

**City of San José – Retirement Services
Medicare Health Plans
2012 Quick Reference Sheet
(For Medicare Eligible Members)**

SERVICE	Kaiser Permanente Sr. Advantage (HMO) (California Only) \$25 co-pay Plan	Kaiser Permanente Medicare Out-of-Area Plan (California Only) \$20 co-pay Plan	UHC Group Medicare Advantage (HMO) (California Only) \$25 co-pay Plan	Blue Shield Medicare-HMO (California Only) \$25 co-pay Plan	Blue Shield Medicare-PPO (California and Out-of-State) \$25 co-pay Plan	UHC Sr. Supplement Plan F (PPO) (California and Out-of-State) \$0 co-pay Plan
Phone:	1-800-464-4000	1-800-443-0815	1-877-714-0178	1-800-837-4481	1-800-837-4481	1-877-714-0178
Group Number:	887 (NCal)/230179 (SCal)	887-26	140309 (Fed) / 140298 (P&F)	H12020	975993	05240
Website:	www.kp.org	www.kp.org	www.UHCRetiree.com	www.blueshieldca.com	www.blueshieldca.com	www.UHCRetiree.com
Medicare Assignment?	Yes	No	Yes	No	No	No
Annual Deductible (calendar year)	None	None	None	None	\$100/ individual & \$200/family	\$250/yr for emergency services when traveling outside the USA.
Out-of-Pocket Maximum						
Single	\$1,500/yr.	\$1,500/yr.	\$6,700/yr	\$1,000/yr.	\$2,000/yr.	None
Family	\$3,000/yr	\$3,000/yr		\$2,000/yr.	\$4,000/yr.	None
Physician Visits Office	\$25 co-pay	\$20 co-pay	\$25 co-pay	\$25 co-pay per visit No charge for Medically necessary visits when covered by Medicare.	\$25 co-pay per visit No charge for Medically necessary visits when covered by Medicare.	No Charge
Hospital Care	\$250/admit	\$500/admit	No Charge	\$100/admit	\$100 + 10% coinsurance 30% Non-Preferred Provider visits when covered.	No Charge
Prescriptions (30 day supply)						
Generic	\$10 co-pay (100 day supply)	\$5 co-pay (100-day supply)	\$10 co-pay (31 day supply)	\$10 co-pay	\$10 co-pay	\$ 5 co-pay
Brand	\$10 co-pay (100 day supply)	\$5 co-pay (100-day supply)	\$20 co-pay (31 day supply)	\$25 co-pay	\$25 co-pay	\$10 co-pay
Non-Formulary	N/A	N/A	N/A	\$40 co-pay	\$40 co-pay	Not covered
	Mail order 1-copay (100 day supply)	Mail order \$5 (100-day supply)	Mail order \$20/\$40 (90-day supply)	Mail order \$20/\$50/\$80 (90-day supply)	Mail order \$20/\$50/\$80 (90-day supply)	Mail order \$10/\$20 (90-day supply)
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50/visit (waived if admitted)	\$100/visit (waived if admitted)	\$100/visit (waived is admitted)	No Charge in USA
Coordination of Benefits?	No	No	No	Yes	Yes	Yes
Monthly Premium						
Single	\$ 0.00/Month	\$ 171.32/Month	\$ 0.00/Month	\$ 0.00/Month	\$ 70.98/Month	\$ 0.00/Month
Member + 1	\$ 0.00/Month	\$ 82.14/Month	\$ 0.00/Month	\$ 0.00/Month	\$ 0.00/Month	\$ 0.00/Month
	<i>Rates may vary with Medicare/ Non-Medicare split plans.</i>	<i>Rates may vary with Medicare/ Non-Medicare split plans.</i>	<i>Rates may vary with Medicare/ Non-Medicare split plans.</i>	<i>Rates may vary with Medicare/ Non-Medicare split plans.</i>	<i>Rates may vary with Medicare/ Non-Medicare split plans.</i>	<i>Rates may vary with Medicare/ Non-Medicare split plans.</i>
Primary Care Physician Required?	Yes	Yes	Yes	Yes	No	No
Self-Referrals Available?	Yes	Yes	OB/GYN only	Access+ Specialist Yes, \$40 co-pay	Yes	Yes

**This worksheet is intended to be used to help you compare coverage benefits and is a summary ONLY.
The Evidence of Coverage (EOC) and plan contract should be consulted for a detailed description of coverage benefits and limitations.**