

2013 Medical Plan Comparison Chart for Employees on Long-Term Disability Medicare-Eligible Members

ACRONYMS AT A GLANCE

- ASHN:** American Specialty Health Network
- COB:** Coordination of Benefits
- EOC:** Evidence of Coverage
- HMO:** Health Maintenance Organization
- MHSA:** Mental Health and Substance Abuse

This chart provides an overview of benefits available to Medicare-eligible participants. For benefits administered by Anthem Blue Cross, ValueOptions or Express Scripts, the information contained in applicable service provider agreements between PG&E and Anthem Blue Cross, ValueOptions or Express Scripts shall govern in case of conflict between this chart and the service provider agreement. For the Kaiser Permanente HMO, 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.

Medical Benefits

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP) Administered by Anthem Blue Cross	B KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO) <i>Must use Kaiser's referral and authorization process</i>
General	May use provider of choice Annual deductible: • \$120/person; \$240/two people; \$320/three or more people Annual out-of-pocket maximum (includes deductible): • \$750/person; \$1,500/two or more people No lifetime benefit maximum No pre-existing condition exclusions All plan benefits and out-of-pocket maximums are based on Eligible Expenses only*	Must use Kaiser Permanente facilities and doctors No annual deductible Annual out-of-pocket maximum: • \$1,500/person; \$3,000/two or more people (excludes prescription drugs and infertility services) No lifetime benefit maximum No pre-existing condition exclusions
Routine Preventive Care	• Primary care—\$10 copay/visit • Specialist—\$20 copay/visit • Lab/X-ray covered separately	No charge
Office Visits, Urgent Care	• Primary care—\$10 copay/visit • Specialist (including OB/GYN)—\$20 copay/visit • Lab/X-ray covered separately	Office visits: • \$10 copay/office visit • No charge/home visit Urgent care: • \$10 copay/visit at a Kaiser facility in area; \$25 copay/visit at non-Kaiser facility
Prescription Drugs	See Prescription Drug Benefits chart for details	
Immunizations and Injections	95%	• \$10 copay/visit for allergy testing • \$3 copay/visit for allergy injection • No charge for immunizations
Chiropractic Care	80% for medically necessary care only; preauthorization by ASHN required after initial visit	\$10 copay/visit; preauthorization required; self-referral not allowed
Acupuncture	80% for up to 20 visits/year from licensed acupuncturist or M.D.	\$10 copay/visit; preauthorization required; self-referral not allowed
X-Rays and Lab Tests	90%	No charge
Outpatient Physical Therapy	80%	\$10 copay/visit; provided as long as, in the judgment of a plan physician, significant improvement is achievable
Outpatient Hospital	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	• \$10 copay/procedure for outpatient surgery • \$10 copay/visit for all other outpatient services
Hospital Stay	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
Skilled Nursing Facility	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; no prior hospital stay required; not covered for members living outside of service area; excludes custodial care
Home Health Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge and no day limit to members in service area when prescribed by a plan physician; not covered for members living outside of service area
Hospice Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	Covered by Medicare for members with Medicare Parts A and B when prescribed by a plan physician; not covered for members living outside of service area
Durable Medical Equipment	80%; preauthorization required for purchase or cumulative rental over \$1,000; \$300 penalty if not obtained	No charge to members in service area when prescribed by a plan physician; not covered for members living outside of service area; see plan EOC for limitations and exclusions
Emergency Room	\$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)
Mental Health and Substance Abuse (MHSA)	See the Mental Health and Substance Abuse (MHSA) 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 "reasonable and customary" rate 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.



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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 (merged with Medco) 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 Medco ID card or visit www.express-scripts.com. Your Medco contact information will continue to work with Express Scripts.

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	A COMPREHENSIVE ACCESS PLAN (CAP)	B KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO)
General	Retail and mail-order prescription drugs are administered by Express Scripts	Retail and mail-order prescription drugs are administered by Kaiser Permanente
Annual Prescription Drug Deductible	None	None
Annual Prescription Drug Out-of-Pocket Maximum Separate from medical plan annual out-of-pocket maximum	For retail and mail-order combined: • \$500/person • No more than \$1,000/family	None
Annual or Lifetime Prescription Drug Maximum Benefit Limit	None	None
Retail Purchases	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs At participating pharmacy: • 85% for generic • 75% for brand You pay extra 5% coinsurance for 4th refill and beyond of maintenance drugs Generic Incentive Provision applies*	Medicare Part D plan You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
Mail-Order Purchases	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*	Medicare Part D plan You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
Infertility, Sexual Dysfunction, Memory Enhancement and Contraceptive Drugs	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. Drugs listed on Express Scripts' "Narrow Therapeutic List" will be excluded from this mandatory generic provision.

The following chart provides an overview of mental health and substance abuse (MHSA) benefits for Medicare-eligible plan members. If you're enrolled in the CAP, your MHSA benefits are administered by ValueOptions. If you're enrolled in the Kaiser Permanente HMO, your MHSA benefits are administered by both Kaiser Permanente and ValueOptions, depending on the type of care you receive.

When care is provided by ValueOptions:

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

Mental Health and Substance Abuse (MHSA) Benefits

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP) Administered by ValueOptions	B KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO) <i>Must use Kaiser's referral and authorization process</i>
General	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSA benefits. Your medical and MHSA expenses are combined when determining deductibles and out-of-pocket maximums.*	
Applied Behavioral Analysis (ABA)	Covered at 100% through ValueOptions; no deductible and no limits.	May use ValueOptions or Kaiser. Covered at 100%; no deductible and no limits.
Outpatient Mental Health	• No charge for initial visit to psychiatrist for medication evaluation • \$10 copay/visit (individual) • No visit limit • \$5 copay/visit (group)	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Inpatient Mental Health	Requires preauthorization by ValueOptions: • 100% after deductible • No limit on number of stays • \$300 penalty if you fail to notify within 48 hours	No charge; no day limit
Outpatient Substance Abuse	• \$10 copay/visit (individual) • No visit limit • \$5 copay/visit (group)	Coverage through Kaiser: • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Inpatient Substance Abuse	Requires preauthorization by ValueOptions: • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	May use Kaiser or ValueOptions for detoxification. All other residential inpatient treatment is available through ValueOptions network only, not Kaiser. All ValueOptions treatment requires preauthorization. • 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 "usual and customary" rate 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: ValueOptions or Kaiser Permanente, as listed in this chart.