

2016 MEDICAL PLANS COMPARISON
California Retiree Benefits - Medicare Retirees

Benefit	Blue Shield California (BSC) High Option Medicare Advantage	Blue Shield California (BSC) Low Option Medicare Advantage	Kaiser Permanente High Option Medicare Advantage	Kaiser Permanente Low Option Medicare Advantage
Deductible	None	None	None	None
Ambulance	No charge	No charge	No charge	No charge
Durable Medical Equipment	No charge	No charge	No charge	No charge
Emergency Services	\$50/visit; waived if admitted	\$50/visit; waived if admitted	\$35 copay; waived if admitted	\$50 copay; waived if admitted
Home Health Care	\$15 copay	\$25 copay	No charge	No charge
Hospital				
Inpatient	\$0 copay	\$0 copay	No charge	No charge
Outpatient	\$0 copay	\$0 copay	\$15 copay	\$25 copay
Maximums (Lifetime and Annual)	Unlimited	Unlimited	Unlimited	Unlimited
Mental Health				
Inpatient*	\$0 copay	\$0 copay	No charge	No charge
Outpatient*	\$15 copay	\$25 copay	\$15 copay/individual;\$7 copay group	\$25 copay/individual;\$12 copay group
Outpatient Diagnostic X-ray and Laboratory	No charge	No charge	No charge	No charge
Physical Exam	\$0 copay		\$15 copay	\$25 copay
Physician Services –				
Office/Home Visit	\$15 copay	\$25 copay	\$15 copay	\$25 copay

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Prescription Drugs	Retail: 30-day supply - preferred network pharmacy: Tier 1 - \$5 - preferred generic; Tier 2 - \$15 - preferred brand; Tier 3,4 and 5 (non-preferred, injectables, and specialty drugs) - \$30 Mail Order: 90-day supply - Tier 1, 2 and 3 (preferred generic, preferred brand, and non-preferred brand) - 2 x 30-day supply. Tier 4 and 5 (injectables and specialty drugs) - 3 x 30 day supply.	Retail: 30-day supply - preferred network pharmacy: Tier 1 - \$10 - preferred generic; Tier 2 - \$20 - preferred brand; Tier 3,4 and 5 (non-preferred, injectables, and specialty drugs) - \$35 Mail Order: 90-day supply - Tier 1, 2 and 3 (preferred generic, preferred brand, and non-preferred brand) - 2 x 30-day supply. Tier 4 and 5 (injectables and specialty drugs) - 3 x 30 day supply	Retail (100 day supply): \$5 copay Generic; \$10 copay Brand	Retail (100 day supply): \$10 copay - Generic; \$20 copay Brand;
Skilled Nursing Facility	No charge. 100 days/CY	No charge. 100 days/CY	No charge; 100 days/benefit period	No charge; 100 days/benefit period
Substance Abuse				
Inpatient	\$0 copay	\$0 copay	No charge	No charge
Outpatient	\$15 copay	\$25 copay	\$15 copay/individual;\$5 copay group	\$25 copay/individual;\$5 copay group

*Copays for prescription drugs obtained from a non-preferred pharmacy are: for a 60-day supply = 2 x 31 day supply; or, 3 x 31-day supply for a 90-day supply.

Note: This is only a summary of your benefits; Refer to the EOC or disclosure forms for HMO benefit details, and exclusions and limitations