

## 2013 Medical Plan Comparison Highlights

Covered Benefit	BlueAdvantage Plus	BCBS PPO		CIGNA Choice Fund	
	Must have Medicare A & B (BlueAdvantage PPO In-Network benefits)	In-Network <sup>1</sup> (Blue Network P)	Out-of-Network <sup>1,2</sup>	In-Network <sup>1</sup> (Open Access Plus)	Out-of-Network <sup>1,2</sup>
Health Reimbursement Account (funded by Metro) <sup>3</sup>	n/a	n/a		\$1,100 Single \$2,200 Family	
Deductible	None	n/a	\$200 Single \$600 Family	\$450 Single \$900 Family	
Coinsurance	Plan pays 80% of Medicare allowed amount	80%	60%	90%	70%
Annual Out-of-Pocket Maximum (deductible + coinsurance)	\$1,000 per individual	\$1,000 Single \$2,000 Family	\$5,000 Single \$10,000 Family	\$1,150 Single \$2,300 Family	\$5,000 Single \$10,000 Family
Hospital	100% coverage, unlimited days	80%	60%	90%	70%
Emergency Room	\$50 copay, waived if admitted; Worldwide coverage	\$100 copay; copay waived if admitted		90%	90%; 70% if not true emergency
		80%	60%		
Office Visits Surgery Consultations Allergy Injections	100% after \$10 copay	Copay: \$20 for primary care physicians <sup>4</sup> \$30 specialists <sup>4</sup>		90%	70%
		80% after copay	60% after copay		
Maternity	Covered as any other medical condition	\$20 copay for initial visit		90%	70%
		80%	60%		
Well-Care / Preventive Care (age 7 and older)	100% (including pap smears, mammograms, pelvic exams, prostate cancer screening, bone mass measurement)	100% up to \$750; then 80% <sup>5</sup>	60% <sup>5</sup>	100%	70% HRA Fund reduced
Well-Care / Preventive Care (age 6 and younger)	n/a	80%	60%	100%	70% HRA Fund reduced

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Prescription Drugs <sup>6</sup> (shown as amount you pay)	Generic: \$10 copay Brand-Name: \$20 copay Mail Order Program available	Generic: \$10 copay Brand-Name: \$30 copay 35- to 102-day supply: 2 copays Mail Order Program available		You pay: Generic: 10% of discounted cost Brand-Name: 30% of discounted cost Mail Order Program available	
Mental Health Out-Patient Substance Abuse Out-Patient Group Therapy	100% after \$10 copay	No pre-authorization required; \$20 office visit copay		No pre-authorization required	
		80%	60%	90%	70%
Mental Health In-Patient Substance Abuse In-Patient	100% with 190-day lifetime maximum in psychiatric hospital	Pre-authorization required		Pre-authorization required	
		80%	60%	90%	70%
Temporomandibular Joint Syndrome (TMJ)	Covered as any other medical condition	Non-surgical: 50% with a \$2,000 annual maximum		Non-surgical: \$2,000 annual maximum	
				Non-surgical: 70%	Non-surgical: 50%
		Surgical: 80%	Surgical: 60%	Surgical: 90%	Surgical: 70%
Routine Hearing Exam	100% after \$10 copay	Covered if performed during Preventive Care physical exam screening			
Hearing Aid Repair	\$200 allowance every 2 years	not covered			
Routine Vision Exam	100% after \$10 copay	Covered if performed during Preventive Care physical exam screening			
Eyewear	\$100 allowance per year	Limitations apply			
		80% after cataract surgery	60% after cataract surgery	90% after cataract surgery	70% after cataract surgery
Dental	\$100 allowance per year	not covered			

<sup>1</sup> In-Network and Out-of-Network benefits are paid at the maximum allowable charge after plan deductible you owe.

<sup>2</sup> If you choose an Out-of-Network provider you will pay any amount above the maximum allowable charge.

<sup>3</sup> Pensioners with Medicare Parts A and B do not receive the HRA Fund.

<sup>4</sup> Primary care physicians include pediatricians, family and general practitioners, internists, gynecologists and obstetricians. A specialist includes physicians highly trained in a specific area such as cardiology, dermatology, neurology, podiatry, oncology and specialized obstetricians and gynecologists.

<sup>5</sup> Screening colonoscopies, mammograms, prostate exams and pap exams will be paid at 80% in-network with copay (60% out-of-network with copay) and are not included in the well-care benefit.

<sup>6</sup> Certain Drugs may require pre-authorization and quantities of some drugs may be limited.