care whenever possible	Covered at the In-Network level  Contact PCP before receiving care whenever possible
<b>Emergency Room use for a Non-Medical Emergency</b>	<b>Not Covered</b>	<b>Not Covered</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Urgent Care Centers</b>	\$15 co-pay	\$15 co-pay	\$10 co-pay	Covered 80% of allowed benefit (deductible applies)

Plan Features	Kaiser Permanente HMO Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Choice Plus Point-of-Service (POS) Plan	
			UHC Choice Plus POS In-Network Benefits	UHC Choice Plus POS Out-of-Network Benefits
<b>IN-PATIENT &amp; OUT-PATIENT HOSPITAL</b>				
<b>In-patient Diagnostic Tests (Prior Authorization Required)</b>	Covered 100%	Covered 100%	Covered 100%	Covered 80% of allowed benefit (deductible applies) plus a separate \$100 in-patient deductible
<b>In-Patient Hospital Facility Charges (Overnight Stay) (Prior Authorization Required)</b>	Covered 100%	Covered 100%	Covered 100%	Covered 80% of allowed benefit (deductible applies) plus a separate \$100 in-patient deductible
<b>In-Patient Physician Visits</b>	Covered 100%	Covered 100%	Covered 100%	Covered 80% of allowed benefit (deductible applies)
<b>In-Patient Surgery (Prior Authorization Required)</b>	Covered 100%	Covered 100%	Covered 100%	Covered 80% of allowed benefit (deductible applies) plus a separate \$100 in-patient deductible
<b>Organ Transplant (Prior Authorization Required)</b>	Covered 100% at a designated facility	Covered 100% at a designated facility	Covered 100%	Covered 80% of allowable benefit (deductible applies)
<b>Out-Patient Surgery (Prior Authorization Required)</b>	\$25 co-pay	\$25 co-pay (Facility) Covered 100% (Physician)	Office co-pay applies if done in the office Covered 100% if done at a facility	Covered 80% of allowed benefit (deductible applies)
<b>In-Patient Professional Services (Such as anesthesiologists, radiologists and pathologists) when rendered in an in-network hospital</b>	Covered 100%	Covered 100%	Covered 100%	Covered 80% of allowed benefit (deductible applies)

Plan Features	Kaiser Permanente HMO Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Choice Plus Point-of-Service (POS) Plan	
			UHC Choice Plus POS In-Network Benefits	UHC Choice Plus POS Out-of-Network Benefits
<b>IN-PATIENT HOSPITAL ALTERNATIVES</b>				
<b>Home Health Care</b>	\$0 co-pay limited to two (2) hours per visit Intermittent care not to exceed three (3) visits per day	Covered 100% 60 visits per calendar year Limitations apply	Covered 100% 90 visits per calendar year, max combined in & out of network	Covered 80% of allowed benefit (deductible applies), 90 visits per calendar year maximum combined in & out of network
<b>Hospice Care</b>	\$0 copay	Covered 100% Limited to 360 days during the time covered under the plan	Covered 100%	Covered 80% of allowed benefit (deductible applies)
<b>Skilled Nursing Facility (Prior Authorization Required and Subject to case management)</b>	Covered 100% Up to 100 days per calendar year	Covered 100% 60 days per calendar year	Covered 100% 100 Day Max/combined Subject to pre-authorization & case management	Covered 80% of allowed benefit 100-day Max/combined Separate \$100 per admission deductible Subject to pre-authorization & case management
<b>MATERNITY &amp; INFERTILITY</b>				
<b>Artificial Insemination (Prior Authorization Required and Subject to case management)</b>	50% co-insurance \$100,000 per lifetime	50% co-insurance \$3,000 per lifetime	Covered 80% of allowed benefit 3 attempts per lifetime max. Combined in & out of network	Covered 60% of allowed benefit (deductible applies) 3 attempts per lifetime max. Combined in & out of network
<b>Infertility Treatment and Testing</b>	50% co-insurance	Member cost is based on the type and place of service	Covered 80% allowed benefit	Covered 60% of allowed benefit (deductible applies)

Plan Features	Kaiser Permanente HMO Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Choice Plus Point-of-Service (POS) Plan	
			UHC Choice Plus POS In-Network Benefits	UHC Choice Plus POS Out-of-Network Benefits
<b>MATERNITY &amp; INFERTILITY (CONTINUED)</b>				
<b>In Vitro Fertilization (Prior Authorization Required and Subject to case management)</b>	50% co-insurance Limited to 3 attempts and a lifetime max of \$100,000. Limitations apply	Covered 50% of allowed benefit. Limited to 3 attempts and a lifetime max of \$100,000. Limitations apply	Covered 80% of allowed benefit 3 attempts per lifetime max. Combined in & out of network \$100,000 lifetime max. Limitations apply	Covered 60% of allowed benefit (deductible applies) 3 attempts per lifetime max. Combined in & out of network \$100,000 lifetime max. Limitations apply
<b>Labor &amp; Delivery</b>	In-patient co-pay if applicable	Covered 100%	Covered 100%	Covered 80% of allowed benefit (deductible applies) plus a separate \$100 in-patient deductible
<b>Prenatal and Postnatal Office Visits</b>	No charge for routine prenatal care. Postnatal care subject to regular office co-payment	\$10 co-pay initial visit, then 100%	\$10 co-pay initial visit, then 100%	Covered 80% of allowed benefit for initial visit (deductible applies)
<b>Voluntary Sterilization (Reversal not covered)</b>	Member cost is based on the type of service performed and place where rendered	Member cost is based on the type of service performed and place where rendered	Covered 100%	Covered 80% of allowed benefit (deductible applies)
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>				
<b>Bereavement Counseling</b>	Covered under Hospice benefit for family members up to one (1) year	Covered at 100% for short-term grief counseling as part of hospice care	Covered 100% \$200 maximum combined in & out of network for short-term grief counseling as part of hospice care	Covered 80% of allowed benefit after deductible, \$200 maximum combined in & out of network for short-term grief counseling as part of hospice care

Plan Features	Kaiser Permanente HMO Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Choice Plus Point-of-Service (POS) Plan	
			UHC Choice Plus POS In-Network Benefits	UHC Choice Plus POS Out-of-Network Benefits
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE (CONTINUED)</b>				
<b>In-Patient Hospital (Prior Authorization Required and Subject to case management)</b>	Covered 100%	Covered 100%	Covered 100%	Covered 80% of allowable benefit, deductible applies plus separate \$100 in-patient deductible
<b>Partial Hospitalization (Prior Authorization Required and Subject to case management)</b>	Covered 100%	Covered 100%	Covered 100%	Covered 80% after deductible (60 days per year combined in & out of network) \$100 inpatient deductible
<b>Out-Patient Treatment (Prior Authorization Required and Subject to case management)</b>	\$5 co-pay group therapy \$10 co-pay individual therapy	\$10 co-pay per visit	\$10 co-pay per visit	Covered at 80%
<b>ALTERNATIVE MEDICINE SERVICES</b>				
<b>Acupuncture</b>	\$15 co-pay Limited to 20 treatments per year	\$10 co-pay Limited to 24 treatments per year	\$10 co-pay Limited to 24 treatments per year	Covered at 80% after deductible Limited to 24 treatments per year
<b>Chiropractic</b>	\$15 co-pay 20 visits per year	50% co-insurance Limited to 24 visits per calendar year	Spinal manipulation covered at 100%, subject to medical necessity guidelines	Spinal manipulation Covered 80% of allowable benefit (deductible applies) subject to medical necessity guidelines
<b>Massage Therapy</b>	Not Covered	Discount Program Contact UHC for details	Discount Program Contact UHC for details	Discount Program Contact UHC for details

Plan Features	Kaiser Permanente HMO Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Choice Plus Point-of-Service (POS) Plan	
			UHC Choice Plus POS In-Network Benefits	UHC Choice Plus POS Out-of-Network Benefits
<b>HEARING AND VISION</b>				
<b>Hearing Tests</b>	\$10 co-pay	\$10 co-pay	\$10 co-pay	Covered 80% of allowable benefit, deductible applies
<b>Hearing Aids</b>	*For children under age 19 only \$0 co-pay with 1 hearing aid per ear every 36 months Maximum \$1,000	Covered 50% coinsurance every 36 months. Children under 19 only.	Discount Program Contact UHC for details	Discount Program Contact UHC for details
<b>Laser Vision Correction</b>	Not Available	Discount Program Contact UHC for details	Discount Program Contact UHC for details	Discount Program Contact UHC for details
<b>Mail Order Contact Lenses</b>	Not Available	Not Available	Not Available	Not Available
<b>Vision Annual Eye Exam Discount Plan</b> (Does not qualify for retirement eligibility)	Eyeglass frames 25% discount Eyeglass lenses 25% discount Contact lenses 15% discount One refractive exam (pay Office Visit Copay) Separate vision benefit plan offered. See Vision Service Plan	Not covered. Separate vision benefit plan offered. See Vision Service Plan	Not covered. Separate vision benefit plan offered. See Vision Service Plan	Not covered. Separate vision benefit plan offered. See Vision Service Plan
<b>MISCELLANEOUS</b>				
<b>Durable Medical Equipment (DME)</b>	Covered 100%	Covered 100%	Covered 100%	Covered 80% of allowed benefit – deductible applies
<b>Prescription Coverage</b>	<i>Included Kaiser Pharmacy or Mail: \$7/15/30 Participating Pharmacy: \$10/20/35</i>	<i>Not covered. Separate prescription benefit plan offered through Caremark</i>	<i>Not covered. Separate prescription benefit plan offered through Caremark</i>	<i>Not covered. Separate prescription benefit plan offered through Caremark</i>
<b>Private Duty Nursing (Subject to pre-authorization and case management)</b>	Covered under Home Health	Excluded	Covered 100% Subject to pre-authorization & case management	Covered 80% of allowed benefit Subject to pre-authorization & case management (deductible applies)
<b>Surgery for Morbid Obesity (Subject to pre-authorization and case management)</b>	Covered with eligibility requirements Pre-authorization required Member cost based on type and place of service.	Covered with eligibility requirements Pre-notification required	Not covered	Not covered

## MEDICAL PLAN COMPARISON CHART for **MEDICARE ELIGIBLE RETIREES/SURVIVORS/LTD**

<i>Plan Features</i>	<i>Kaiser Permanente Medicare Complement Plan</i>	<i>UnitedHealthcare Select EPO Plan</i>	<i>UnitedHealthcare (UHC) Medicare Complement Plan</i>	
			<i>Medicare Pays**</i>	<i>UHC Medicare Complement Plan Pays</i>
<b>Annual Deductible</b>	No Deductible	No Deductible	Medicare Part A - N/A Medicare Part B – N/A	\$1,316 (in 2017) Deductible \$183 (in 2017) Deductible
<b>Annual Out-of-Pocket Limit (The limit on your out-of-pocket expenses, not including deductibles &amp; disallowed charges)</b>	\$3,400  Includes co-pay and coinsurance	\$1,100 Individual \$3,600 Family  Does not include co-pay	N/A	N/A
<b>Lifetime Maximum</b>	Unlimited	Unlimited	N/A	N/A
<b>Pre-existing Condition Limitation</b>	No	No	No	No <small>Effective 01/01/2014</small>
<b>Referrals Required</b>	Yes, must be referred to specialists by your Kaiser Primary Care Physician.	No, but must use a UHC Select EPO provider.	No, but Specialists must be enrolled in Medicare	<b>No, but Specialists must be enrolled in Medicare</b>

Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
<p><b>Pre-Authorization Required</b></p> <p><b><i>This list does not include <u>all</u> services requiring pre-certification. These are only examples based on common procedures, treatments, and services. If your physician recommends an unusual procedure or service, you should contact your health plan's customer service for guidance.</i></b></p>	N/A	<ul style="list-style-type: none"> <li>• All inpatient admissions and non-obstetric observation</li> <li>• Back surgery</li> <li>• Biofeedback</li> <li>• Dental services when done on an in-patient basis</li> <li>• Durable medical equipment</li> <li>• External Prosthetic Appliances</li> <li>• Home Health Care/Home Infusion Therapy</li> <li>• Injectable Drugs</li> <li>• Maternity stays longer than 48 hours (vaginal delivery) or 96 hours (cesarean section)</li> <li>• Mental Health &amp; Substance Abuse Services</li> <li>• MRIs/MRAs, CT Scans and PET Scans</li> <li>• Nonemergency ambulance service</li> <li>• Potentially experimental and investigational procedures</li> <li>• Cosmetic or reconstructive procedures</li> <li>• Speech Therapy</li> <li>• Transplant Services</li> <li>• Requests for in-network coverage of services from out-of-network health care professional</li> </ul> <p><b>In most cases, if you are using an in-network provider it is the provider's responsibility to obtain the prior approval, but it would be in your best interest to make certain that it is done as coverage may be reduced or denied.</b></p>	<p>Medicare Part B – 80%</p> <ul style="list-style-type: none"> <li>• Repetitive, scheduled non-emergent ambulance transport</li> <li>• Hyperbaric oxygen (HBO) therapy demonstrations</li> <li>• Custom wheelchairs</li> </ul>	<p>Remaining 20% of approved Medicare Part B amount</p>



Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
<b>PREVENTIVE CARE</b>				
<b>Adult Physical Exams</b> <i>*Charges may apply for diagnostic tests.</i>	\$0 co-pay	\$0 co-pay 1 exam every 12 months	Medicare Part B - 80% <i>*Yearly wellness visit covered every 12 months</i>	Remaining 20% of Medicare approved amount
<b>Annual GYN Exam (including Pap test &amp; related lab fees)</b> <i>*Charges may apply for diagnostic tests.</i>	\$0 co-pay	\$0 co-pay	Medicare Part B-80%	Remaining 20% of Medicare approved amount
<b>Flu Shots</b>	\$0 co-pay	\$0 co-pay	Medicare Part B- 80% 100% if provider accepts Medicare assignment	20% of Medicare approved amount if provider does not accept Medicare assignment
<b>HPV Vaccine (Human papillomavirus)</b> <i>For recommended age groups.</i>	\$0 co-pay	\$0 co-pay	Medicare Part B- 100% if vaccine received with Pap test, age 30-65 and provider accepts Medicare assignment	20% of Medicare approved amount if provider does not accept Medicare assignment
<b>Immunizations</b>	\$0 co-pay	Covered if recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control. \$0 co-pay	Medicare Part B- 80% 100% for pneumonia and Hepatitis B vaccine if provider accepts Medicare assignment	20% of Medicare approved amount if provider does not accept Medicare assignment

Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
<b>PREVENTIVE CARE (CONTINUED)</b>				
<b>Mammography (Over Age 40)</b>	\$0 co-pay	Covered at 100%	Medicare Part B- 80% 100% if provider accepts Medicare assignment	20% of Medicare approved amount if provider does not accept Medicare assignment
<b>Preventive Care Infants to age 1 Toddlers Ages 1-2 Children Ages 3-18</b>	\$0 co-pay	\$0 co-pay	N/A	N/A
<b>PSA Blood Serum Digital</b>	\$0 co-pay	Member cost is based on the type of service performed and place where rendered	Medicare Part B One PSA free every 12 months for men over age	N/A
<b>Zoster (a shingles vaccine) For age 60 and older only</b>	\$0 co-pay	\$0 co-pay	Not Covered	Not Covered
<b>OFFICE VISITS, TESTING &amp; THERAPY</b>				
<b>Allergy Injection Visits</b>	\$0 co-pay	\$10 co-pay	Medicare Part B if shot administered in doctor's office – 80% If not covered, Medicare Part D (SilverScript may cover)	Remaining 20% of Medicare approved amount

Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
		<b>OFFICE VISITS, TESTING &amp; THERAPY (CONTINUED)</b>		
<b>Allergy Tests</b>	\$10 co-pay	\$10 co-pay	Medicare Part B-80% Only allergy skin tests are covered when you have an allergic history and show clinically significant allergic symptoms that can't be controlled by other means	Remaining 20% of Medicare approved amount
<b>Diagnostic Lab &amp; X-ray Services (MRI, CAT Scan and Pet Scan require prior authorization)</b>	\$0 co-pay	100%	Medicare Part B-80%	Remaining 20% of Medicare approved amount
<b>Habilitation Services (Benefits are limited to children under age 19. Require prior authorization and subject to case)</b>	\$10 co-pay	\$10 co-pay	N/A	N/A
<b>Office Based Surgery</b>	\$10 co-pay	\$10 co-pay	Medicare Part B – 80%	Remaining 20% of Medicare approved amount
<b>Office Visits</b>	\$10 co-pay PCP \$10 co-pay Specialist	\$10 co-pay	Medicare Part B – 80%	Remaining 20% of Medicare approved amount

Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
		<b>OFFICE VISITS, TESTING &amp; THERAPY (CONTINUED)</b>		
<b>Rehabilitation: Physical, Occupational, Speech Therapy</b>	\$10 co-pay no specific limit/Medicare guidelines	\$10 co-pay (Limited to 60 combined visits per year)	Medicare Part B – 80%	Remaining 20% of Medicare approved amount
<b>EMERGENCY AND URGENT CARE</b>				
<b>Ambulance Services (Non-emergency use requires prior authorization)</b>	\$0 co-pay for true emergency use only. This is for emergency services required to stabilize or initiate treatment in an emergency, not to transfer from one facility to another	Covered 100%  For true emergency use only. This is for emergency services required to stabilize or initiate treatment in an emergency, not to transfer from one facility to another	Medicare Part B if medically necessary – 80%	Remaining 20% of Medicare approved amount
<b>Emergency Room use for a medical emergency (Facility &amp; Physician Charges)</b>	\$50 per visit, anywhere in the world (waived if admitted)  Contact PCP before receiving care whenever possible	\$25 co-pay for emergency room. If admitted to the hospital from the emergency room, then the co-pay is waived  Contact PCP before receiving care whenever possible	Medicare Part B – 80%	Remaining 20% of Medicare approved amount
<b>Emergency Room use for a Non-Medical Emergency</b>	Not Covered	Not Covered	N/A	N/A
<b>Urgent Care Centers</b>	\$10 co-pay, anywhere in the world	\$15 co-pay	Medicare Part B – 80%	Remaining 20% of Medicare approved amount

Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
<b>IN-PATIENT &amp; OUT-PATIENT HOSPITAL</b>				
<b>In-patient Diagnostic Tests (Prior Authorization Required)</b>	Covered 100%	Covered 100%	Medicare Part B – 80%	Remaining 20% of Medicare approved amount
<b>In-Patient Hospital Facility Charges (Overnight Stay) (Prior Authorization Required)</b>	Covered 100%	Covered 100%	Medicare Part A pays 100% of Days 1-60, All above specified copayment for Days 61+ \$0 of lifetime reserve days after exhaustion	Days 61-90 -\$329/day (in 2017) Days 91-150 - \$658/day for lifetime reserve days *Once lifetime reserve days are exhausted, you pay 100%
<b>In-Patient Physician Visits</b>	Covered 100%	Covered 100%	Medicare Part B – 80%	Remaining 20% of Medicare approved amount
<b>In-Patient Surgery (Prior Authorization Required)</b>	Covered 100%	Covered 100%	Medicare Part B – 100%	N/A
<b>Organ Transplant (Prior Authorization Required)</b>	Covered 100% at a designated facility	Covered 100% at a designated facility	Medicare Part A covers 100% of hospital costs Covers specific transplants: Heart, lung, kidney, pancreas, intestine, liver, Medicare Part B – 80% of doctor's services	Remaining 20% of Medicare Part B approved amount
<b>Out-Patient Surgery (Prior Authorization Required)</b>	\$25 co-pay	\$25 co-pay (Facility) Covered 100% (Physician)	Medicare Part B – 80%	Remaining 20% of Medicare approved amount
<b>In-Patient Professional Services (Such as anesthesiologists, radiologists and pathologists) when rendered in an in-network hospital</b>	Covered 100%	Covered 100%	Medicare Part A – 100%	N/A

Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
<b>IN-PATIENT HOSPITAL ALTERNATIVES</b>				
<b>Home Health Care</b>	\$0 co-pay limited to two (2) hours per visit Intermittent care not to exceed three (3) visits per day	Covered 100% 60 visits per calendar year Limitations apply	Medicare Part A – 100% Medicare Part B – 80% for durable medical equipment	Remaining 20% of Medicare Part B approved amount for durable medical equipment
<b>Hospice Care</b>	\$0 copay	Covered 100% Limited to 360 days during the time covered under the plan	Medicare Part A – 100%	5% of Medicare approved amount for inpatient respite care Up to \$5 copayment for each prescription for pain and symptom management
<b>Skilled Nursing Facility (Prior Authorization may be Required and Subject to case management)</b>	Covered 100% if Medicare would cover the stay or if medically necessary and Medicare would not cover the stay. Up to 100 days per calendar year	Covered 100% 60 days per calendar year	Medicare Part A pays 100% of Days 1-20, All above specified copayment for Days 21-99 \$0 after 99 days	Days 21-100 -\$164.50/day (in 2017) Days 100+ - you pay 100%
<b>MATERNITY &amp; INFERTILITY</b>				
<b>Artificial Insemination (Prior Authorization Required and Subject to case management)</b>	50% co-insurance \$100,000 per lifetime	50% co-insurance \$3,000 per lifetime	Not covered	N/A
<b>Infertility Treatment and Testing</b>	Medically necessary services only Related prescription drugs: 50% co-insurance	Member cost is based on the type and place of service	Medicare Part B for reasonable and necessary services associated with treatment for infertility – 80%	Remaining 20% of Medicare approved amount

Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
<b>MATERNITY &amp; INFERTILITY (CONTINUED)</b>				
<b>In Vitro Fertilization (Prior Authorization Required and Subject to case management)</b>	Limited to 3 attempts and a lifetime max of \$100,000. Limitations apply	Covered 50% of allowed benefit. Limited to 3 attempts and a lifetime max of \$100,000. Limitations apply	Not covered	N/A
<b>Labor &amp; Delivery</b>	In-patient co-pay if applicable	Covered 100%	Medicare Part A – 100% Hospitalization Medicare Part B- 80% Outpatient and Doctor's services	Remaining 20% of Medicare approved amount
<b>Prenatal and Postnatal Office Visits</b>	No charge for routine prenatal care. Postnatal care subject to regular office co-payment	\$10 co-pay initial visit, then 100%	Medicare Part B – 80%	Remaining 20% of Medicare approved amount
<b>Voluntary Sterilization (Reversal not covered)</b>	Member cost is based on the type of service performed and place where rendered	Member cost is based on the type of service performed and place where rendered	Not Covered	N/A
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>				
<b>Bereavement Counseling</b>	\$10 copay	Covered at 100% for short-term grief counseling as part of hospice care	Medicare Part B -80% for grief counseling	Remaining 20% of Medicare approved amount
<b>In-Patient Hospital (Prior Authorization may be Required and Subject to case management)</b>	Covered 100%	Covered 100%	Medicare Part A pays 100% of Days 1-60, All above specified copayment for Days 61+ \$0 of lifetime reserve days after exhaustion	Days 61-90 -\$329/day (in 2017) Days 91-150 - \$658/day for lifetime reserve days *Once lifetime reserve days are exhausted, you pay 100%

Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
		<b>MENTAL &amp; SUBSTANCE ABUSE (Continued)</b>		
<b>Partial Hospitalization (Prior Authorization may be Required and Subject to case management)</b>	Covered 100%	Covered 100%	Medicare Part B – 80%	Remaining 20% of Medicare approved amount
<b>Out-Patient Treatment (Prior Authorization may be Required and Subject to case management)</b>	\$10 co-pay individual therapy	\$10 co-pay per visit	Medicare Part B – 80%	Remaining 20% of Medicare approved amount
<b>ALTERNATIVE MEDICINE SERVICES</b>				
<b>Acupuncture</b>	\$15 co-pay Limited to 20 treatments per year	\$10 co-pay Limited to 24 treatments per year	Not covered	N/A
<b>Chiropractic</b>	\$15 co-pay 20 visits per year	50% co-insurance Limited to 24 visits per calendar year	Medicare Part B, if medically necessary for manipulation of the spine- 80%	Remaining 20% of Medicare approved amount
<b>Massage Therapy</b>	Not Covered	Discount Program Contact UHC for details	Not covered	N/A
<b>HEARING AND VISION</b>				
<b>Hearing Tests</b>	\$10 co-pay, routine and to diagnose hearing and balance issues	\$10 co-pay	Medicare Part B only for determination of need for medical treatment or for balance issues (If in hospital treatment, copayment applies.)	Remaining 20% of Medicare approved amount
<b>Hearing Aids</b>	1 hearing aid up to \$1,000 per ear every 36 months	Covered 50% coinsurance every 36 months. Children under 19 only.	Not covered	N/A



Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
		<b>HEARING AND VISION (Continued)</b>		
<b>Laser Vision Correction</b>	Not Available	Discount Program Contact UHC for details	Not covered	N/A
<b>Mail Order Contact Lenses</b>	Not Available	Not Available	Not covered	N/A
<b>Vision Annual Eye Exam Discount Plan</b> (Does not qualify for retirement eligibility)	\$10 per visit with an optometrist of ophthalmologist to diagnose and treat eye diseases. Eyeglasses or contact lenses after cataract surgery -You pay 20% coinsurance up to Medicare's limit and any amounts that exceed Medicare limit. Other eyeglasses or contact lenses – You pay 75% coinsurance for eyeglasses and 85% coinsurance for contacts. <b>**You may also enroll in separate standalone Vision Service Plan (VSP).</b>	Not covered. Separate vision benefit plan offered. See Vision Service Plan	Medicare part B only for: <ul style="list-style-type: none"> <li>• Glaucoma test every 12 months or more frequent if high risk – 80%</li> <li>• Annual test for diabetic retinopathy</li> <li>• Cataract surgery and cost of artificial lens and eyeglasses with standard frame</li> <li>• Macular degeneration treatment</li> </ul>	Remaining 20% of Medicare approved amount

Plan Features	Kaiser Permanente Medicare Complement Plan	UnitedHealthcare Select EPO Plan	UnitedHealthcare (UHC) Medicare Complement Plan	
			Medicare Pays**	UHC Medicare Complement Plan Pays
<b>MISCELLANEOUS</b>				
<b>Durable Medical Equipment (DME)</b>	Covered 100%, requires prior authorization	Covered 100%	Medicare Part B – 80%	Remaining 20% of Medicare approved amount
<b>Prescription Coverage</b>	<p><i>Included</i>  Preferred Pharmacy up to 60-day supply: \$10-preferred generic/generic or preferred/non-preferred brand and specialty tier and \$0 for vaccines  Out-of-Network Pharmacy up to 30-day supply: \$7.50-preferred generic/generic or preferred/non-preferred brand and specialty tier and \$0 for vaccines  Kaiser Mail Order up to 90-day supply: \$5.00-preferred generic/generic or preferred/non-preferred brand and specialty tier and vaccines not available.  Participating Pharmacy: \$10/20/35  If your copays reach \$5,000 in a year, you move to catastrophic coverage and pay \$2-generic/\$5-brand-name and \$0 for vaccines.</p>	<p>Not covered.  Separate prescription benefit plan offered through Caremark</p>	<p>Medicare Part B – 80%, only for drugs you would not administer to yourself such as:</p> <ul style="list-style-type: none"> <li>• drugs administered in the doctor's office or hospital</li> <li>• Drugs used with an item of durable medical equipment such as a nebulizer or infusion pump</li> <li>• Some antigens</li> <li>• Injectable osteoporosis drugs</li> <li>• Erythropoiesis stimulation drugs for end-stage renal disease or anemia</li> </ul>	<p>Remaining 20% of Medicare approved amount</p>
<b>Private Duty Nursing (Subject to pre-authorization and case management)</b>	Covered under Home Health	Excluded	Not covered	N/A

<b>Plan Features</b>	<b>Kaiser Permanente Medicare Complement Plan</b>	<b>UnitedHealthcare Select EPO Plan</b>	<b>UnitedHealthcare (UHC) Medicare Complement Plan</b>	
			<b>Medicare Pays**</b>	<b>UHC Medicare Complement Plan Pays</b>
		<b>MISCELLANEOUS (Continued)</b>		
<b>Surgery for Morbid Obesity (May be Subject to pre-authorization and case management)</b>	Covered with eligibility requirements Pre-authorization required Member cost based on type and place of service.	Covered with eligibility requirements Pre-notification required	Medicare Part A for hospitalization for some procedures like gastric bypass, laparoscopic banding Medicare Part B – 80%Associated doctor's visits and outpatient care	Remaining 20% of Medicare approved amount
<b>Dental Services</b>	\$30 per visit for preventive care (limited to two visits a year for oral exams, teeth cleaning, and bitewing x-rays). Comprehensive dental services charges vary based on service.	Not covered.	Medicare Part A 100% - only for certain dental services when hospitalization is needed in an emergency or complicated procedure	N/A
<b>Care outside of the United States</b>	Bona fide emergencies covered worldwide	Bona fide emergencies covered worldwide	In most cases not covered.	N/A

\*\*For more details on services covered under Medicare go to <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>

## NOTES



*The Maryland-National Capital Park and Planning Commission*

Health & Benefits Office, Human Resources

6611 Kenilworth Avenue, Suite 404, Riverdale, MD 20737

[www.mncppc.org](http://www.mncppc.org)

**THIS NEWSLETTER IS INTENDED TO PROVIDE PLAN HIGHLIGHTS. IT IS A SUMMARY OF BENEFITS, NOT AN ALL-INCLUSIVE SUBSCRIBER AGREEMENT. FOR A MORE DETAILED DESCRIPTION OF BENEFITS, PLEASE SEE EACH PLAN'S BENEFIT GUIDE, BROCHURE, OR SERVICE AGREEMENT FOR EACH PLAN OR CALL THE PLAN USING THE PHONE NUMBER ON YOUR HEALTH PLAN IDENTIFICATION CARD. IF THERE ARE ANY DISCREPANCIES BETWEEN THIS DOCUMENT AND THE CONTRACT WITH THE CARRIER, THE CONTRACT WILL GOVERN.**