

# ODS Medicare Plans

## Summary of Benefits

	<i>Medicare Supplement</i>	<i>Medicare Advantage PPO</i>	
		<b>In-Plan</b>	<b>Out-of-Plan</b>
SERVICE AREA	See service information on pages 22 and 23		
PROVIDERS	Any licensed Medicare participating provider	Advantage Network Medicare providers	Any licensed Medicare participating provider
LIFETIME MAXIMUM	\$1,000,000 (annual automatic reinstatement of \$5,000)	None	
CALENDAR YEAR MEDICAL OUT-OF-POCKET MAXIMUM	None	\$1,000 per Individual	
CALENDAR YEAR DEDUCTIBLE	\$110 per Individual*	None	
OFFICE VISIT	20%*	\$15 co-pay	\$30 co-pay
PREVENTIVE CARE	Medicare covered services only	Routine physical covered in full	Routine physical \$30 co-pay
LAB, X-RAY & DIAGNOSTIC PROCEDURES	20%*	Lab: Covered in full X-ray: \$10 co-pay Diag.: 10% to \$100 co-pay	Lab: Covered in full X-ray: \$20 co-pay Diag.: 20% to \$200 co-pay
HOSPITAL CARE	Current Medicare Part A deductible covered in full	\$250 co-pay per admit	\$500 co-pay per admit
EMERGENCY <ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• Ambulance</li> <li>• Emergency Room</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>• \$35 co-pay</li> <li>• \$50 co-pay one way</li> <li>• \$50 co-pay</li> </ul>	<ul style="list-style-type: none"> <li>• \$35 co-pay</li> <li>• \$50 co-pay one way</li> <li>• \$50 co-pay</li> </ul>
SKILLED NURSING	Medicare covers first 20 days. ODS covers from 21st to 100th	1-20 days: Covered in full 21-100 Days: \$40 co-pay per day	1-20 days: Covered in full 21-100 Days: \$80 co-pay per day
ROUTINE EYE EXAM & EYE GLASSES	Discounts available through Binyon's and EyeMed. Contact ODS Customer Service	Exam: \$15 co-pay Hardware: Not covered	Exam: \$30 co-pay Hardware: Not covered
ALTERNATIVE CARE	20% chiropractic services only	\$15 co-pay chiropractic services only	\$30 co-pay chiropractic services only
PRESCRIPTION DRUGS	See pages 28 and 29		

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.

\* Deductible and co-insurance applies to all Medicare Part B approved amounts.

# ODS Medicare Plans

## Revised Premium Rates

### RHIA Contribution Premium Rates

The monthly premiums shown below are after the \$60 Retirement Health Insurance Account (RHIA) contribution. More information on the RHIA contribution and eligibility can be found on page 11 of this handbook.

	ODS MEDICARE SUPPLEMENT NON-MEDICARE PPO	ODS MEDICARE ADVANTAGE PPO NON-MEDICARE PPO
RETIREE WITH MEDICARE	\$96.52	\$83.91
RETIREE WITH MEDICARE FAMILY* WITH MEDICARE	\$242.12	\$224.87
RETIREE WITH MEDICARE FAMILY* WITHOUT MEDICARE	\$761.54	\$731.01

Rates are effective January 1, 2006 through December 31, 2006.

\* Family includes spouse and/or dependents enrolled in the PERS plan.

### Non-Contribution Premium Rates

The monthly premiums shown below are without the contribution from RHIA or Retiree Health Insurance Premium Account (RHIPA). More information on RHIA and RHIPA contributions and eligibility can be found on pages 11 and 12 of this handbook.

RETIREE WITHOUT MEDICARE	\$696.89	\$696.89
RETIREE WITHOUT MEDICARE FAMILY* WITHOUT MEDICARE	\$1,255.66	\$1,255.66
RETIREE WITHOUT MEDICARE FAMILY* WITH MEDICARE	\$833.67	\$737.33
RETIREE WITH MEDICARE	\$156.52	\$143.91
RETIREE WITH MEDICARE FAMILY* WITH MEDICARE	\$302.12	\$284.87
RETIREE WITH MEDICARE FAMILY* WITHOUT MEDICARE	\$821.54	\$791.01

Rates are effective January 1, 2006 through December 31, 2006.

\* Family includes spouse and/or dependents enrolled in the PERS plan.