

MEDICARE PLANS ONLY EMERGENCY/TRAVEL BENEFITS	MODA HEALTH SUPPLEMENT PLAN*	PERS MODA HEALTH PPORX (PPO)*	KAISER PERMANENTE SENIOR ADVANTAGE*	PACIFICSOURCE MEDICARE ESSENTIALS RX 803*	PROVIDENCE MEDICARE ALIGN GROUP PLAN + Rx (HMO)*	PROVIDENCE MEDICARE FLEX GROUP PLAN + Rx (HMO-POS)*
	MEMBER pays:	MEMBER pays:	MEMBER pays:	MEMBER pays:	MEMBER pays:	MEMBER pays:
Urgent Care (Worldwide)	Covered in full (inside USA only)	\$20 copay	\$15 copay	\$20 copay	\$25 copay	\$25 copay
Emergency Room (Worldwide)		\$65 copay	\$50 copay	\$50 copay	\$50 copay	\$65 copay
Ambulance (Air/Ground; Worldwide)		\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Outside service area travel (within U.S.)	Covered in full for ER, urgent care and ambulance	Out-of-network provider copay for ER, urgent care and ambulance applies. Providers are paid up to the Medicare limiting charge.	Covers routine, preventive and follow- up care outside Kaiser network at 20% coinsurance as part of the \$1,000 annual worldwide travel benefit maximum	Covers ER, urgent care and ambulance at copays listed above	20% to maximum allowance of \$1,000 for follow-up services	\$30 or \$35 copay or 20%
Outside service area travel (outside U.S.)	20% coinsurance for ER, urgent care and ambulance. Coverage limited to \$50,000 per lifetime	Out-of-network provider copay for ER, urgent care and ambulance applies. Providers are paid up to the Medicare limiting charge.	Covers routine, preventive and follow- up care outside Kaiser network at 20% coinsurance as part of the \$1,000 annual worldwide travel benefit maximum.	Covers ER, urgent care and ambulance	Covers ER, urgent care and ambulance	Covers ER, urgent care and ambulance
Time Frame	6 Months**	12 Months	6 Months**	6 Months**	6 Months**	6 Months**

* Check health plan section above for specific plan information.

**Per CMS guidelines for travel within and outside U.S.