



## 2021 Medical Plan Comparison Chart for

# Employees on Long-Term Disability Medicare-Eligible Members



This chart provides an overview of benefits available to Medicare-eligible participants. For benefits administered by Anthem Blue Cross, Beacon Health Options or Express Scripts, the information contained in applicable service provider agreements between PG&E and Anthem Blue Cross, Beacon Health Options or Express Scripts shall govern in case of conflict between this chart and the service provider agreement. For Kaiser Permanente Senior Advantage, the information about the HMO contained in an applicable Evidence of Coverage (EOC) or service provider agreement between PG&E and the HMO or service provider shall govern in case of conflict between this chart and the EOC or service provider agreement.

### ACRONYMS AT A GLANCE

**ASHN:** American Specialty Health Network  
**EOC:** Evidence of Coverage  
**HMO:** Health Maintenance Organization  
**MHSUD:** Mental Health and Substance Use Disorder

## Medical Benefits

PROVISIONS	A	B
	<b>COMPREHENSIVE ACCESS PLAN (CAP)</b> Administered by Anthem Blue Cross	<b>KAISER PERMANENTE SENIOR ADVANTAGE NORTH &amp; SOUTH (Medicare Advantage HMO)</b>
		Must use Kaiser's referral and authorization process
<b>General</b>	May use provider of choice <b>Annual deductible:</b> <ul style="list-style-type: none"> <li>\$120/person; \$240/two people; \$320/three or more people</li> </ul> <b>Annual out-of-pocket maximum (includes deductible):</b> <ul style="list-style-type: none"> <li>\$750/person; \$1,500/two or more people</li> </ul> <b>No lifetime benefit maximum</b> <b>No pre-existing condition exclusions</b> <b>All plan benefits and out-of-pocket maximums are based on Eligible Expenses only*</b>	Must use Kaiser Permanente facilities and doctors <b>No annual deductible</b> <b>Annual out-of-pocket maximum:</b> <ul style="list-style-type: none"> <li>\$1,500/person; \$3,000/two or more people (excludes prescription drugs and infertility services)</li> </ul> <b>No lifetime benefit maximum</b> <b>No pre-existing condition exclusions</b>
<b>Telemedicine</b>	24/7 access to a doctor through Anthem's telemedicine program: \$5.90 copay/session	No charge
<b>Routine Preventive Care</b>	<ul style="list-style-type: none"> <li>Primary care—\$10 copay/visit</li> <li>Specialist—\$20 copay/visit</li> <li>Lab/X-ray covered separately</li> </ul>	No charge
<b>Office Visits, Urgent Care</b>	<ul style="list-style-type: none"> <li>Primary care—\$10 copay/visit</li> <li>Specialist (including OB/GYN)—\$20 copay/visit</li> <li>Lab/X-ray covered separately</li> </ul>	<b>Office visits:</b> <ul style="list-style-type: none"> <li>\$10 copay/office visit</li> <li>No charge/home visit</li> </ul> <b>Urgent care:</b> <ul style="list-style-type: none"> <li>\$10 copay/visit at a Kaiser facility in area; \$25 copay/visit at non-Kaiser facility</li> </ul>
<b>Prescription Drugs</b>	See Prescription Drug Benefits chart for details	
<b>Immunizations and Injections</b>	95%	<ul style="list-style-type: none"> <li>\$10 copay/visit for allergy testing</li> <li>\$3 copay/visit for allergy injection</li> <li>No charge for immunizations</li> </ul>
<b>Chiropractic Care</b>	80% for medically necessary care only; preauthorization by ASHN required after initial visit	\$10 copay/visit; preauthorization required; self-referral not allowed
<b>Acupuncture</b>	80% for up to 20 visits/year from licensed acupuncturist or M.D.	\$10 copay/visit; preauthorization required; self-referral not allowed
<b>X-Rays and Lab Tests</b>	90%	No charge
<b>Outpatient Physical Therapy</b>	80%	\$10 copay/visit
<b>Outpatient Hospital</b>	\$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately	\$10 copay/procedure for outpatient surgery
<b>Hospital Stay</b>	100% after \$100 copay; preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)	No charge
<b>Skilled Nursing Facility</b>	90% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge to members in service area for up to 100 days per benefit period when prescribed by a plan physician
<b>Home Health Care</b>	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge
<b>Hospice Care</b>	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge
<b>Durable Medical Equipment</b>	80%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained	No charge; see plan EOC for limitations and exclusions
<b>Hearing Aids</b>	80%; 1 per ear every 3 years	Hearing aid benefit administered by HealthEquity   WageWorks; 100% up to \$1,000 per ear or 80% of total cost, whichever is greater; 1 per ear every 3 years.
<b>Emergency Room</b>	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	\$25 copay/visit for emergencies (waived if admitted directly to the hospital within 24 hours for the same condition)
<b>Mental Health and Substance Use Disorder (MHSUD)</b>	See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details	

\* **Eligible Expenses are:** (1) expenses for health services that are covered by the plan; (2) those that Anthem Blue Cross considers "medically necessary" for the diagnosis or treatment of an illness or injury; and (3) those that do not exceed the maximum allowed amount as determined by Anthem Blue Cross. Any costs not meeting this definition are the responsibility of the member. Call Anthem Blue Cross Member Services for more information.

# 2021 Medical Plan Comparison Chart for Employees on Long-Term Disability Medicare-Eligible Members



The information in this chart is intended as a high-level summary of prescription drug benefits for Medicare-eligible plan members.

## Comprehensive Access Plan (CAP)

Express Scripts administers prescription drug benefits for the CAP. Your prescription drug annual out-of-pocket maximum is separate from your medical plan out-of-pocket maximum.

Some drugs may require special authorization from Express Scripts. If you have questions, contact Express Scripts by calling the member services number listed on your Express Scripts ID card or visit [www.express-scripts.com](http://www.express-scripts.com).

## Kaiser Permanente

Kaiser Permanente provides retail and mail-order prescription drug coverage for its members, not Express Scripts. For specific information about your drug coverage, contact Kaiser directly.

## Prescription Drug Benefits

PROVISIONS	<b>A</b> COMPREHENSIVE ACCESS PLAN (CAP)	<b>B</b> KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO)
<b>General</b>	Retail and mail-order prescription drugs are administered by Express Scripts	Retail and mail-order prescription drugs are administered by Kaiser Permanente
<b>Annual Prescription Drug Deductible</b>	None	None
<b>Annual Prescription Drug Out-of-Pocket Maximum</b> Separate from medical plan annual out-of-pocket maximum	None	None
<b>Annual or Lifetime Prescription Drug Maximum Benefit Limit</b>	None	None
<b>Retail Purchases</b>	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs <b>At participating pharmacy:</b> • 85% for generic • 75% for brand <b>At non-participating pharmacy:</b> • 80% for generic • 70% for brand You pay extra 5% coinsurance for 4th refill and beyond of maintenance drugs Generic Incentive Provision applies*	<b>Medicare Part D plan</b> You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
<b>Mail-Order Purchases</b>	Plan pays: • 100% for drugs on Express Scripts' Low-Cost Generic List All other drugs: • 90% for generic • 80% for brand Generic Incentive Provision applies*	<b>Medicare Part D plan</b> You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
<b>Infertility, Sexual Dysfunction, Memory Enhancement and Contraceptive Drugs</b>	Plan pays 50% for retail and mail-order, unless medically necessary Medically necessary drugs are covered at standard reimbursement rates Generic Incentive Provision applies*	Up to a 100-day supply; you pay \$10 for contraceptives and other specialty drugs; 50% for infertility and sexual dysfunction drugs. Memory enhancement drugs not covered.

\***Generic Incentive Provision:** If you purchase a brand-name drug when a generic is available, you'll be responsible for paying the price difference plus any required coinsurance. **Note:** Any generic/brand price differential you pay is a non-covered expense and therefore does not count toward your annual out-of-pocket maximum.

## Mental Health and Substance Use Disorder (MHSUD) Benefits



The following chart provides an overview of mental health and substance use disorder (MHSUD) benefits for Medicare-eligible plan members. If you're enrolled in the CAP, your MHSUD benefits are administered by Beacon Health Options. If you're enrolled in Kaiser Permanente Senior Advantage, your MHSUD benefits are administered by both Kaiser Permanente and Beacon Health Options, depending on the type of care you receive.

When care is provided by Beacon Health Options:

- All inpatient and alternative levels of care must be medically necessary.
- Care that is not medically necessary will not be covered.

PROVISIONS	<b>A</b> COMPREHENSIVE ACCESS PLAN (CAP) Administered by Beacon Health Options	<b>B</b> KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO) Administered by Kaiser unless indicated otherwise
<b>General</b>	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*	Must use Kaiser's referral and authorization process for benefits covered by Kaiser
<b>Applied Behavioral Analysis (ABA)</b>	Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits	May use Beacon Health Options (preauthorization required) or Kaiser. Covered at 100%; no deductible and no limits.
<b>Outpatient Mental Health</b>	• No charge for initial visit to psychiatrist for medication evaluation • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
<b>Inpatient Mental Health</b>	Requires preauthorization by Beacon Health Options: • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	No charge; no day limit
<b>Outpatient Substance Use Disorder</b>	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Kaiser: • \$5 copay/visit (group) • \$10 copay/visit (individual) • No visit limit
<b>Inpatient Substance Use Disorder</b>	Requires preauthorization by Beacon Health Options: • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	May use Beacon Health Options or Kaiser. All substance use treatment requires preauthorization. When using a Beacon Health Options provider, a \$300 penalty applies if you fail to notify Beacon Health Options within 48 hours of admission to a facility. • 100% • No limit on number of stays

\***Eligible Expenses are:** (1) expenses for health services that are covered by the plan; (2) those that the claims administrator considers "medically necessary" for diagnosis or treatment; and (3) those that do not exceed the maximum allowed amount as determined by the claims administrator. Any costs not meeting this definition are the responsibility of the member. For more information or if you have questions, contact the claims administrator for your plan: Beacon Health Options or Kaiser Permanente, as listed in this chart.