

2010 Medicare Benefit Summary

	ODS Supplement Plan	Clear Choice Health Plan
Service Area	Refer to page 25	Refer to page 24
Eligible Providers	Any licensed Medicare Participating Provider	Plan physicians and hospitals
Lifetime Benefit Maximum	\$2,000,000	Unlimited
Calendar Year Deductible	\$135 per Member ⁴	None
Calendar Year Medical Out-of-Pocket Maximum	None	\$3,400 per Individual
	Plan Pays	Insured Pays
Physician Services		
<ul style="list-style-type: none"> ■ Office Visits ■ Specialist Services ■ Preventive Services 	<ul style="list-style-type: none"> ■ 20% after Deductible ■ 20% after Deductible ■ 20% after Deductible⁵ 	<ul style="list-style-type: none"> ■ \$10 co-pay ■ \$15 co-pay ■ Covered in full
Lab & X-ray		
<ul style="list-style-type: none"> ■ Routine Lab Test ■ Routine X-ray Procedures ■ Diagnostic Procedures 	<ul style="list-style-type: none"> ■ 20% after Deductible ■ 20% after Deductible ■ 20% after Deductible 	<ul style="list-style-type: none"> ■ Covered in full ■ Covered in full ■ Covered in full
Inpatient Hospital Services		
<ul style="list-style-type: none"> ■ Covered Services 	<ul style="list-style-type: none"> ■ Current Medicare Part A covered in full 	<ul style="list-style-type: none"> ■ \$125 co-pay/day (days 1-4 only); \$500 max per stay
Miscellaneous Services		
<ul style="list-style-type: none"> ■ Chiropractic Care⁸ ■ Ambulance ■ DME ■ Emergency Services⁹ ■ Outpatient Surgery ■ Skilled Nursing ■ Urgent Care 	<ul style="list-style-type: none"> ■ 20% after Deductible ■ 20% after Deductible ■ 20% after Deductible ■ 20% after Deductible ■ 20% after Deductible ■ Covered in full¹⁰ ■ 20% after Deductible 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$50 co-pay ■ Covered in full¹¹ ■ \$50 co-pay ■ \$125 co-pay ■ Covered in full¹⁰ ■ \$15 co-pay
Vision		
<ul style="list-style-type: none"> ■ Routine Eye Exam ■ Hardware 	<ul style="list-style-type: none"> ■ Discounts available, contact ODS 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$100 credit every 24 months for lenses, frames and/or contact lenses
Prescription Drugs —retail and mail order		
<ul style="list-style-type: none"> ■ Generic and Brand ■ Rx Out-of-Pocket Maximum 		

- 1 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. If services received from Out-of-network provider, excess charges may apply if the provider does not accept Medicare assignment.
- 2 Prior Authorization required for Hospital inpatient services, skilled nursing, home health care, chiropractic, outpatient rehab, DME, prosthetic services and diagnostic MRI.
- 3 Out-of-Network Medicare providers are paid up to the Medicare limiting charge.
- 4 Part B deductible listed in above comparison is the 2009 Part B deductible; 2010 Part B deductible was not available when this handbook went to print. Please refer to your 2010 Medicare & You handbook, when available, for the new Part B deductible. Deductible and coinsurance applies to all Medicare Part B approved services only.

Category	Kaiser Permanente	ODS Advantage PPO	
		In-Network ²	Out-of-Network ³
Referrals	Refer to page 24	Refer to page 25	
Providers	Kaiser physicians and hospitals	ODS Advantage network Medicare providers	Any licensed Medicare provider
Coverage	Unlimited	Unlimited	
Cost-sharing	None	None	
Out-of-Pocket Maximum	\$1,000 per Individual	\$1,000 per Individual	
Insured Pays		Insured Pays	
Office Visit	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$15 co-pay ■ Covered in full⁶ 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$15 co-pay ■ Covered in full 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$15 co-pay ■ Covered in full
Specialist	<ul style="list-style-type: none"> ■ Covered in full ■ Covered in full ■ Covered in full 	<ul style="list-style-type: none"> ■ Covered in full ■ \$10 co-pay ■ 10% to \$100 co-pay 	<ul style="list-style-type: none"> ■ Covered in full ■ \$10 co-pay ■ 10% to \$100 co-pay
Emergency Room	<ul style="list-style-type: none"> ■ \$200 co-pay per admit 	<ul style="list-style-type: none"> ■ \$200 co-pay per admit 	<ul style="list-style-type: none"> ■ \$200 co-pay per admit
Prescription	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$50 co-pay ■ 20%¹² ■ \$50 co-pay ■ \$15 co-pay ■ Covered in full¹⁰ ■ \$15 co-pay 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$50 co-pay (one-way) ■ \$10 co-pay¹² ■ \$50 co-pay ■ 10% to \$200 co-pay ■ Covered in full¹³ ■ \$15 co-pay 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$50 co-pay (one-way) ■ \$10 co-pay¹² ■ \$50 co-pay ■ 10% to \$200 co-pay ■ Covered in full¹³ ■ \$15 co-pay
Optical	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$100 credit every 24 months for lenses, frames and/or contacts 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ Discounts available, contact ODS 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ Discounts available, contact ODS
Refer to pages 34-35			
<ul style="list-style-type: none"> ■ 40% of charge up to a \$150 maximum for each prescription, up to a 30-day supply ■ \$4,550 out-of-pocket maximum per member per calendar year 			

5 Medicare covered services only

6 An office visit co-payment may apply if non-preventive issues and services are managed during a scheduled preventive visit.

7 If no referral is in place when seeing an In-Network Specialist, \$30 co-pay applies.

8 Medicare covered Chiropractic Services only. Kaiser and Providence offer discounts for other alternative care services. Contact health plan customer service for more details.

9 Co-pays and Coinsurance waived if admitted; applies to all health plans.

10 Coverage applies to a Medicare certified facility for up to 100 days/Medicare benefit period.

11 Applies to Medicare approved supplies/equipment only and requires Pre-Authorization. Some diabetic supplies are covered in full.

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.

Providence — Medicare Choice ¹		Providence — Medicare Extra
In-Network	Out-of-Network	
Refer to page 25		Refer to page 25
Plan physicians and hospitals	Any licensed Medicare provider	Plan physicians and hospitals
Unlimited		Unlimited
None		None
\$3,500 per Individual		None
Insured Pays		Insured Pays
<ul style="list-style-type: none"> ■ \$20 co-pay ■ \$20 co-pay⁷ ■ \$20 co-pay 	<ul style="list-style-type: none"> ■ \$30 co-pay ■ \$30 co-pay ■ 20% 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$15 co-pay ■ \$15 co-pay
<ul style="list-style-type: none"> ■ Covered in full ■ 10% ■ 10% 	<ul style="list-style-type: none"> ■ 20% ■ 20% ■ 20% 	<ul style="list-style-type: none"> ■ Covered in full ■ Covered in full ■ Covered in full
<ul style="list-style-type: none"> ■ \$350 co-pay per admit 	<ul style="list-style-type: none"> ■ 20% 	<ul style="list-style-type: none"> ■ \$250 copay per admit; \$500 max. per calendar year
<ul style="list-style-type: none"> ■ \$20 co-pay ■ \$50 co-pay (one way) ■ 10%¹¹ ■ \$50 co-pay ■ \$100 co-pay ■ Covered in full¹⁴ ■ \$25 co-pay 	<ul style="list-style-type: none"> ■ 20% ■ \$50 co-pay (one way) ■ 20%¹¹ ■ \$50 co-pay ■ 20% ■ 20% ■ \$25 co-pay 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ \$50 co-pay (one-way) ■ Covered in full¹¹ ■ \$50 co-pay ■ Covered in full ■ Covered in full ■ \$25 co-pay
<ul style="list-style-type: none"> ■ \$20 co-pay ■ Discounts available through Binyon's and TruVision 	<ul style="list-style-type: none"> ■ 20% ■ Discounts available through Binyon's and TruVision 	<ul style="list-style-type: none"> ■ \$15 co-pay ■ Discounts available through Binyon's and TruVision

12 Applies to Medicare approved supplies/equipment only. Diabetic supplies are covered in full.

13 Skilled nursing: In-Plan: 1 – 20 days: Covered in Full, 21-100 Days: \$40 co-pay per day;

Out-of-Plan: 1-20 days: Covered in Full, 21 – 100 Days: \$40 co-pay per day

14 Skilled nursing: In-Plan; 1-20 days: Covered in Full; 21-100 Days: \$50 co-pay per day.

