

Your Retiree Medical Choices At-a-Glance

The following chart is intended to summarize some of the benefits that will be available through the Retiree Medical Plan as of January 1, 2005. To be covered, the service or supply generally must:

- Be medically necessary for the treatment of illness or injury, or it must be for the preventive-care benefits that are specifically stated as covered;
- Be provided under the order or direction of a physician;
- Be provided by a licensed and accredited healthcare provider practicing within the scope of his or her license in the state where the license applies;
- Be listed as a covered service and satisfy all the required conditions of services as shown in the following chart; and
- Not be specifically listed as excluded by the health plan.

In addition, you may be required to meet certain conditions, as described throughout this SPD. Services and supplies meeting these criteria will be covered up to the allowable amount. Please keep in mind that if you or a covered dependent is eligible for primary coverage under Medicare, the Retiree Medical Plan will reduce its benefits by the amount Medicare would have paid for the same expenses.

**Note that all in-network benefits are based on negotiated rates;
out-of-network and non-PPO benefits are based on the allowable amount.**

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
Choice of Doctors	Select within a network of providers	Select any qualified provider	Select within a network of providers	Select any qualified provider	Select any qualified provider or within a network of PPO providers	Not applicable	Select within a network of HMO providers

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
Annual Deductible	Not applicable	\$500/individual \$1,000/two-person \$1,500/family	Not applicable	Not applicable	Ind.: \$150 plus 1% of annual pension (\$175 min. & \$300 max.) Two-person: 2x ind. deductible Family: 3x ind. deductible	Not applicable	Generally, not applicable
Annual Out-of-Pocket Maximum	\$1,000/individual \$2,000/two-person \$3,000/family	\$3,000/individual \$6,000/two-person \$9,000/family (excludes deductible)	\$7,500/individual (combined in- and out-of- network)	\$7,500/individual (combined in- and out-of-network)	\$1,500/individual \$3,000/two-person \$4,500/family	\$1,500/individual	Generally, not applicable
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Not applicable	Generally, unlimited
Covered Services							
Physician Office Visits	You pay \$25 copayment per visit	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to <i>Your Benefits Resources</i> (YBR) or contact HMO directly
Maternity • Office visits: pre/postnatal • In-hospital delivery services	Plan pays 90% after first office copayment	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Outpatient Lab/X-ray	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Inpatient Hospitalization	Plan pays 90%	Plan pays 70% after you pay \$200/admission copayment	Plan pays 60%	Plan pays 40% after you pay \$200/admission copayment	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
Outpatient Surgery	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Inpatient Surgery	Plan pays 90%	Plan pays 70% after you pay \$200/admission copayment	Plan pays 60%	Plan pays 40% after you pay \$200/admission copayment	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Anesthesia	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Emergency Use of Emergency Room	You pay \$50 copayment (waived if admitted)	You pay \$50 copayment (waived if admitted)	Plan pays 60%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Nonemergency Use of Emergency Room	Plan pays 70% after you pay \$50 copayment	Plan pays 70% after you pay \$50 copayment	Plan pays 40%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Birthing Center	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Home Healthcare	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 100 visits/year	Plan pays 60%	Plan pays 40%; limited to 100 visits/year	Plan pays 80% after deductible is satisfied; limited to 200 visits/year	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Private Duty Nursing	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 100 shifts/year	Plan pays 60%	Plan pays 40%; limited to 100 shifts/year	Plan pays 80% after deductible is satisfied; limited to 200 shifts/year	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Extended Care Facility	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 60 days/year	Plan pays 60%	Plan pays 40%; limited to 60 days/year	Plan pays 80% after deductible is satisfied; limited to 120 days/year	Not applicable	Varies by HMO; go to YBR or contact HMO directly

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
Hospice Care	Plan pays 90%; limited to 210 days/lifetime, combined in- and out-of-network	Plan pays 70% after deductible is satisfied; limited to 210 days/lifetime, combined in- and out-of-network	Plan pays 60%; limited to 210 days/lifetime, combined in- and out-of-network	Plan pays 40%; limited to 210 days/lifetime, combined in- and out-of-network	Plan pays 80% after deductible is satisfied; limited to 210 days/year	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Rehabilitation Therapy	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied; speech therapy limited to 30 visits/year	Plan pays 60%	Plan pays 40%; speech therapy limited to 30 visits/year	Plan pays 80% after deductible is satisfied; speech therapy limited to 30 visits/year	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Emergency Air Ambulance Used for Emergency	Plan pays 90%	Plan pays 90%	Plan pays 60%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Ambulance From Hospital to Hospital (if admitted to first hospital)	Plan pays 90%	Plan pays 90%	Plan pays 60%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Emergency Use of Ambulance	Plan pays 90%	Plan pays 90%	Plan pays 60%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Nonemergency Use of Ambulance	Not covered	Not covered	Not covered	Not covered	Not covered	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Chiropractic	You pay \$25 copayment/visit; limited to 30 visits/year combined with out-of-network	Plan pays 70% after deductible is satisfied; limited to 30 visits/year combined with in-network	Plan pays 60%; limited to 30 visits/year combined with out-of-network	Plan pays 40%; limited to 30 visits/year combined with in-network	Plan pays 80% after deductible is satisfied; limited to 30 visits/year	Not applicable	Varies by HMO; go to YBR or contact HMO directly

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
Acupuncture	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 30 visits/year	Plan pays 60%	Plan pays 40%; limited to 30 visits/year	Plan pays 80% after deductible is satisfied; limited to 30 visits/year	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Durable Medical Equipment	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Blood and Blood Derivatives	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Second Surgical Opinion	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
In-Office Surgery	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Radiation Therapy	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Chemotherapy	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Physician Hospital Visits and Consultations	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Podiatrist	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
Cardiac Rehabilitation (phase three maintenance <i>not covered</i>)	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Nutritionist	Plan pays 90%	Not covered	Plan pays 60%	Not covered	Not covered	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Birth Control (prescription birth control or medication only)	See “Prescription Drug Program” in this table	See “Prescription Drug Program” in this table	See “Prescription Drug Program” in this table	See “Prescription Drug Program” in this table	See “Prescription Drug Program” in this table	See “Prescription Drug Program” in this table	Varies by HMO; go to YBR or contact HMO directly
Smoking Deterrents (prescription only)	See “Prescription Drug Program” in this table	See “Prescription Drug Program” in this table	See “Prescription Drug Program” in this table	See “Prescription Drug Program” in this table	See “Prescription Drug Program” in this table	See “Prescription Drug Program” in this table	Varies by HMO; go to YBR or contact HMO directly
Wigs	Up to \$300/Plan Year	Up to \$300/Plan Year	Up to \$300/Plan Year	Up to \$300/Plan Year	Up to \$300/Plan Year	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Preventive Care							
Routine Physical Exams	\$25 copayment/visit	Not covered	Plan pays 60%	Not covered	Not covered	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Well-Child Care	\$25 copayment/visit	Not covered	Plan pays 60%	Not covered	Not covered	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Childhood immunizations	Plan pays 90%	Not covered	Plan pays 60%	Not covered	Not covered	Not applicable	Varies by HMO; go to YBR or contact HMO directly

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
Well-Woman Care (OB/GYN exam)	\$25 copayment/visit	Not covered	Plan pays 60%	Not covered	Not covered	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Mammogram Screening	\$25 copayment/visit	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Pap Smear in doctor's office	\$25 copayment/visit	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Digital Rectal Exam and a blood test for PSA for prostate cancer for men age 50 and older	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 60%	Plan pays 40%	Plan pays 80% after deductible is satisfied	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Newborn In-Hospital Care	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to one visit	Plan pays 60%	Plan pays 40%; limited to one visit	Plan pays 80% after deductible is satisfied; limited to one visit	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Centers of Excellence	Yes	Yes	Yes	Yes	Yes	No	Varies by HMO; go to YBR or contact HMO directly
Cost							
Monthly Cost	See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment"	See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment"	See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment"	See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment"	See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment"	See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment"	Varies by HMO; go to YBR or contact HMO directly

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
Copayments	You pay \$25 copayment/visit for office visits and \$50 emergency room copayment/visit	You pay \$200 hospital copayment/admission and \$50 emergency room copayment/visit	Not applicable	You pay \$200 hospital copayment/admission	Not applicable	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Coinsurance	Generally, the Plan pays 90% of the in-network rate	Generally, the Plan pays 70% of the allowable amount	Generally, the Plan pays 60% of the in-network rate	Generally, the Plan pays 40% of the allowable amount	Generally, the Plan pays 80% of the reasonable and customary charge, while you pay the remaining 20%	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Whether you are responsible for charges in excess of allowable amounts	No	Yes	No	Yes	Yes	In-Network: No Out-of-Network: Yes	Varies by HMO; go to YBR or contact HMO directly
Lifetime Maximum Benefit	None	None	None	None	None	None	Varies by HMO; go to YBR or contact HMO directly
Who is responsible for precertification?	Your PCP	You	Your PCP	You	You	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Penalty for failure to precertify care	Not applicable	20% reduction in benefits up to \$400 maximum/occurrence	Not applicable	20% reduction in benefits up to \$400 maximum/occurrence	20% reduction in benefits up to \$400 maximum/occurrence	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Do you have to file claim forms?	No	Yes	No	Yes	Yes	In-Network: No Out-of-Network: Yes	Varies by HMO; go to YBR or contact HMO directly

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
Prescription Drug Program							
Separate Annual Out-of-Pocket Maximum*	\$1,500/individual		\$1,500/individual		\$1,500/individual	\$1,500/individual	Not applicable
Retail Copayments (limited to 30-day supply using participating pharmacy)	\$10 generic \$25 formulary brand \$40 nonformulary	Plan pays 70% after you pay separate \$100/individual (\$300/family) deductible	\$10 generic \$25 formulary brand \$40 nonformulary	Plan pays 70% after you pay separate \$100/individual (\$300/family) deductible	In-Network: <ul style="list-style-type: none"> • \$10 generic • \$25 formulary brand • \$40 nonformulary Out-of-Network: Plan pays 70% after you pay separate \$100/individual (\$300 family) deductible	In-Network: <ul style="list-style-type: none"> • \$10 generic • \$25 formulary brand • \$40 nonformulary Out-of-Network: Plan pays 70% after you pay separate \$100/individual (\$300 family) deductible	Varies by HMO; go to YBR or contact HMO directly
Medco By Mail: (limited to 90-day supply)	\$20 generic \$50 formulary brand \$80 nonformulary	Not applicable	\$20 generic \$50 formulary brand \$80 nonformulary	Not applicable	<ul style="list-style-type: none"> • \$20 generic • \$50 formulary brand • \$80 nonformulary 	<ul style="list-style-type: none"> • \$20 generic • \$50 formulary brand • \$80 non-formulary 	Varies by HMO; go to YBR or contact HMO directly

**This prescription drug out-of-pocket maximum is separate from any other out-of-pocket maximums that apply to your other healthcare benefits.*

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
Non-Medicare-Eligible Mental Health and Chemical Dependency Program							
Inpatient	\$25/day; limited to 120 days/year (in- and out-of-network combined)	Plans pays 50% after \$200/individual deductible is satisfied; \$500/admission copayment; limited to 30 days/year (in- and out-of-network combined)	Plan pays 60%; limited to 120 days/year (in- and out-of-network combined) (in- and out-of-network combined)	Plan pays 40% after \$200/individual deductible is satisfied; \$500/admission copayment; limited to 30 days/year (in- and out-of-network combined)	In-Network: \$25/day; limited to 120 days/year (in- and out-of-network combined) Out-of-Network: Plan pays 50% after \$200/individual deductible is satisfied; limited to 30 days per year (in- and out-of-network combined)	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Alternative Care (may include partial hospitalization, residential treatment, and services of a halfway house or group home)	\$25/day; limited to 120 days/year	Not covered	Plan pays 60%; limited to 120 days/year	Not covered	In-Network: \$25/day; limited to 120 days/year Out-of-Network: Not covered	Not applicable	Varies by HMO; go to YBR or contact HMO directly
Outpatient	\$25/visit; limited to 50 visits/year (in- and out-of-network combined)	Plan pays 50% after \$200/individual deductible is satisfied; limited to 50 visits/year (in- and out-of-network combined)	Plan pays 60%; limited to 50 visits/year (in- and out-of-network combined)	Plan pays 40% after \$200/individual deductible is satisfied; limited to 50 visits/year (in- and out-of-network combined)	In-Network: \$25/day; limited to 50 visits/year (in- and out-of-network combined) Out-of-Network: Plan pays 50% after \$200/individual	Not applicable	Varies by HMO; go to YBR or contact HMO directly

	POS		Catastrophic POS		Traditional Indemnity	Rx Only	HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network			
					deductible is satisfied; limited to 50 visits/year (in- and out-of-network combined)		
Medicare-eligible Mental Health and Chemical Dependency Benefits							
Inpatient	Your coverage is provided under Traditional Indemnity; the Plan is secondary to Medicare and pays up to a total of 80% of the Medicare-approved amount (including any amounts payable by Medicare). Chemical Dependency benefits are limited to 30 days/confinement and 2 confinements/lifetime.						Varies by HMO; go to YBR or contact HMO directly
Outpatient	Your coverage is provided under Traditional Indemnity; the Plan is secondary to Medicare and pays up to a total of 50% of the Medicare-approved amount (including any amounts payable by Medicare).						Varies by HMO; go to YBR or contact HMO directly

For more information about your POS and Catastrophic POS options, see “A Closer Look at POS.” For additional information about Traditional Indemnity, see “A Closer Look at Traditional Indemnity.” For more information about HMO/Medicare Advantage HMOs, see “A Closer Look at the HMO/Medicare Advantage HMOs.” For specific HMO provisions, log on to *Your Benefits Resources*, or call your HMO’s Member Services phone line.