

| 2010 Plan Design | United Healthcare Indemnity Plan | Medicare Blue Choice | MVP Preferred Gold HMO |
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| Rochester Medicare plans | Group # 195643 | Group # 7630-653-4 | Group # A001361065 |
| BENEFITS | | | |
| Monthly Retiree Rates | Single over 65: \$195.00 | Single over 65: \$112.91 | Single over 65: \$123.25 |
| Annual Deductible | Single, \$250; family, \$750 | None | None |
| Annual Out-of-pocket limit | Single \$2,000, family \$4,000; prescriptions per person, \$1,500 | None | None |
| Lifetime maximum | \$2 million | None | None |
| Out-of-Network Option | Not Applicable | Travel benefit available, 80% up to \$5,000 annually | Travel benefit available, 70% up to \$5,000 annually |
| Fitness | None | \$650/year for gym membership, fitness classes at any facility and qualified weight management programs | Free fitness center membership benefits at a participating fitness center, including use of equipment and other amenities |
| HOSPITAL / Inpatient Care | | | |
| Hospital care (semi-private room), surgery, x-rays and lab | 80% coverage of Reasonable and Customary (R&C); after deductible | 100% coverage after \$250 copayment; max 2 per year | \$250 per admission; \$750 max per year |
| Skilled Nursing Facility | 80% coverage of R & C; after deductible (up to 120 days per benefit period) | 100% days 1-20; 50% days 21-100 | \$0 copay days 1-15; \$65 copay days 16-100 |
| EMERGENCY CARE | | | |
| Emergency Room | 80% of R & C, after deductible | \$50 copay, waived if admitted; \$50 copay Urgent Care | \$50 copay, waived if admitted; \$30 copay, Urgent Care Center |
| Emergency transportation | 80% of R & C, after deductible | \$50 per trip copay | \$50 per trip copay |
| OUTPATIENT CARE | | | |
| Office visit | 80% of R & C, after deductible | \$15 copay | \$15 copay, PCP; \$30 copay, Specialist |
| Outpatient Surgery | 80% of R & C, after deductible | \$15 copay | \$0 copay |
| Immunizations and injections | 80% of R & C, after deductible | 100% Flu, Pneumonia and Hepatitis Vaccines | \$0 for pneumonia, flu and Hepatitis B; Office visit copay for allergy injections and testing |
| Preventive care | 80% of R & C, after deductible | Periodic routine physicals 100%; \$0 copay for mammograms, prostate screenings and bone mass measurement | \$15 copay, routine physicals at PCP; \$0 copay mammograms, prostate screenings and bone mass measurement (office copay may apply) |
| Gynecological care | 80% of R & C, after deductible | \$0 copay for pap smears and pelvic exams | \$15 copay, PCP; \$30 copay, Specialist |
| X-ray, lab and diagnostic testing | 80% of R & C, after deductible | \$15 copay, x-ray; 100% coverage, lab | \$30 copay for radiology and x-rays; \$0 copay lab tests |
| Home Health | 80% of R & C, after deductible | 100% coverage | \$0 copay 1-20 visits; \$30 copay 21+ visits |

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| OTHER BENEFITS | | | |
| Mental health | MANAGED BY UNITED HEALTHCARE | | |
| Outpatient | 80% of R & C, after deductible | 45% coinsurance | \$30 copay |
| Inpatient | 80% of R & C, after deductible | 100% coverage after \$250 copayment; maximum 2 per year | \$250 per stay; \$750 max per year |
| Substance abuse | MANAGED BY UNITED HEALTHCARE | | |
| Outpatient | 80% of R & C, after deductible | 50% coinsurance | \$30 copay |
| Inpatient | 80% of R & C, after deductible | 100% coverage after \$250 copayment; maximum 2 per year | \$250 per stay; \$750 max per year |
| Outpatient Short-term speech, physical, occupational and respiratory therapy | 80% of R & C, after deductible | \$15 copay | \$30 copay per visit |
| Dental Care | Inpatient oral surgery, accidental injury - 80% of R&C after deductible | Medicare covered dental services, \$15 copay | \$300 allowance/year for preventative services |
| Medical Supplies | 80% of R & C, after deductible | 80% coverage | 80% coverage |
| Prescriptions | 30-day Supply: \$10 copay generic; \$35 copay brand (formulary); \$55 copay brand (non-formulary); \$55 copay specialty drug. 90-day Supply Retail: \$30, 105, \$165, \$165 copays. Mail Order 90-day Supply: \$25, \$87.50, \$137.50, \$137.50 copays. | Up to 90-day Supply: Member pays 40% at participating pharmacy up to \$3,250. Then member pays 100% until total drug cost reaches \$4,550. Catastrophic coverage (Greater of 5% or \$2.50/\$6.30 copayment) begins once \$4,550 OOP is met | 30-day Supply: \$10 copay generic; \$35 copay preferred brand name; \$85 copay non-preferred brand name, 33% for specialty & limited coverage drugs. Mail order 90 day supply: 2 x's the cost of a 30-day supply. Member pays 100% from \$2,830 until \$4,550 OOP is met. Catastrophic coverage (Greater of 5% or \$2.50/\$6.30 copayment) begins once \$4.550 OOP is met |
| Hearing Aids | None | \$300 allowance every 3 years | None |
| Vision | None | \$15 copay routine eye exam once per calendar year; \$60 eyewear allowance per calendar year | \$30 copay eye exam; \$100 annual eyewear allowance plus an eyewear discount at participating providers |
| Chiropractic | 80% coverage of R&C, after deductible, \$1,500 annual limit | \$15 copay for manual manipulation to correct subluxation | \$30 copay |
| Website address | www.myuhc.com | www.excellusbcbcs.com | www.mvphealthcare.com |
| The above contains a brief overview of the various benefit programs and does not describe any plan, its provisions or limitations in any detail. Please refer to the benefit plan booklet for more information. | | | |