

APPENDIX B: A COMPARISON OF BENEFITS UNDER THE OPTIONS FOR RETIRED SALARIED EMPLOYEES

The following chart provides a comparison of the benefits available for you under the Standard **POS** and **Salaried Retiree Indemnity** options. Please keep in mind that if you are enrolled in the Standard **POS** option and you or one or more of your dependents are **Medicare**-eligible, their Medical Plan benefits are paid secondary to **Medicare** up to the **Salaried Retiree Indemnity** benefit levels. For **HMO** coverage, which is available only in certain locations and only if you and all of your dependents are not **Medicare**-eligible, the benefits vary by **HMO**. Please check with your **HMO** for specific details.

	Standard POS Option ¹		Salaried Retiree Indemnity Option ¹
	In-Network	Out-of-Network	
General Provisions	Offered if you live in an Aetna Choice POS II area ("Opt-in" coverage may also be available)		Offered if you live in a non- POS area
Choice of Doctors	Any network provider , but PCP selection/use recommended for lowest copayment	Any eligible provider	Any eligible provider
Annual Deductible ²	None	\$500/individual \$1,000/two-person or family	\$250/individual \$500/two-person \$750/family
Emergency Room/ Hospital Admission Copayment	\$75 per emergency room visit (waived if admitted); \$150 per hospital admission	\$75 per emergency room visit (waived if admitted); \$350 per hospital admission	None
Annual Out-of-Pocket Maximum ³	\$1,250/individual \$2,500/family	\$2,500/individual \$5,000/family	\$2,500/individual \$5,000/two-person or family
Precertification Responsibility	Your PCP or network specialist	You	You
Claim Forms	No	Yes, unless you utilize an available National Advantage Program provider	Yes, unless you utilize an available National Advantage Program provider
Physician Office Visit – Diagnostic and Treatment Services			
Treatment of Illness or Injury, Maternity, In-Office Surgery, In-Office Lab & X-ray, Second Surgical Opinion	100% of the pre-negotiated rate after \$25 copayment per visit for selected PCP (or a participating OB/GYN) or \$40 copayment per visit for non-selected PCP or specialist (Maternity – copayment for first visit only)	70% of the allowable amount after the deductible	80% of the allowable amount after the deductible

	Standard POS Option ¹		Salaried Retiree Indemnity Option ¹
	In-Network	Out-of-Network	
Physician Office Visits – Preventive Services			
Routine Physical Exam ⁴ , Well-Woman Care, Well-Child Care ⁴ , Immunizations	100% of the pre-negotiated rate after \$25 copayment per visit for selected PCP (or a participating OB/GYN) or \$40 copayment per visit for non-selected PCP or specialist	Not covered	80% of the allowable amount ; the deductible does not apply (one per Plan Year)
Routine Pap Smear	100% of the pre-negotiated rate after \$25 copayment per visit for selected PCP (or a participating OB/GYN) or \$40 copayment per visit for non-selected PCP or specialist	70% of the allowable amount after the deductible (one per Plan Year)	80% of the allowable amount ; the deductible does not apply (one per Plan Year)
Routine Mammography Screening ⁵	100% of the pre-negotiated rate after \$25 copayment per visit for selected PCP (or a participating OB/GYN) or \$40 copayment per visit for non-selected PCP or specialist	70% of the allowable amount after the deductible	80% of the allowable amount ; the deductible does not apply
Prostate Cancer Screenings ⁵	100% of the pre-negotiated rate after \$25 copayment per visit for selected PCP or \$40 copayment per visit for non-selected PCP or specialist	70% of the allowable amount after the deductible	80% of the allowable amount ; the deductible does not apply
Colorectal Screening (test for blood in the stool) ⁵	100% of the pre-negotiated rate after \$25 copayment per visit for selected PCP (or a participating OB/GYN) or \$40 copayment per visit for non-selected PCP or specialist	70% of the allowable amount after the deductible	80% of the allowable amount ; the deductible does not apply
Out-patient Services – Treatment and Services Performed Outside a Physician’s Office			
Non-Preventive Diagnostic Lab & X-ray	90% of prenegotiated rate after \$25 copayment per visit	70% of the allowable amount after the deductible	80% of the allowable amount ; after the deductible

	Standard POS Option ¹		Salaried Retiree Indemnity Option ¹
	In-Network	Out-of-Network	
Surgery, Maternity, Preventive Diagnostic Lab & X-ray, Radiation Therapy, Chemotherapy	90% of the pre-negotiated rate	70% of the allowable amount after the deductible	80% of the allowable amount ; after the deductible
In-Patient Services			
Hospital Room & Board⁶ , Surgery, Anesthesia, Lab & X-ray, Physician Hospital Visits/Consultations, Maternity	90% of the pre-negotiated rate after the \$150 copayment per hospital admission	70% of the allowable amount after the deductible , plus \$350 copayment per hospital admission	80% of the allowable amount after the deductible
Emergency Services			
Emergency Room Use, Emergency Ambulance Use	90% of the pre-negotiated rate , after \$75 copayment per visit (waived if admitted)	Emergency care paid as in-network if Aetna Member Services is notified within 48 hours	80% of allowable amount ; after the deductible
Non-Emergency Emergency Room Use	70% of the pre-negotiated rate , after \$75 copayment per visit (waived if admitted)	70% of the allowable amount after the deductible and \$75 copayment (waived if admitted)	80% of the allowable amount after the deductible
Alternatives to In-Patient Care			
Extended Care Facility⁷	90% of the pre-negotiated rate ⁸	70% of the allowable amount after the deductible , up to 60 days per Plan Year ⁸	80% of the allowable amount , after the deductible up to 120 days per Plan Year
Home Health Care, Private Duty Nursing	90% of the pre-negotiated rate ⁸	70% of the allowable amount after the deductible , up to 100 visits/shifts per Plan Year ⁸	80% of the allowable amount , after the deductible up to 200 visits/shifts per Plan Year
Hospice Facility Care	90% of the pre-negotiated rate ⁸	70% of the allowable amount after the deductible , up to 210 days per lifetime ⁸	80% of the allowable amount , after the deductible , up to 210 days per lifetime
Birthing Center	90% of the pre-negotiated rate	70% of the allowable amount after the deductible	80% of the allowable amount ; after the deductible
Other Covered Providers & Supplies			
Occupational Therapy, Physical Therapy, Speech Therapy, Podiatrists, Acupuncturists	100% of the pre-negotiated rate after \$40 copayment per visit up to any applicable Plan limits on number of visits ⁸	70% of the allowable amount after the deductible , up to any applicable Plan limits on number of visits ⁸	80% of the allowable amount after the deductible , up to any applicable Plan limits on number of visits ⁸

	Standard POS Option ¹		Salaried Retiree Indemnity Option ¹
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Chiropractors	100% of the pre-negotiated rate after \$40 copayment per visit up to any applicable Plan limits on number of visits ⁸	70% of the allowable amount after the deductible , up to any applicable Plan limits on number of visits ⁸	80% of the allowable amount after the deductible , up to any applicable Plan limits on number of visits
Durable Medical Equipment, Blood Replacement	90% of the pre-negotiated rate	70% of the allowable amount after the deductible	80% of the allowable amount after the deductible
Nutritionist ⁹	100% of the pre-negotiated rate after \$40 copayment per visit	Not covered	Not covered
Smoking Deterrents, Birth Control (Prescription only)	100% of the pre-negotiated rate after \$25 copayment per visit for selected PCP (or a participating OB/GYN) or \$40 copayment per visit for non-selected PCP or specialist or as covered under the Prescription Drug Program	70% of the allowable amount after the deductible at office visit or as covered under the Prescription Drug Program	80% of the allowable amount after the deductible at office visit or as covered under the Prescription Drug Program
Prescription Drug Program	<u>Retail Drugs</u> 25% Coinsurance > Generic drugs <ul style="list-style-type: none"> o \$10 minimum o \$20 maximum > Brand drugs <ul style="list-style-type: none"> o \$27 minimum o \$68 maximum > 25% coinsurance for Insulin (90-day supply) with \$54 minimum and \$136 maximum <u>Home Delivery Drugs</u> 25% Coinsurance > Generic drugs <ul style="list-style-type: none"> o \$20 minimum o \$40 maximum > Brand drugs <ul style="list-style-type: none"> o \$54 minimum o \$136 maximum Mandatory home delivery for maintenance drugs – After three consecutive fills for the same dosage at the retail level, the drugs will only be covered by Aetna Rx Home Delivery.	For out-of-network pharmacies \$100 deductible per individual Up to \$300 deductible per family After the deductible , you pay: 30% of the Reasonable & Customary charge Mandatory home delivery for maintenance drugs – After three consecutive fills for the same dosage at the retail level, the drugs will only be covered by Aetna Rx Home Delivery.	Same as Standard POS option

	Standard POS Option ¹		Salaried Retiree Indemnity Option ¹
	In-Network	Out-of-Network	
Prescription Drug Utilization Management Program	The prescription drug utilization management program will require precertification for certain types of prescription drugs: non-sedating antihistamines, Proton Pump Inhibitors, migraine medications, acne products, growth hormones, weight loss products, select pain medications, flu medications, COX-IIs and Anti-fungals. Precertification means that requirements will have to be met before the Medical Plan will cover the prescription.		
Mental Health and Chemical Dependency Program	First 5 days/visits per year free, \$25 copayments apply for additional visits/days; there is a \$750 annual out-of-pocket maximum per person.	\$400 deductible per person and 50% coinsurance apply; there is no annual out-of-pocket maximum . \$500 copayment per admission for inpatient care	Same as Standard POS option

¹ Dependents under the Standard **POS** option who permanently reside outside of a **POS** area will receive benefits according to the **Salaried Retiree Indemnity** option schedule.

² This health care **deductible** is separate from any **deductibles** under your **Prescription Drug Program** and the **Mental Health and Chemical Dependency Program**.

³ Certain expenses (e.g., the **deductible**, **precertification** penalties and any expenses in excess of the **allowable amount**) do not count toward the **out-of-pocket maximum**. This **out-of-pocket maximum** is separate and apart from the **out-of-pocket maximums** under the **Mental Health and Chemical Dependency Program**.

⁴ Physical exams/Well-Child visits are permitted as follows: until age 1- 7; during 2nd year – 2; ages 2 through 17 – 1 per year; ages 18 through 64 – once every 24 months; age 65+ – once every 12 months.

⁵ Routine mammograms under the **Salaried Retiree Indemnity** option or **out-of-network** under the Standard **POS** option are restricted to one baseline for women aged 40 and then annual screenings at age 41+; routine prostate screening is **covered** annually for men aged 50+; and one colorectal screening per Plan Year is **covered** annually for men and women aged 50+.

⁶ Semi-private; private if only room type available or **medically necessary**. Under the **Salaried Retiree Indemnity** option, if a non-**National Advantage Program** hospital only has private rooms, the **reasonable and customary charge** shall be 80% of the most prevalent room and board charge.

⁷ Maximum includes both **hospital** and **extended care facility** days. Each **hospital** day counts as one full day toward this maximum and each **extended care facility** day counts as one half-day toward this maximum.

⁸ Days/visits received **in-network** apply to day/visit maximums **out-of-network** and vice-versa.

⁹ Not for weight loss counseling unless **medically necessary**.