

Medical Procedure	PacifiCare		Kaiser		Health Net	
	Not Eligible for Medicare	Enrolled in Medicare “Secure Horizons”	Not Eligible for Medicare	Enrolled in Medicare “Senior Advantage”	Not Eligible for Medicare	Enrolled in Medicare “Seniority Plus”
Annual Deductible	None	None	None	None	None	None
Annual Co-Payment Limit on Allowable Charges	Plan pays 100% after co-payments reach \$1,500 in a year (\$4,500 for a family)	None	Plan pays 100% after co-payments reach \$1,500 in a year (\$3,000 for a family)	Plan pays 100% after co-payments reach \$1,500 in a year (\$3,000 for a family)	Plan pays 100% after co-payments reach \$1,500 in a year (\$4,500 for a family)	Plan pays 100% after co-payments reach \$1,500 in a year (\$4,500 for a family)
Overall Lifetime Maximum	None	None	None	None	None	None
Hospital- Inpatient	You pay \$400 per admission	Plan pays 100%	You pay \$500 per admission	Plan pays 100%	You pay \$400 per admission	Plan pays 100%
Outpatient	Plan pays 100%	You pay \$5 per visit	You pay \$20 per visit	You pay \$10 per visit	Plan pays 100%	Plan pays 100%
Extended Care Facility (Skilled Nursing)	You pay \$400 per admission 100 days maximum	Plan pays 100% 100 days maximum	Plan pays 100% 100 days maximum	Plan pays 100% 100 days maximum	You pay \$400 per admission 100 days maximum	Plan pays 100% 100 days maximum
Physician Services- Routine Physical	You pay \$20 per visit	You pay \$5 per visit	You pay \$20 per visit	You pay \$10 per visit	You pay \$20 per visit	You pay \$5 per visit
Inpatient Surgery	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Outpatient Surgery	Plan pays 100% (You pay \$20 for office visit)	Plan pays 100% (You pay \$5 for office visit)	Plan pays 100% (You pay \$20 for office visit)	Plan pays 100% (You pay \$10 for office visit)	Plan pays 100% (You pay \$20 for office visit)	Plan pays 100% (You pay \$5 for office visit)
Hospital Visits	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Office Visits	You pay \$20 per visit	You pay \$5 per visit	You pay \$20 per visit	You pay \$10 per visit	You pay \$20 per visit	You pay \$5 per visit
Diagnostic X-Ray and Lab	Plan pays 100% (You pay \$20 per office visit)	Plan pays 100% (You pay \$5 per office visit)	Plan pays 100% (You pay \$20 per office visit)	Plan pays 100%	Plan pays 100% (you pay \$20 for office visit)	Plan pays 100% (You pay \$5 per office visit)
Durable Medical Equipment	Plan pays 100%	Plan pays 100%	Plan pays 100% for limited items	Plan pays 100%	Plan pays 100%	Plan pays 100%
Home Nursing Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100% for first 31 visits, You pay \$20 per visit thereafter	Plan pays 100% for first 31 visits, You pay \$10 per visit thereafter
Physical Therapy	You pay \$20 per visit	Plan pays 100%	You pay \$20 per visit	You pay \$10 per visit	Plan pays 100%; maximum of 60 days per medical condition	You pay \$5 per visit
Speech Therapy	You pay \$20 per visit; maximum of 50 visits or six months of treatment	Plan pays 100%	You pay \$20 per visit	You pay \$10 per visit	Plan pays 100%; maximum of 60 days per medical condition	You pay \$5 per visit
Chiropractic Care	Not Covered	You pay \$5 per visit, maximum of 12 visits per calendar year	Not Covered	Not Covered	Not Covered	You pay \$5 per visit, maximum of 20 visits per calendar year
Hearing Aids	Not covered	\$500 allowance every 24 months	Not covered	Not covered	Not covered	Not covered

<p>Substance Abuse- Inpatient</p> <p>Outpatient</p>	<p>Plan pays 100%, (<i>\$25,000 annual maximum, \$35,000 lifetime maximum</i>)</p> <p>Plan pays 100%, (<i>\$25,000 annual maximum, \$35,000 lifetime maximum</i>)</p>	<p>Plan pays 100%, maximum of 190 days per lifetime</p> <p>You pay \$5 per visit</p>	<p>You pay \$500 per admission, up to 60 days per calendar year, not to exceed 120 days in any 5 year period</p> <p>You pay \$5 per group or \$20 per individual visit</p>	<p>Plan pays 100%, up to 60 days per calendar year, not to exceed 120 days in any 5 year period</p> <p>You pay \$5 per group or \$10 per individual visit</p>	<p>Plan pays 100%; maximum of 30 days</p> <p>You pay \$15 per group session, or \$30 per individual session, maximum of 20 visits</p>	<p>Plan pays 100%</p> <p>You pay \$20 per visit, maximum of 30 visits</p>						
<p>Psychiatric Care- Inpatient</p> <p>Outpatient</p>	<p>You pay \$400 per admission; 30 days maximum per year</p> <p>You pay \$20 per visit, maximum of 30 visits per year</p>	<p>Plan pays 100%, maximum of 190 days per lifetime in a Medicare approved psychiatric facility</p> <p>You pay \$5 per visit</p>	<p>You pay \$500 per admission; 30 days maximum per year</p> <p>You pay \$20 per visit, up to 20 visits per year</p>	<p>Plan pays 100%, maximum of 190 days per lifetime</p> <p>You pay \$10 per visit up to 20 visits per year</p>	<p>You pay \$400 per admission, maximum of 30 days</p> <p>You pay \$20 per visit; maximum of 20 visits, unlimited visits for severe conditions</p>	<p>Plan pays 100%, maximum of 190 days per lifetime</p> <p>You pay \$20 per visit; maximum of 30 visits</p>						
<p>Prescription Drugs</p> <p>Short-term (outpatient)</p> <p>Maintenance (30 day supply or more)</p>	<p><i>M u s t b e o b t a i n e d a t a p a r t i c i p a t i n g H M O p h a r m a c y</i></p>						<p>You pay \$15 per generic and \$35 per brand name prescription for a 30 day supply</p> <p>Mail order- You pay 2 co-pays per prescription for a 90-day supply.</p>	<p>You pay \$7 per generic and \$14 per brand name prescription for a 30 day supply</p> <p>Mail order- You pay 2 co-pays per prescription for a 90-day supply.</p>	<p>You pay \$10 per generic and \$25 per brand name prescription, up to a 100-day supply</p> <p>Mail order- You pay \$15 per prescription, up to a 100-day supply</p>	<p>You pay \$10 per prescription, up to a 100-day supply</p> <p>Mail order- You pay \$10 per prescription up to a 100-day supply.</p>	<p>You pay \$10 per generic, \$25 per brand name, and \$35 per non-preferred prescription; maximum of a 30-day supply</p> <p>Mail order- You pay 2 co-pays per prescription, maximum of a 90-day supply</p>	<p>You pay \$6 per generic and \$12 per brand name prescription, maximum of 30-day supply</p> <p>Mail order- You pay 2 co-pays per prescription, up to a 90-day supply.</p>
<p>Vision Care</p>	<p>You pay \$20 for exam, lenses & frames not covered</p>	<p>You pay \$5 for exam, \$125 materials allowance every 24 months</p>	<p>You pay \$20 for exam, lenses & frames not covered</p>	<p>You pay \$10 for exam, \$150 allowance for frames & lenses every 24 months</p>	<p>You pay \$20 for exam; lenses & frames not covered</p>	<p>You pay \$5 for exam, \$100 frame allowance, one pair every 2 years</p>						
<p>Dental Care</p>	<p>Not Covered</p>	<p>Not Covered</p>	<p>Not Covered</p>	<p>Not Covered</p>	<p>Not Covered</p>	<p>You pay \$5 for office visit, plus additional co-payments per procedure (<i>Refer to Dental Brochure</i>)</p>						
<p>Ambulance</p>	<p>Plan pays 100%</p>	<p>Plan pays 100%</p>	<p>Plan pays 100%</p>	<p>Plan pays 100%</p>	<p>Plan pays 100%</p>	<p>Plan pays 100%</p>						
<p>Emergency Room Care</p>	<p>You pay \$35 (<i>co-payment waived if admitted to hospital</i>)</p>	<p>You pay \$50 (<i>co-payment waived if admitted to hospital</i>)</p>	<p>You pay \$35 (<i>co-payment waived if admitted to hospital</i>)</p>	<p>You pay \$20 (<i>co-payment waived if admitted to hospital</i>)</p>	<p>You pay \$35 (<i>co-payment waived if admitted to hospital</i>)</p>	<p>You pay \$20 (<i>co-payment waived if admitted to hospital</i>)</p>						