

# 2009 Medicare Benefit Summary

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this handbook and the plan document, the information in the plan document shall prevail.

	ODS Supplement Plan	Clear Choice Health Plans	Kaiser Permanente	ODS Advantage PPO		Providence — Medicare Choice <sup>11</sup>		Providence — Medicare Extra
				In-Network	Out-of-Network <sup>10</sup>	In-Network	Out-of-Network	
Service Area	Refer to pages 28-29	Refer to pages 24-25	Refer to pages 26-27	Refer to pages 28-29		Refer to pages 30-31		Refer to pages 30-31
Eligible Providers	Any licensed Medicare Participating Provider	Plan physicians and hospitals	Kaiser physicians and hospitals	ODS Advantage network Medicare providers	Any licensed Medicare provider	Plan physicians and hospitals	Any licensed Medicare provider	Plan physicians and hospitals
Lifetime Benefit Maximum	\$2,000,000	Unlimited	Unlimited	Unlimited		Unlimited		Unlimited
Calendar Year Deductible	\$135 per Member <sup>2</sup>	None	None	None		None		None
Calendar Year Medical Out-of-Pocket Maximum	None	None	\$1,000 per Member	\$1,000 per Member		\$3,500 per Member		None
	Plan Pays	Insured Pays	Insured Pays	Insured Pays		Insured Pays		Insured Pays
<b>Physician Services</b>								
<ul style="list-style-type: none"> <li>Office Visits</li> <li>Specialist Services</li> <li>Preventive Services</li> </ul>	<ul style="list-style-type: none"> <li>20% after Deductible</li> <li>20% after Deductible</li> <li>20% after Deductible<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$10 co-pay</li> <li>\$15 co-pay</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay per visit</li> <li>\$15 co-pay per visit</li> <li>\$15 co-pay per visit</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay</li> <li>\$15 co-pay</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay</li> <li>\$15 co-pay</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>\$20 co-pay</li> <li>\$20 co-pay</li> <li>\$20 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>20%</li> <li>20%</li> <li>20%</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay</li> <li>\$15 co-pay</li> <li>\$15 co-pay</li> </ul>
<b>Lab &amp; X-ray</b>								
<ul style="list-style-type: none"> <li>Routine Lab Test</li> <li>Routine X-ray Procedures</li> <li>Diagnostic Procedures</li> </ul>	<ul style="list-style-type: none"> <li>20% after Deductible</li> <li>20% after Deductible</li> <li>20% after Deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>\$10 co-pay</li> <li>10% to \$100 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>\$10 co-pay</li> <li>10% to \$100 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>10%</li> <li>10%</li> </ul>	<ul style="list-style-type: none"> <li>20%</li> <li>20%</li> <li>20%</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>
<b>Inpatient Hospital Services</b>								
<ul style="list-style-type: none"> <li>Covered Services</li> </ul>	<ul style="list-style-type: none"> <li>Current Medicare Part A covered in full</li> </ul>	<ul style="list-style-type: none"> <li>\$125 co-pay/day (days 1-4 only); \$500 max per stay</li> </ul>	<ul style="list-style-type: none"> <li>\$200 co-pay per admit</li> </ul>	<ul style="list-style-type: none"> <li>\$200 co-pay per admit</li> </ul>	<ul style="list-style-type: none"> <li>\$200 co-pay per admit</li> </ul>	<ul style="list-style-type: none"> <li>\$350 co-pay per admit</li> </ul>	<ul style="list-style-type: none"> <li>20%</li> </ul>	<ul style="list-style-type: none"> <li>\$250 co-pay per admit; \$500 max. per calendar year</li> </ul>
<b>Miscellaneous Services</b>								
<ul style="list-style-type: none"> <li>Chiropractic Care</li> <li>Ambulance</li> <li>DME</li> <li>Emergency Services<sup>1</sup></li> <li>Outpatient Surgery</li> <li>Skilled Nursing</li> <li>Urgent Care</li> </ul>	<ul style="list-style-type: none"> <li>20% after Deductible</li> <li>20% after Deductible</li> <li>Covered in full</li> <li>20% after Deductible</li> <li>20% after Deductible<sup>4</sup></li> <li>Covered in full</li> <li>20% after Deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay<sup>5</sup></li> <li>\$50 co-pay</li> <li>Covered in full<sup>6</sup></li> <li>\$50 co-pay</li> <li>\$125 co-pay</li> <li>Covered in full<sup>4</sup></li> <li>\$10 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay per visit<sup>7</sup></li> <li>\$50 co-pay (one way)</li> <li>20%<sup>6</sup></li> <li>\$50 co-pay per visit</li> <li>\$15 co-pay per visit</li> <li>Covered in full<sup>4</sup></li> <li>\$15 co-pay per visit</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay<sup>5</sup></li> <li>\$50 co-pay (one-way)</li> <li>\$10 co-pay<sup>8</sup></li> <li>\$50 co-pay</li> <li>10% to \$200 co-pay</li> <li>Covered in full<sup>9</sup></li> <li>\$15 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay<sup>5</sup></li> <li>\$50 co-pay (one-way)</li> <li>\$10 co-pay<sup>8</sup></li> <li>\$50 co-pay</li> <li>10% to \$200 co-pay</li> <li>Covered in full<sup>9</sup></li> <li>\$15 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>\$20 co-pay<sup>5</sup></li> <li>\$50 co-pay (one way)</li> <li>10%<sup>6</sup></li> <li>\$50 co-pay</li> <li>\$100 co-pay</li> <li>Covered in full<sup>12</sup></li> <li>\$25 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>20%<sup>5</sup></li> <li>\$50 co-pay (one way)</li> <li>20%<sup>6</sup></li> <li>\$50 co-pay</li> <li>20%</li> <li>20%<sup>12</sup></li> <li>\$25 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay<sup>5</sup></li> <li>\$50 co-pay</li> <li>Covered in full<sup>6</sup></li> <li>\$50 co-pay</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$25 co-pay</li> </ul>
<b>Vision</b>								
<ul style="list-style-type: none"> <li>Routine Eye Exam</li> <li>Hardware</li> </ul>	<ul style="list-style-type: none"> <li>Discounts available through Binyon's and TruVision</li> </ul>	<ul style="list-style-type: none"> <li>\$120 combined benefit every 24 months for exam and glasses</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay per visit</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>\$20 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>20%</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-pay</li> </ul>
<b>Prescription Drugs</b> —retail and mail order				Refer to pages 32–33				
<ul style="list-style-type: none"> <li>Generic and Brand</li> <li>Rx Out-of-Pocket Maximum</li> </ul>	<ul style="list-style-type: none"> <li>40% of charge up to a \$150 maximum for each prescription, up to a 30-day supply</li> <li>\$4,350 out-of-pocket maximum per member per calendar year</li> </ul>							

1 Co-pays and co-insurance waived if admitted; applies to all health plans.  
 2 Part B deductible listed in above comparison is the 2008 Part B deductible; 2009 Part B deductible was not available when this handbook went to print. Please refer to your 2009 Medicare & You handbook for the new Part B deductible. Deductible and co-insurance applies to all Medicare Part B approved services only.  
 3 Medicare-covered services only.  
 4 Coverage applies to a Medicare-certified facility for up to 100 days/Medicare benefit period.

5 Medicare covered Chiropractic Services only. Kaiser, ODS and Providence offer discounts for other alternative care services. Contact health plan customer service for more details.  
 6 Applies to Medicare approved supplies/equipment only and requires pre-authorization. Some diabetic services are covered in full.  
 7 Medicare covered referred chiropractic services only. Kaiser offers discounts for other alternative care services. Contact Membership Services for more details.  
 8 Applies to Medicare-approved supplies/equipment only. Some diabetic supplies are covered in full.

9 Skilled nursing in-plan: 1–20 days, covered in full; 21–100 days, \$40 co-pay per day. Skilled nursing out-of-plan: 1–20 days, covered in full; 21–100 days, \$40 co-pay per day.  
 10 Out-of-Network Medicare providers are paid up to the Medicare limiting charge.  
 11 Member must select a Primary Care Physician in order to receive In-Network benefits. Certain Out-of-network services may require prior-authorization; please contact Providence Health Plans for a list of those services. Out-of-network providers are paid based on Medicare allowed amount.  
 12 Skilled nursing in-plan: 1–21 days, covered in full; 22–100 days, \$50 co-pay per day. Skilled nursing out-of-plan: all days covered at 20%.