



2015 Medical Plan Comparison Chart for

Employees on Long-Term Disability Medicare-Eligible Members

ACRONYMS AT A GLANCE

- ASHN: American Specialty Health Network
- EOC: Evidence of Coverage
- HMO: Health Maintenance Organization
- MHSA: Mental Health and Substance Abuse

This chart provides an overview of benefits available to Medicare-eligible participants. For benefits administered by Anthem Blue Cross, ValueOptions or Express Scripts, the information contained in applicable service provider agreements between PG&E and Anthem Blue Cross, ValueOptions or Express Scripts shall govern in case of conflict between this chart and the service provider agreement. For Kaiser Permanente Senior Advantage, the information about the HMO contained in an applicable Evidence of Coverage (EOC) or service provider agreement between PG&E and the HMO or service provider shall govern in case of conflict between this chart and the EOC or service provider agreement.

Medical Benefits

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP) Administered by Anthem Blue Cross	B KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO) <i>Must use Kaiser's referral and authorization process</i>
General	May use provider of choice Annual deductible: • \$120/person; \$240/two people; \$320/three or more people Annual out-of-pocket maximum (includes deductible): • \$750/person; \$1,500/two or more people No lifetime benefit maximum No pre-existing condition exclusions All plan benefits and out-of-pocket maximums are based on Eligible Expenses only*	Must use Kaiser Permanente facilities and doctors No annual deductible Annual out-of-pocket maximum: • \$1,500/person; \$3,000/two or more people (excludes prescription drugs and infertility services) No lifetime benefit maximum No pre-existing condition exclusions
Routine Preventive Care	<ul style="list-style-type: none"> Primary care—\$10 copay/visit Specialist—\$20 copay/visit Lab/X-ray covered separately 	No charge
Office Visits, Urgent Care	<ul style="list-style-type: none"> Primary care—\$10 copay/visit Specialist (including OB/GYN)—\$20 copay/visit Lab/X-ray covered separately 	Office visits: <ul style="list-style-type: none"> \$10 copay/office visit No charge/home visit Urgent care: <ul style="list-style-type: none"> \$10 copay/visit at a Kaiser facility in area; \$25 copay/visit at non-Kaiser facility
Prescription Drugs	See Prescription Drug Benefits chart for details	
Immunizations and Injections	95%	<ul style="list-style-type: none"> \$10 copay/visit for allergy testing \$3 copay/visit for allergy injection No charge for immunizations
Chiropractic Care	80% for medically necessary care only; preauthorization by ASHN required after initial visit	\$10 copay/visit; preauthorization required; self-referral not allowed
Acupuncture	80% for up to 20 visits/year from licensed acupuncturist or M.D.	\$10 copay/visit; preauthorization required; self-referral not allowed
X-Rays and Lab Tests	90%	No charge
Outpatient Physical Therapy	80%	\$10 copay/visit
Outpatient Hospital	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	\$10 copay/procedure for outpatient surgery
Hospital Stay	100% after \$100 copay; preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)	No charge
Skilled Nursing Facility	90% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge to members in service area for up to 100 days per benefit period when prescribed by a plan physician
Home Health Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge
Hospice Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge
Durable Medical Equipment	80%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained	No charge; see plan EOC for limitations and exclusions
Hearing Aids	80%; 1 per ear every 3 years	100% up to \$1,000 per ear or 80% of total cost, whichever is greater; 1 per ear every 3 years.
Emergency Room	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	\$25 copay/visit for emergencies (waived if admitted directly to the hospital within 24 hours for the same condition)
Mental Health and Substance Abuse (MHSA)	See the Mental Health and Substance Abuse (MHSA) Benefits chart for details	

* **Eligible Expenses are:** (1) expenses for health services that are covered by the plan; (2) those that Anthem Blue Cross considers "medically necessary" for the diagnosis or treatment of an illness or injury; and (3) those that do not exceed the "reasonable and customary" rate as determined by Anthem Blue Cross. Any costs not meeting this definition are the responsibility of the member. Call Anthem Blue Cross Member Services for more information.

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The information in this chart is intended as a high-level summary of prescription drug benefits for Medicare-eligible plan members.

Comprehensive Access Plan (CAP)

Express Scripts administers prescription drug benefits for the CAP. Your prescription drug annual out-of-pocket maximum is separate from your medical plan out-of-pocket maximum.

Some drugs may require special authorization from Express Scripts. If you have questions, contact Express Scripts by calling the member services number listed on your Express Scripts ID card or visit www.express-scripts.com.

Kaiser Permanente

Kaiser Permanente provides retail and mail-order prescription drug coverage for its members, not Express Scripts. For specific information about your drug coverage, contact Kaiser directly.

Prescription Drug Benefits

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP)	B KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO)
General	Retail and mail-order prescription drugs are administered by Express Scripts	Retail and mail-order prescription drugs are administered by Kaiser Permanente
Annual Prescription Drug Deductible	None	None
Annual Prescription Drug Out-of-Pocket Maximum Separate from medical plan annual out-of-pocket maximum	For retail and mail-order combined: <ul style="list-style-type: none"> • \$500/person • No more than \$1,000/family 	None
Annual or Lifetime Prescription Drug Maximum Benefit Limit	None	None
Retail Purchases	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs At participating pharmacy: <ul style="list-style-type: none"> • 85% for generic • 75% for brand At non-participating pharmacy: <ul style="list-style-type: none"> • 80% for generic • 70% for brand You pay extra 5% coinsurance for 4th refill and beyond of maintenance drugs Generic Incentive Provision applies*	Medicare Part D plan You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
Mail-Order Purchases	Plan pays: <ul style="list-style-type: none"> • 100% for drugs on Express Scripts' Low-Cost Generic List All other drugs: <ul style="list-style-type: none"> • 90% for generic • 80% for brand Generic Incentive Provision applies*	Medicare Part D plan You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
Infertility, Sexual Dysfunction, Memory Enhancement and Contraceptive Drugs	Plan pays 50% for retail and mail-order, unless medically necessary Medically necessary drugs are covered at standard reimbursement rates Generic Incentive Provision applies*	Up to a 100-day supply; you pay \$10 for contraceptives and other specialty drugs; 50% for infertility and sexual dysfunction drugs. Memory enhancement drugs not covered.

***Generic Incentive Provision:** If you purchase a brand-name drug when a generic is available, you'll be responsible for paying the price difference plus any required coinsurance. **Note:** Any generic/brand price differential you pay is a non-covered expense and therefore does not count toward your annual out-of-pocket maximum. Drugs listed on Express Scripts' "Narrow Therapeutic List" will be excluded from this mandatory generic provision.

The following chart provides an overview of mental health and substance abuse (MHSA) benefits for Medicare-eligible plan members. If you're enrolled in the CAP, your MHSA benefits are administered by ValueOptions. If you're enrolled in Kaiser Permanente Senior Advantage, your MHSA benefits are administered by both Kaiser Permanente and ValueOptions, depending on the type of care you receive.

When care is provided by ValueOptions:

- All inpatient and alternative levels of care must be medically necessary.
- Care that is not medically necessary will not be covered.

Mental Health and Substance Abuse (MHSA) Benefits

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP) Administered by ValueOptions	B KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO) <i>Must use Kaiser's referral and authorization process</i>
General	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSA benefits. Your medical and MHSA expenses are combined when determining deductibles and out-of-pocket maximums.*	
Applied Behavioral Analysis (ABA)	Covered at 100% through ValueOptions; requires preauthorization by ValueOptions; no deductible and no limits	May use ValueOptions (preauthorization required) or Kaiser. Covered at 100%; no deductible and no limits.
Outpatient Mental Health	<ul style="list-style-type: none"> • No charge for initial visit to psychiatrist for medication evaluation • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit 	<ul style="list-style-type: none"> • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Inpatient Mental Health	Requires preauthorization by ValueOptions: <ul style="list-style-type: none"> • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays 	No charge; no day limit
Outpatient Substance Abuse	<ul style="list-style-type: none"> • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit 	Coverage through Kaiser: <ul style="list-style-type: none"> • \$5 copay/visit (group) • \$10 copay/visit (individual) • No visit limit
Inpatient Substance Abuse	Requires preauthorization by ValueOptions: <ul style="list-style-type: none"> • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays 	May use ValueOptions or Kaiser for detoxification. All other residential inpatient treatment is available through ValueOptions network only, not Kaiser. All ValueOptions treatment requires preauthorization. <ul style="list-style-type: none"> • 100% • No limit on number of stays

***Eligible Expenses are:** (1) expenses for health services that are covered by the plan; (2) those that the claims administrator considers "medically necessary" for diagnosis or treatment; and (3) those that do not exceed the "usual and customary" rate as determined by the claims administrator. Any costs not meeting this definition are the responsibility of the member. For more information or if you have questions, contact the claims administrator for your plan: ValueOptions or Kaiser Permanente, as listed in this chart.