

MEDICARE HEALTH PLAN COMPARISON
(FOR MEDICARE ELIGIBLE MEMBERS)

SERVICE	Kaiser Permanente Senior Advantage Plan (HMO) (California Only)	AARP Medicare Complete from Secure Horizons (HMO) (California Only)	Blue Shield Medicare-HMO (California Only)	Blue Shield Medicare-PPO (California and Out-of-State)	PacifiCare Senior Supplement Plan F (California and Out-of-State)
PROVIDER CONTACT INFORMATION	1-800-464-4000 Group #887-0021 www.kaiserpermanente.org	1-888-736-7440 Group # 140309 (Fed); 140298 (P&F) www.securehorizons.com	1-800-837-4481 Group # H11336 www.blueshieldca.com	1-800-837-4481 Group # 975568 www.blueshieldca.com	1-800-591-9911 Group #: 00010564 www.securehorizons.com
GENERAL PLAN INFORMATION	<p>Kaiser Senior Advantage is a prepaid group practice health maintenance organization (HMO) that contracts with Medicare to provide services to members enrolled in Medicare Parts A & B or Part B only.</p> <p>Members who join Senior Advantage <u>MUST</u> assign their Medicare benefits to Kaiser for the plan year. In return, Kaiser will provide access to comprehensive health care services and benefits in addition to those covered by Medicare. Members pay low co-payments, no deductibles, and have no lifetime dollar maximums on coverage.</p> <p>Kaiser members <u>MUST</u> access services through Kaiser Foundation hospitals, medical offices and physicians <u>ONLY</u>. Members are encouraged to choose a personal physician from the staff for themselves and for each eligible family member.</p> <p>Kaiser offers a Medicare Out-of-Area plan for current California Kaiser members that are enrolled in Medicare Part A & B. In addition, Kaiser Hawaii and Kaiser Northwest have contracted with the City of San José. The rates and coverage levels are different to those of the California Senior Advantage. Call Retirement Services at (408) 794-1018 or visit our website www.siretirement.com for details.</p>	<p>Secure Horizons Medicare + Choice Plan is a Health Maintenance Organization (HMO) plan that contracts with Medicare to provide services to members enrolled in Medicare Parts A & B.</p> <p>Members who join the Medicare+Choice plan <u>MUST</u> assign their Medicare benefits to Secure Horizons for the plan year. In return, members do not pay original Medicare deductibles and coinsurance. Instead, participants agree to pay Secure Horizons' premiums, co-payments and coinsurance.</p> <p>Secure Horizons covers all services and supplies offered by Medicare, plus additional services and supplies not covered by Medicare.</p> <p>In order to enroll in Secure Horizons, participants <u>MUST</u> agree to receive health care exclusively from a network of contracting physicians and facilities. Participants <u>MUST</u> choose a Primary Care Physician (PCP) and obtain specialty services by referral. Services received from non-Secure Horizons physicians or facilities are NOT covered unless pre-approved by Secure Horizons.</p>	<p>Blue Shield's Medicare-HMO is a regular Health Maintenance Organization that contracts with medical groups and facilities to provide medical services to its members. Under this plan, Blue Shield is the primary and sole insurer for most services. However, for hospital and facility charges, Medicare is the primary insurer and Blue Shield is secondary.</p> <p>In order to obtain coverage from Blue Shield, members <u>MUST</u> be enrolled in Medicare Parts A, B and/or Both. In addition, members <u>MUST</u> choose a Primary Care Physician (PCP) from Blue Shield's network of physicians and <u>MUST</u> obtain a referral from their PCP's for specialist and facility services.</p> <p>A complete listing of Blue Shield PCPs and HMO facilities is available on the Blue Shield website: www.blueshieldca.com, or by phone at 1-800-837-4481.</p> <p>This plan does <u>NOT</u> require the member to assign or 'give up' their Medicare coverage to the plan, as do the Kaiser Senior Advantage and Secure Horizons Medicare+Choice plans.</p> <p>Members have the option of using their Medicare benefits outside of Blue Shield's network of doctors and facilities; however, Blue Shield will <u>NOT</u> cover any portion of the costs incurred when members do this.</p>	<p>Blue Shield's Medicare-PPO plan is a two-tiered Medicare-coordinated PPO. Under this plan, Medicare is the primary insurer and Blue Shield is the secondary insurer for all Medicare covered services. In order to enroll in this plan, members <u>MUST</u> be enrolled in Medicare Parts A, B, or Both. Members are <u>NOT</u> required to assign their Medicare coverage to the plan.</p> <p><u>Medicare Approved Services</u> Generally, Medicare pays 80% of Medicare-approved service costs, and the plan pays the remaining balance (20%). To obtain full coverage, a member <u>MUST</u> select a physician or facility that accepts Medicare. With physicians and facilities that accept Medicare, the member generally receives 100% coverage regardless of whether or not the provider contracts with Blue Shield. For physicians or facilities that do not accept Medicare, balance billing on services may apply.</p> <p><u>Non-Medicare Approved Services</u> For non-Medicare covered services, members may select a provider from Blue Shield's Preferred Provider (PPO) list, or may use a provider that is not on the list (Non-Preferred).</p> <p>For Preferred provider services, the plan generally pays 90% of Blue Shield's allowable amount for services; for Non-Preferred providers, the plan pays 70% of Blue Shield's allowable amount.</p>	<p>Secure Horizon's Senior Supplement Plan F covers the portion of the member's medical costs not covered by Medicare for Medicare approved services. Typically, Medicare pays 80% of approved service costs, and the plan pays the remaining balance (20%).</p> <p>Generally, only Medicare approved services are covered under this plan; however, several benefit enhancements have been included to extend coverage beyond what Medicare allows such as Prescription Drugs, Chiropractic Care, Hearing Aid and Vision benefits.</p> <p>Members may access coverage directly with physicians and facilities without being limited to a network of physicians or facilities.</p> <p>Members may choose to access services through physicians or facilities that <u>do</u> or <u>don't</u> accept Medicare.</p> <p>The Senior Supplement plan picks up the balance on all Medicare approved charges and any excess charges billed by physicians who do not accept Medicare.</p>

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WHO IS ELIGIBLE?	Retiree's who are 65+ and eligible for Medicare Parts A & B or Part B only, MUST reside in the Kaiser Permanente Senior Advantage service area. Kaiser's service areas are based on zip code. Please contact Kaiser at the 800 number above to determine if you live a Senior Advantage service area.	Medicare eligible retirees and dependents enrolled in Medicare Parts A & B. Members MUST reside in California and within the Secure Horizons Medicare + Choice service area. Please contact Secure Horizons at the 800 number above to determine if you live in a service area.	Medicare eligible retirees and dependents enrolled in Medicare Parts A & B. Members MUST reside in California and within the Blue Shield HMO Service Area Shield at the 800 number above to determine if you live in a service area.	Medicare eligible retirees and dependents enrolled in Medicare Parts A & B. Members may enroll regardless of their place of residence (In California or out-of-state).	Medicare eligible retirees and dependents enrolled in Medicare Parts A & B. Members may enroll regardless of their place of residence (In California or out-of-state).
Effective 11/1/2008, CMS is not allowing KPFA members to have double coverage.					
ANNUAL DEDUCTIBLE	None	None	None	None	\$250 per year for emergency services when travelling outside the country.
OUT OF POCKET MAX Single Family	\$1,500/yr. \$3,000/yr	None None	\$1,000/yr. \$2,000/yr.	\$2,000/yr. \$2,000/yr.	None None
PHYSICIAN VISITS:					
• OFFICE	• No charge; no limit	• \$5 Co-pay per office visit	• \$5 co-pay per visit	No charge for Medically necessary visits when covered by Medicare.	No charge for Medically necessary visits when covered by Medicare.
• IN HOSPITAL	• No charge	• No charge when pre-authorized by Secure Horizons.	• No charge	For services not covered by Medicare, member pays \$10 co-pay per visit to Preferred providers. Plan pays 70% of Blue Shield's allowable amount for Non-Preferred provider visits when covered (Preventive Services from Non-Preferred providers are not covered).	• No charge
PRESCRIPTIONS	\$5 co-pay per prescription at Kaiser pharmacy for generic or brand name drugs as prescribed (subject to formulary). Mail order available.	\$10/\$20 co-pay per prescription for 30-day supply when prescribed by a Secure Horizons contracting physician and filled by Secure Horizons contracting pharmacies.	\$5 co-pay for generic/ \$10 co-pay for brand name/ \$15 co-pay for non-formulary drugs or supplies at Blue Shield participating pharmacies.	\$5 co-pay for generic / \$10 co-pay for brand name drugs (subject to Blue Shield's formulary); \$25 co-pay for non-formulary drugs.	\$5 co-pay for generic and \$10 co-pay for brand name drugs (subject to Secure Horizons' formulary). Mail order available (90-day supply): \$10 co-pay for generic and \$20 co-pay for brand name drugs (subject to Secure Horizons' formulary). Contact Prescription Solutions @ 1-888-422-6000 for more information.
• IN HOSPITAL	• No charge	• No charge when pre-authorized by Secure Horizons.	• No charge	Mail order available (90-day supply): \$10 co-pay for generic and \$20 co-pay for brand name drugs (subject to Secure Horizons' formulary). Contact Prescription Solutions @ 1-888-422-6000 for more information.	• No charge

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HEALTHY LIFESTYLE REWARDS	Full suite of wellness and health advisory services along with access to focused disease management programs. Blue Shield enhanced their Healthy Lifestyle Rewards program. Visit their website or call the Customer Service number above on January 1st for details.				
HOSPITAL ROOM & EXTRAS	No charge. Special care units when medically necessary by physician.	No charge when pre-authorized by Secure Horizons.	No charge when prior authorized by Blue Shield.	No charge for Medicare approved services (no copays or coinsurance).	No charge for Medicare approved services (no copays or coinsurance).
SURGEONS, ASSISTANTS, ANESTHETISTS	No charge.	No charge.	No charge for inpatient and outpatient surgical services, including anesthesia. Referrals are required.	No charge for Medicare approved services (no copays or coinsurance). For non-Medicare approved services, plan pays 90% of Blue Shield's allowable amount for Preferred facilities; and 70% of allowable amount for Non-Preferred facilities (not to exceed \$600 per day).	No charge for Medicare approved services (no copays or coinsurance).
OUTPATIENT X-RAY AND LABORATORY	No charge; no limit to number of visits with physician referral.	No charge.	No charge.	No charge for Medicare covered services.	No charge for Medicare covered services.
EMERGENCY ROOM	No Charge (but MUST be coordinated through Kaiser if emergency services are not accessed at a Kaiser facility).	Emergency services covered worldwide with a \$50 per visit co-pay. Co-pays are waived if admitted directly to the hospital as an inpatient.	Emergency services covered worldwide with a \$50 co-pay (co-pays are waived if admitted directly to the hospital as an inpatient).	No charge. Plan pays 20% of Medicare approved amounts.	Emergency services covered worldwide with a \$250 per year deductible (when received outside the U.S.) and 20% co-insurance for costs up to the \$50,000 lifetime maximum. No charge in the USA.
AMBULANCE	No charge when authorized by Kaiser.	No charge for medically necessary ambulance transport.	\$50 Co-pay.	No charge. Plan pays 20% of Medicare approved amounts.	No charge for Medicare covered services.
ROUTINE PHYSICAL EXAMS	No charge.	\$0 co-pay per visit for annual exams. Includes annual Ob/Gyn exams and pap smears.	No charge for scheduled routine physical exams.	\$10 co-pay per office visit to Preferred providers. Plan pays 90% for immunizations, laboratory, diagnostics and other Preferred provider services;	Not covered.
					Routine Physical Exams are not covered for Non-Preferred providers.

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WOMEN'S HEALTH AND MATERNITY	Complete care without charge to member for office visits or physician and hospital services.	\$5 co-pay for exams or visits to Ob/Gyn's if the physician is affiliated with the member's Secure Horizons contracting medical group. No prior authorization or referrals required. Members will be responsible for the entire cost of services accessed through Ob/Gyn's not affiliated with the member's medical group.	\$5 co-pay per visit for Ob/Gyn physician services. Members may self-refer to an OB/GYN in the same medical group as their PCP for routine annual exams. No charge for prenatal or postnatal office visits.	\$10 co-pay for Ob/Gyn visits and exams when accessed through a Preferred provider. Plan pays 70% of Blue Shield's allowable amount if services are accessed through Non-Preferred providers (Family Planning Services are not covered through Non-Preferred providers). <u>In-Hospital Maternity:</u> Plan pays 90% for Preferred providers; and 70% of allowable amounts for Non-Preferred providers.	No charge for Medicare covered exams such as pap smear, pelvic exam, and breast exam (every 24 months). For women at high risk for pelvic or breast cancer, exams are available every 12 months). No charge for Medicare covered maternity care.
WELL BABY CARE AND IMMUNIZATIONS	No charge.	Not covered.	No charge in accordance with age schedules. No additional charge for immunizations.	\$10 co-pay per office visit to Preferred providers. Plan pays 90% for immunizations, laboratory, diagnostics and other Preferred provider services. Plan pays 70% of allowable amount for Non-Preferred provider services.	Not covered.
ALLERGY TESTS AND TREATMENT	No charge; no limit to visits.	\$5 co-pay per visit. Serum covered in full.	\$5 co-pay per office visit. No additional charge for tests, serum or injections when administered in-office. For serum purchased separately from the office visit, the member co-pay is 50% of allowed charges.	\$10 co-pay per office visit to Preferred providers; plan pays 70% of Blue Shield's allowable amount for Non-Preferred provider services. Plan pays 50% of allowed charges for serum	No charge for Medicare approved services.
PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY	Short term physical therapy for acute conditions only, at no charge.	No Charge	<u>Inpatient:</u> No charge (limited to 100 days during any calendar-year) <u>Outpatient:</u> \$5 co-pay per visit.	Plan pays 90% for Preferred; and 70% of Blue Shield's allowable amount for Non-Preferred services.	No charge if services if services are billed at Medicare approved amounts.
HEARING AIDS	Covered up to \$500 per device every 36 months when medically necessary.	Plan pays \$500 for 1 Aid per participant every 36 months. Member pays \$5 co-pay for hearing exams.	Covered up to \$1,000 every 36 months when medically necessary.	Not covered.	Plan pays \$500 for 1 – 2 Aids per participant every 36 months. Member pays \$10 co-pay for hearing exams.
DURABLE MEDICAL EQUIPMENT	Covered 100% according to formulary guideline	No charge.	Covered at 100% of allowed charges.	No charge for Medicare covered Home Health Care supplies/materials (no copays or coinsurance). For supplies and equipment not covered by Medicare, plan pays 90% of the Blue Shield allowable amount for Preferred providers; and 70% of the allowable amount for Non-Preferred providers. (Benefit Max: \$2,000 per calendar year).	No charge for Medicare covered supplies and materials.

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VISION CARE	\$150 towards frames and lenses every 24 months.	\$5 co-pay for exams every 12 months; \$125 Allowance every 24 months.	Not covered	Not covered.	<ul style="list-style-type: none"> \$10 co-pay for refraction exam \$125 allowance for lenses, frames, & contacts every 24 months.
CHIROPRACTIC AND ACCUPUNCTURE	Not covered.	Chiropractic Only: \$5 co-pay per visit. Limited to 12 visits per year for manual manipulation of spine to correct subluxation.	Chiropractic & Acupuncture: \$10 co-pay per visit when accessed through American Specialty Health Plans' (ASHP's) network Benefit Max: 30 combined visits (Chiropractic and/or Acupuncture) per calendar year; \$50 appliance benefit max per calendar year.	Chiropractic & Acupuncture: No charge for Medicare covered Chiropractic care (manual manipulation of spine to correct subluxation). For Chiropractic or Acupuncture services not covered by Medicare, plan pays 90% for Preferred; 70% of the allowable amount for Non-Preferred. (Benefit Max: 20 visits per calendar year each)	Chiropractic Only: \$10 deductible per visit. (Benefits Max: 30 visits per calendar year; \$50 per visit).
ALCOHOLISM AND DRUG ADDICTION	<u>Inpatient:</u> Detox in Kaiser-approved facility only. <u>Transitional Residential Recovery Services (TRRS):</u> \$100 per admission for up to 60 days per calendar year, not to exceed 120 days in any 5 consecutive years at an approved facility. <u>Outpatient:</u> No charge; no limit.	<u>Inpatient:</u> Covered in Full. <u>Outpatient:</u> \$5 co-pay/covered in full.	<u>Inpatient:</u> No charge for inpatient services for medical acute detoxification. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield HMO providers. <u>Outpatient:</u> \$25 co-pay per visit (up to 20 visits per calendar year combined with outpatient non-severe mental health visits).	<u>Inpatient:</u> Detoxification only. Plan pays 90% for emergency and non-emergency services at Mental Health Services Administrators (MHSA) facilities. <u>Outpatient:</u> \$25 co-pay for non-severe and chemical dependency outpatient mental health services combined (subject 20 visits per calendar year).	No charge for Medicare approved inpatient services (please refer to hospitalization benefit). No charge for Medicare approved outpatient services.
MENTAL HEALTH SERVICES AND PSYCHO THERAPY	<u>Inpatient:</u> First 190 days per lifetime as covered by Medicare; thereafter, up to 45 days per calendar year at no charge. <u>Outpatient:</u> Up to 20 visits per calendar year at no charge. Additional visits at non-member rates are available. No limits for parity diagnosis (AB88).	<u>Inpatient:</u> \$0 co-pay up to 190 days lifetime maximum. <u>Outpatient:</u> \$5 co-pay per visit (Unlimited visits)	<u>Inpatient:</u> No charge. Services are accessed through Mental Health Services Administrator's (MHSA's) facilities. <u>Outpatient:</u> \$5 co-pay per visit for severe mental health conditions; \$25 per visit for non-severe mental health conditions (up to 20 visits per calendar year combined with outpatient chemical dependency visits).	No charge for Medicare approved services. <u>Inpatient:</u> Plan pays 90% for services rendered by Mental Health Services Administrator's (MHSA's) facilities; 70% of allowable amount if services are accessed through non-MHSA facilities (Blue Shield payment not to exceed \$420/person/day). <u>Outpatient:</u> \$10 co-pay if Severe Mental Illness or Serious Emotional Disturbance of a Child. \$25 co-pay for non-severe and chemical dependency outpatient mental health services combined (subject 20 visits per calendar year).	<u>Inpatient:</u> No charge for Medicare approved services (please refer to hospitalization benefit). For Medicare psychiatric facilities, a 190-day lifetime maximum benefit applies. <u>Outpatient:</u> No charge for Medicare approved services.

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CONTINUING CARE	<p>Home Health: No charge when prescribed by a Kaiser physician.</p> <p>Skilled Nursing Facility: No charge, up to 100 days per calendar year.</p> <p>Hospice: No charge when selected as an alternative to traditional in-hospital services.</p> <p>All continuing care coverage requires prior authorization.</p>	<p>Skilled Nursing Facility: Covered up to 100 days per benefit period as defined by Medicare in a Medicare-certified skilled nursing facility.</p> <p>Hospice: No charge. Subject to pre-authorization.</p>	<p>Home Health: \$5 co-pay per visit (up to 100 visits per calendar year).</p> <p>Skilled Nursing Facility: No charge (up to 100 days per calendar year).</p> <p>Hospice: No charge. Subject to pre-authorization.</p> <p>and Non-Preferred providers.</p> <p>Skilled Nursing Facility: Plan pays 90% when pre-authorized. A combined max of 100 consecutive days from first treatment applies.</p>	<p>No charges for Skilled Nursing, Sub-Acute, and Home Health care when covered by Medicare.</p> <p>Services not covered by Medicare:</p> <p>Home Health/Hospice*/Infusion Care: Plan pays 90% when pre-authorized. A combined Hospice and Home Health care max of 100 visits/year applies to Preferred and Non-Preferred providers.</p> <p>Skilled Nursing Facility: Plan pays 90% when pre-authorized. A combined max of 100 consecutive days from first treatment applies.</p>	<p>No charge for Skilled Nursing when covered by Medicare (100 days per Medicare benefit period).</p> <p>No charge for Home Health Care when covered by Medicare.</p> <p>No charge for Hospice Care when covered by Medicare (except for limited coinsurance for outpatient drugs and inpatient respite care). Member pays the balance due for these costs.</p>
NON-NETWORK AND OUT-OF-AREA COVERAGE	<p>Covers Emergency and Urgent Care for Medically Necessary Services.</p> <p>Prior Authorization for Emergency and Urgent Care Services is required before member's medical condition permits travel or transfer to nearest Kaiser facility for care.</p>	<p>\$25 co-pay per visit for non-network or out-of-area urgent care.</p>	<p>\$50 co-pay for urgent care facility visits when outside of Blue Shield's HMO service area.</p> <p>Refer to Blue Shield's <i>Blue Card Program</i> highlighted in your Evidence of Coverage.</p> <p>Call <i>BlueCard Access</i>® at 1 (800) 810-BLUE (2583)</p>	<p>For Medicare covered services, a member may select any physician or facility that assigns with Medicare and receive 100% coverage regardless of whether or not the provider contracts with Blue Shield.</p> <p>For services not covered by Medicare, typically, the plan will pay 90% of the allowable amount if the member accesses health care through Blue Shield's nationwide Preferred Provider network. Otherwise, Blue Shield will pay 70% of their allowable amount for services accessed through a Non-Preferred physician/facility.</p>	<p>For Medicare covered services, a member may select any physician or facility and receive 100% coverage.</p> <p>No balance billing would apply under the Senior Supplement Plan F.</p>
COORDINATION OF BENEFITS	No.	No.	Yes.	Yes.	Yes.
ELIGIBLE FAMILY MEMBERS	<p>The following dependents will be covered under the plans above if they are Medicare eligible. Dependents not eligible for Medicare will be enrolled in the Kaiser Traditional plan if the member is enrolled in the Senior Advantage plan. For members enrolled in the Secure Horizons Medicare + Choice, Blue Shield Medicare-PPO, Blue Shield Medicare-HMO, or PacifiCare Senior Supplement plans, non-Medicare dependents may be enrolled in Blue Shield's HMO, PPO, or POS plans described on the Non-Medicare Health Plan Comparison sheets. Dependents are defined as:</p> <ul style="list-style-type: none"> • Legal spouse. • Domestic Partner (Registered with the State). • Unmarried children under age 19, or to age 24 if FULL-TIME student (12 units/college term) and qualified as dependent under IRS Codes. Proof of student status is required by Retirement Services each semester, beginning with the dependent's 19th birthday. • Unmarried children incapable of self-sustaining employment due to mental retardation or physical handicap who were enrolled at the time they became disabled (or at age 19 if disability occurred prior). Physician certification of incapacity is required by the Retirement Services, beginning at age 19. Ongoing certification may be required. 				
CONTINUATION OF BENEFITS	<p>For all five plans: Participants who lose coverage under the subscribing member have the right to continue coverage under COBRA legislation. Eligible COBRA participants are required to pay the entire premium each month, plus a two percent (2%) administration fee. COBRA eligible participants MUST apply to continue coverage within 60 days of loss of coverage.</p>				

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