

Summary Of Medical Benefits – 2011 Medical Plan Comparison

	Kaiser Senior Advantage	Regence BCBS of Oregon Companion Plan F	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Classic
Description		In/Out of Network	In/Out of Network	In/Out of Network
Deductible	None	None	None	\$50
Out-of-pocket maximum	\$600 for Medicare	None	\$2,500	\$3,400
Doctor Office Visits				
Office visits	\$5 copay	Covered In Full	\$10/\$25 copay	\$15/\$35 copay
Hospital Services				
Hospital stay	\$0, includes room and board, surgery, anesthesia, X-rays, labs, and drugs	\$0 per benefit period	\$150 copay per day up to a maximum of \$750 per benefit period	\$200 copay per day up to a maximum of \$1,000 per benefit period
Skilled nursing facility	\$0 for up to 100 days per year	\$0 for up to 100 days per year	\$0/\$30 copay per day up to 100 days per year	\$10/\$35 copay per day up to 100 days per year
Emergency room services	\$50 copay	Covered In Full	\$50 copay	\$50 copay
Other Services and Benefits				
Eye examinations	\$5 copay	Not Covered	\$25 copay for routine exams	\$35 copay for routine exams
Vision hardware	Balance after \$150 credit is applied. Benefit renews every 24 months. Professional fees for cosmetic contact lenses not covered. If the full credit is not used in the first visit, the balance is forfeited.	Not Covered	\$0 copay, up to \$200 annual plan coverage limit	\$0 copay, up to \$100 annual plan coverage limit
Dental services	Not Covered	Not Covered	\$25 copay, 20% of the cost for preventative dental benefits, \$500 annual benefit	\$35 copay, 20% of the cost for preventative dental benefits, \$500 annual benefit
Ambulance	\$75 copay	Covered In Full	\$100 copay	\$100 copay
Laboratory services	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Diagnostic test/radiology services	Covered In Full	Covered In Full	You pay 10%/20%	You pay 10%/20%
Outpatient surgery	\$5 copay, includes	Covered In Full	\$100/\$200 copay	\$200/\$300 copay

Outpatient services	endoscopy procedures, limited to 20 per therapy per year for PT/OT/Speech	Covered In Full	\$25 copay	\$35 copay
Prescription Drugs				
Deductible/ Initial coverage	50% up to \$25 limit per prescription for 30-day supply; up to \$50 limit per prescription for 90-day supply of maintenance drugs. After you have paid (\$4,550 in 2010) in true out-of-pocket cost for Part D covered drugs in a calendar year, you will pay the lesser of your copayment or \$3 generic and \$7 brand per prescription. The better of Part D and standard formulary applies. Nonformulary drugs are covered only when you meet exception criteria.	Not Covered	\$0 deductible; your cost share is: \$5/\$35/\$75/33%/33%	\$200 deductible; your cost share is: \$5/\$35/\$75/30%/30%
Coverage Gap			You pay \$5 copay per prescription for each 30-day supply for Tier 1 preferred generics; 93% coinsurance for all other covered Part D generics; and 50% for some brand-name drugs discounted through the Coverage Gap Discount Program. Once your out-of-pocket costs (including what you've paid in all phases and what the drug manufacturers have paid for covered brand name drugs during the Coverage Gap) reach \$4,550, you go to Catastrophic Coverage	You pay 93% coinsurance for covered Part D generics; and 50% for some brand-name drugs discounted through the Coverage Gap Discount Program. Once your out-of-pocket costs (including what you've paid in all phases and what the drug manufacturers have paid for covered brand name drugs during the Coverage Gap) reach \$4,550, you go to Catastrophic Coverage
Catastrophic			You pay the greater of 5% coinsurance or \$2.50/\$6.30 copay, depending upon the tier.	You pay the greater of 5% coinsurance or \$2.50/\$6.30 copay, depending upon the tier.

The benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage. For more information, please contact the Human Resource Office at 503-768-6235 to request a summary of benefits book.